Universal Screening Brief

June 2021

Maternal Health Network
of San Bernardino County

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Introduction and Background

The Maternal Health Network (MHN, herein referred to as "the Network" or "MHN") of San Bernardino County is a collective of various service providers and advocates who support the maternal health system throughout San Bernardino County. In 2020, the Network adopted a strategic plan with the purpose of establishing a comprehensive, coordinated, and responsive support system for families who are planning to become pregnant, those that are pregnant, and those that have recently delivered a child.

The Network identified five goals to drive collaboration efforts over the term of the strategic plan. One of the goals is to "increase early screenings and connection to care for families with high-risk pregnancies and ensure they know about and engage in healthy habits before, during, and directly following pregnancy." To accomplish this goal, the following strategy was adopted:

The Maternal Health Network will establish universal screening and education efforts with pregnant families

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MHN members identified the areas in which screening was necessary for families preparing to deliver a child:

Behavioral Health

- Prenatal & Postpartum Depression
- Alcohol and Drug Misuse
- Tobacco Use

Intimate Partner Violence

- Intimate Partner Violence

Healthy Habits

- Eating Habits, Diabetes, and Weight Gain
- Physical Activity Levels
- Oral Health Care

To encourage utilization of universal screenings throughout the maternal health system, this brief was established. It explains why universal screenings are beneficial to those who are pregnant, best practice tools to support screenings, and a framework for how to effectively implement universal screenings throughout the maternal health system.

This brief is meant to be used throughout the Network and is not structured to a specific industry or professional type.

Making the Case for Universal Screenings in Pregnancy

Universal screening is the systemic administration of a tool (or tools) that evaluate the possible presence of a particular problem or area of concern. In the case of universal maternal screening, this involves implementing standardized protocols in the healthcare system for **all** pregnant or postpartum individuals. Screening is critical because it is the first step to identifying issues so that pregnant people can receive necessary interventions with the goal of reducing adverse maternal health outcomes.

Universal screening utilizing validated screening tools is recommended by the American College of Obstetricians and Gynecologists (ACOG) as part of comprehensive obstetric care. ACOG notes that when screening is done only on factors such as poor adherence to prenatal care or prior adverse pregnancy outcomes, it can lead to missed cases, stereotyping, and stigma.[1]

Screening should be applied equally to all people, regardless of age, sex, race, ethnicity, or socioeconomic status.

It is important to note that a positive screening does not necessarily confirm a diagnosis; rather, it signals that a timely, more thorough diagnostic evaluation by a health care professional with adequate training may be necessary.[2]

Listed below are evidence-based practices recommended for pregnant people and people of reproductive age who may become pregnant. Validated screening tools for each area of screening are provided in a subsequent section of this brief.

Screening for Substance Use

Substance use among pregnant and postpartum individuals is a significant public health problem.[3] "Between 2003 and 2018, binge alcohol use during pregnancy increased from 4.1 percent to 4.7 percent, and illicit drug use during pregnancy increased from 4.3 percent to 5.4 percent."[4] Increased opioid use has resulted in an increase in the rate of neonatal abstinence syndrome (NAS); according to data from the California State Inpatient Databases, the NAS incidence in the state "increased from a rate of 2.9 per 1,000 delivery hospitalizations in 2008 to 6.4 per 1,000 in 2013."[5] There are severe health consequences for infants exposed

[1] American College of Obstetricians and Gynecologists, Committee Opinion Number 711, Opioid Use and Opioid Use Disorder in Pregnancy (August 2017). Retrieved from https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/08/opioid-use-and-opioid-use-disorder-in-pregnancy

[2] 2020 Mom Issue Brief. Universal Screening for Maternal Mental Health Disorders. Retrieved from https://www.issuelab.org/resources/40013/40013.pdf

[3] Association of Maternal and Child Health Programs and National Association of State Alcohol and Drug Abuse Directors, Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Pregnant and Postpartum Women (October 2020). Retrieved from https://amchp.org/wp-content/uploads/2022/01/AMCHP-NASADAD-SBIRT-Issue-Brief-October-2020.pdf

[4] Ibid.

[5] Urban Institute, Neonatal Abstinence Syndrome and Maternal Access to Treatment for Opioid Use Disorder in California Counties (September 2018). Retrieved from: https://www.urban.org/sites/default/files/publication/98964/neonatal_abstinence_syndrome_and_maternal_access_to_treatment_for_opioid_use_disorder_in_california_counties_1.pdf

to substances during pregnancy, including a greater risk of stillbirth.[6] Prevention, detection, and reduction of substance use during pregnancy and postpartum are critical to supporting maternal and infant health. To identify harmful substance use and connect pregnant people to care, universal screening should be conducted to identify if there is a problem; and "screening can take place in any health care setting."[7] ACOG recommends routine screening for substance use disorder through validated questionnaires or conversations with patients and does not require routine biologic laboratory testing.[8] Additional information on universal screening using SBIRT (screening, brief intervention, and referral to treatment) can be found on page 12 of this brief.

Screening for Depression and Anxiety

Maternal Mental Health (MMH) disorders like depression and anxiety during pregnancy and the postpartum period are common and underrecognized. Perinatal depression is estimated to affect one in seven women, making it one of the most common medical complications during pregnancy.[9] In California, one in five birthing people suffers from depression, anxiety, or both while pregnant or after giving birth.[10]

AGOC recommends that pregnant people be screened at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool.[11] Because anxiety is more common than depression and can be a precursor to depression, it is recommended to screen for both anxiety and depression.[12] In populations where mental health is not widely discussed and acknowledged, it is critical to screen for sleep disturbances which is a symptom of almost all MMH conditions and can aid in identifying MMH issues.

Maternal Mental Health Screening Legislation

AB 2193

Effective July 1, 2019, California law includes a mandate that a licensed health care practitioner who provides prenatal or postpartum care for a patient must ensure the patient is offered a screening, or is appropriately screened, for mental health conditions that may be occurring.

[6] Tobacco, drug use in pregnancy can double risk of stillbirth. Eunice Kennedy Shriver National Institute of Child Health and Human Development (December 2013). Retrieved from: https://www.nichd.nih.gov/news/releases/Pages/121113-stillbirth-drug-use.aspx. Published December 11, 2013. Accessed June 27, 2022.

[7] Association of Maternal and Child Health Programs and National Association of State Alcohol and Drug Abuse Directors, Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Pregnant and Postpartum Women (October 2020). Retrieved from https://amchp.org/wp-content/uploads/2022/01/AMCHP-NASADAD-SBIRT-Issue-Brief-October-2020.pdf

[8] American College of Obstetricians and Gynecologists, Committee Opinion Number 633, Alcohol Abuse and Other Substance Use Disorders: Ethical Issues in Obstetric and Gynecologic Practice (June 2015). Retrieved from: https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2015/06/alcohol-abuse-and-other-substance-use-disorders-ethical-issues-in-obstetric-and-gynecologic-practice

[9] American College of Obstetricians and Gynecologists, Committee Opinion Number 757, Screening for Perinatal Depression (November 2018). Retrieved from: https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/11/screening-for-perinatal-depression

[10] California Health Care Foundation, Improving Maternal Mental Health Care (May 23. 2022). Retrieved from: https://www.chcf.org/project/improving-maternal-mental-health-care/#why-this-work-matters

[11] American College of Obstetricians and Gynecologists, Committee Opinion Number 757, Screening for Perinatal Depression (November 2018). Retrieved from: https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/11/screening-for-perinatal-depression

[12] 2020 Mom Screening Overview. Retrieved from https://www.2020mom.org/screening-overview?eType=EmailBlastContent&eId=cb10c849-fd7d-4ac9-aa73-c7ae8208478b

"At a minimum, based on recommendations from various professional provider associations and in conjunction with the Healthcare Effectiveness Data and Information Set (HEDIS), 2020 Mom recommends screening happen at least once during pregnancy, ideally late in the first trimester. In the postpartum period, it recommends that birthing individuals be screened at the six-week obstetric postpartum visit and at least one additional time through the first year after birth. When a perinatal positive screen occurs, it is recommended that another screening take place 30 days following the initial screening. [13]

When conducting a mental health screening, it is important to introduce the topic to the patient by explaining that mood changes are common during pregnancy and after giving birth and to explain that such medical conditions can and need to be treated. The provider should emphasize that everyone is screened routinely.

Advocates and clinicians in the MMH field have recently questioned whether the current screening tools are racially and ethnically appropriate, particularly in the Black community, because the tools were "developed and tested with mostly white research participants and do not take cultural differences into account."[14] For example, African Americans may be less likely to use the term "depression," and instead may say they "don't feel like themselves," and people of color may experience mental illness as physical symptoms such as headaches or gastrointestinal issues.[15] Research has indicated that lowering cutoff scores for women of color can improve the effectiveness of identifying women in need of depression treatment.[16]

Information on screening for other mental health issues beyond anxiety and depression, such as bipolar disorder, obsessive compulsive disorder, suicidal ideation, and postpartum psychosis, can be found in the 2020 Mom Issue Brief: Universal Screening for Maternal Mental Health Disorders.

Screening for Intimate Partner Violence (IPV)

According to the Agency for Healthcare Research and Quality (AHRQ), nearly one in six pregnant people in the United States have been abused by a partner, and those who experience intimate partner violence prior to and during pregnancy are at increased risk of low maternal weight gains, infections, high blood pressure, and are more likely to deliver pre-term or low birth weight babies.[17] Although women of all ages experience IPV, it is most prevalent among women of reproductive age.[18]

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[13] 2020 Mom Screening Overview. Retrieved from https://www.2020mom.org/screening-overview?eType=EmailBlastContent&eId=cb10c849-fd7d-4ac9-aa73-c7ae8208478b

[14] 2020 Mom Issue Brief. Universal Screening for Maternal Mental Health Disorders. Retrieved from https://www.issuelab.org/resources/40013/40013.pdf

[15] Feldman, N. and Pattani, A. Black Mothers Get Less Treatment For Their Postpartum Depression. National Public Radio (November 2019). Retrieved from https://www.npr.org/sections/health-shots/2019/11/29/760231688/black-mothers-get-less-treatment-for-their-postpartum-depression

[16] Tandon SD, Cluxton-Keller F, Leis J, Le HN, Perry DF. A comparison of three screening tools to identify perinatal depression among low-income African American women. J Affect Disord. 2012 Jan;136(1-2):155-162. doi: 10.1016/j.jad.2011.07.014. Epub 2011 Aug 23. PMID: 21864914; PMCID: PMC3789596.

[17] Agency for Healthcare Research and Quality, Intimate Partner Violence Screening. Retrieved from https://www.ahrq.gov/ncepcr/tools/healthier-pregnancy/fact-sheets/partner-violence.html

[18] American College of Obstetricians and Gynecologists, Committee Opinion Number 518, Intimate Partner Violence (February 2012). Retrieved from: https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2012/02/intimate-partner-violence

The U.S. Preventive Services Task Force (USPSTF) recommends screening people of childbearing age for intimate partner violence and referring people who screen positive to intervention services.[19] ACOG recommends screening for IPV during the first prenatal visit, at least once per trimester, and at the postpartum checkup.[20] However, studies have shown that fewer than 30% of women are actually screened for IPV or connected to services.[21]

Studies show that self-administered screenings are as effective as clinician interviews and screening all patients at various times is important because many victims do not disclose abuse the first time they are asked.[22]

Screening for Healthy Habits

Healthy habits, as defined for the purpose of this brief, include consuming a nutritious diet, participating in regular exercise, and ensuring oral health is addressed during p pregnancy. ACOG notes that pregnancy is an ideal time to encourage birthing individuals to adopt a healthy lifestyle because of increased motivation and frequent access to medical support.[23] Additionally, it is a time in which healthcare benefits increase for some who may not have access to regular medical, behavioral, or oral health supports.

California is one of four states nationwide to recently expand the Medicaid and Children's Health Insurance Program (CHIP) coverage from what was 60 days after delivery to 12-months postpartum.

[19] U.S. Preventive Services Task Force, Recommendation: Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening (October 2018). Retrieved from: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/intimate-partner-violence-and-abuse-of-elderly-and-vulnerable-adults-screening

[20] American College of Obstetricians and Gynecologists, Committee Opinion Number 518, Intimate Partner Violence (June 2011). Retrieved from https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2012/02/intimate-partner-violence

[21] Sharples L, Nguyen C, Singh B, Lin S. Identifying Opportunities to Improve Intimate Partner Violence Screening in a Primary Care System. Fam Med. 2018;50(9):702-705. https://doi.org/10.22454/FamMed.2018.311843.

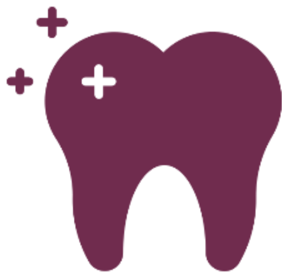
[22] American College of Obstetricians and Gynecologists, Committee Opinion Number 518, Intimate Partner Violence (June 2011). Retrieved from https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2012/02/intimate-partner-violence

[23] American College of Obstetricians and Gynecologists, Committee Opinion Number 762, Pregnancy Counseling (January 2019). Retrieved from: https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2019/01/prepregnancy-counseling

Below are the evidence-based practices recommended within each of the healthy habits identified by MHN membership as important to target for education and support purposes.

Nutrition: Eating healthy during pregnancy includes knowing what foods to eat, what foods to avoid, and how much weight should be gained to ensure the health of the birthing individual as well as the baby. Birthing individuals are more likely to experience a healthy pregnancy and are less likely to experience life-threatening complications if they have nutritious diets, access to essential nutrition services, and adopt optimal dietary practices during pregnancy.[24]

Exercise: "Physical inactivity is the fourth-leading risk factor for early mortality worldwide. In pregnancy, physical inactivity and excess weight gain have been recognized as independent risk factors for maternal obesity and related pregnancy complications..." Regular exercise, defined as aerobic activity that occurs for 30-60 minutes between two and seven times per week has been shown to significantly reduce the risk of gestational hypertensive disorders, gestational hypertension, and cesarean births.[25]



Oral Health: Oral health is an important component of overall health and should be maintained during pregnancy. ACOG recommends screening for oral healthcare during the first prenatal visit. Additionally, providers should advise birthing individuals that oral health care improves a woman's general health throughout the lifespan and may also reduce the transmission of potential caries-producing oral bacteria from birthing individual to infants.[26]

The use of research validated screening tools are recommended for identifying if any of the issues that have been outlined are a concern for a family preparing to deliver a child. The next section of this brief offers a variety of screening tools that providers within the maternal health system should consider utilizing with their clients or patients.

[24] United Nations Children's Fund. UNICEF Technical Brief. Counselling to Improve Maternal Nutrition. Considerations for programming with quality, equity and scale. New York: UNICEF, 2021. Retrieved from: https://www.unicef.org/media/114566/file/Maternal%20Nutrition%20Counselling%20Brief.pdf

[25] American College of Obstetricians and Gynecologists, Committee Opinion Number 804, Physical Activity and Exercise During Pregnancy and the Postpartum Period (December 2015). Retrieved from https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/04/physical-activity-and-exercise-during-pregnancy-and-the-postpartum-period

[26] American College of Obstetricians and Gynecologists, Committee Opinion Number 569, Oral Health Care During Pregnancy and Through the Lifespan (August 2013, Reaffirmed December 2019). Retrieved from https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2013/08/oral-health-care-during-pregnancy-and-through-the-lifespan

Universal Screening Tools for Pregnant Individuals

In order to determine the best tools to implement universal screening(s), the Network conducted research on national best-practices for screening within the areas of interest as well as structures for implementation. This research informed the development of a framework that was then used to review a variety of screening tools that are either currently used or those that are being offered for considered use in San Bernardino County.

Differentiating Between Screenings and Assessments

Although sometimes used interchangeably, screenings are not the same thing as assessments. This clarification is being provided as only screening tools were explored for the purpose of this brief.

Simply stated, screenings:

1. Identify immediate and current health needs,
2. Can determine the need for further evaluation or support,
3. May be administered by clinicians, supports staff with appropriate training, or can be self-administered
4. Are typically short in length and quick to administer and score, and
5. Do not typically result in the ability to diagnose health conditions.

In contrast, an assessment is more comprehensive and usually considers multiple domains of functioning. Assessments are typically conducted by a specialty provider and are used to gather information which enables clinicians and practitioners to diagnose and offer treatment. Because the Network is comprised of professionals, paraprofessionals, and non-clinicians, screening as opposed to assessments is being encouraged to support widespread identification of risk factors and connection to care.

Screening Tool Review Framework

Based on the best-practice research and information gathered from Network members, the following framework was developed to support a comprehensive review of screening tools that could be used in San Bernardino County. Each category included in the framework is defined below.

- ✓ LENGTH | The length of the screening will be described in terms of number of questions, pages, and average time to complete (if available).
- ✓ ADMINISTRATION | Who can screen, and qualifications and training needed to administer, will be described.
- ✓ MODE OF ADMINISTRATION | The mode (paper, online, phone) and setting in which the assessment is offered will be described.
- ✓ FOCUS | The framework will note whether the tool screens for substance use, depression/anxiety, domestic violence, and/or healthy habits.
- ✓ OTHER CONSIDERATIONS| Considerations that fall outside of this framework are also described to support a decision on tool use.

Screening Tool Review Matrix

The following matrix compares available screening tools[27] using the framework described above.

Screening Tool	Length	Administrator	Mode of Administration	Focus	Other Considerations
Prenatal Substance Abuse Screen for Alcohol, Drugs, and Tobacco (5 Ps)	1 page, 6 questions	Clinician interview	Paper	✓ Substance Use ✓ Mental Health ✓ Intimate Partner Violence	✓ Available in the public domain ✓ Brief training recommended but not required
Tolerance, Worried, Eye-openers, Amnesia, K[C] Cut Down (TWEAK)	1 page, 5 questions	Clinician Interview or Self-administered	Paper or electronic	✓ Substance Use	✓ Available in the public domain ✓ Screening for alcohol use ✓ No training required for administration
National Institute on Drug Abuse (NIDA) Quick Screen	1 page, 4 questions	Self-administered	Paper	✓ Substance Use	✓ Available in the public domain ✓ Appropriate for patients 18 or older
Substance Use Risk Profile-Pregnancy (SURP-P)	1 page, 16 questions	Self-administered	Paper	✓ Substance Use ✓ Intimate Partner Violence	✓ Combination of TWEAK, 4Ps Plus, Addiction Severity Index, and 2 domestic violence questions
4P's Plus	1 page, 10 questions	Clinician Interview	Paper	✓ Substance Use ✓ Intimate Partner Violence ✓ Mental Health	✓ Copyrighted

[27] Additional secondary clinical screening tools are linked on the 20/20 MOM Screening Tools website, Screening Tools — 2020 Mom

Screening Tool	Length	Administrator	Mode of Administration	Focus	Other Considerations
CRAFFT 2.1	1 page, 4 or 9 questions	Clinician Interview or Self-administered	Paper or electronic	✓ Substance Use	✓ Available in the public domain ✓ Appropriate for patients up to 26 years of age
Patient Health Questionnaire (PHQ-2)	1 page, 2 questions	Clinician Interview	Paper	✓ Mental Health	✓ Available in the public domain ✓ Screening for undiagnosed depression
Patient Health Questionnaire (PHQ-4)	1 page, 4 questions	Clinician Interview	Paper	✓ Mental Health	✓ Available in the public domain ✓ Brief screening for depression and anxiety
Patient Health Questionnaire (PHQ-9)	1 page, 9 questions	Clinician Interview	Paper	✓ Mental Health	✓ Available in the public domain ✓ If the patient responds affirmatively to the two questions on the PHQ-2, the following seven questions on the PHQ-9 are asked to determine the degree of depression severity.
Edinburgh Postnatal Depression Scale (EPDS)	10 questions, 1 page	Self-administered	Paper	✓ Mental Health	✓ Available in the public domain ✓ Screening for depression and anxiety with questions specific to the perinatal period

Screening Tool	*Length*	*Administrator*	*Mode of Administration*	*Focus*	*Other Considerations*
Generalized Anxiety Disorder Scale (GAD-7)	1 page, 7 questions	Self-administered	Paper	✓ Mental Health	✓ Available in the public domain ✓ Screening for anxiety
Perinatal Anxiety Screening Scale (PASS)	2 pages, 31 questions	Clinician administered	Paper	✓ Mental Health	✓ Available in the public domain ✓ Measures the severity of anxiety
Mood Disorder Questionnaire (MDQ)	1 page, 5 questions	Self-administered	Paper	✓ Mental Health	✓ Available in the public domain ✓ Used to identify patients with bipolar disorder
Women Abuse Screening Tool (WAST)	1 page, 8 questions	Clinician administered	Paper	✓ Partner Violence	✓ Available in the public domain ✓ For use in family practice settings
Humiliation, Afraid, Rape, Kick (HARK)	1 page, 4 questions	Self-administered	Paper	✓ Partner Violence	✓ Available in the public domain ✓ For use in family practice settings
Hurt, Insult, Threaten, and Scream (HITS)	1 page, 4 questions	Self-administered or clinician administered	Paper	✓ Partner Violence	✓ Available in the public domain ✓ Assesses both psychological and physical IPV

Screening Tool	*Length*	*Administrator*	*Mode of Administration*	*Focus*	*Other Considerations*
West Virginia Prenatal Risk Screening Instrument	1 page, many questions	Clinician administered	Paper	✓ Substance Use ✓ Intimate Partner Violence ✓ Mental Health ✓ Healthy Habits	✓ Available in the public domain ✓ Expansive information collected ✓ Meant to be completed at first prenatal visit
*Washington State Health Care Authority Maternal Support Screening Tool **(MSS)***	3 pages, 20 questions	Clinician administered	Paper	✓ Substance Use ✓ Intimate Partner Violence ✓ Mental Health ✓ Healthy Habits	✓ Available in the public domain ✓ Offers a guide for utilization
Florida Healthy Start Prenatal Risk Screening Tool	1 page, 16 questions	Self-administered combined with clinician/provider administered	Paper	✓ Substance Use ✓ Intimate Partner Violence ✓ Mental Health ✓ Healthy Habits	✓ Available in the public domain ✓ Assesses weight using BMI index but doesn't inquire about food choices, exercise, or oral health ✓ Provides a risk factor assessment supplemental which could be useful independently

Screening Tool	*Length*	*Administrator*	*Mode of Administration*	*Focus*	*Other Considerations*
Postpartum Social Support Screening Tool	1 page, 12 questions	Self-Administered	Paper	✓ Social Support	✓ Available in the public domain ✓ Requires permission to reproduce ✓ Focuses on support system after pregnancy
Posttraumatic Stress Disorder (PC - PTSD -5)	1 page, 5 questions	Clinician Administered	Paper	✓ Mental Health	✓ Available in the public domain ✓ Identifies individuals with probable PTSD

Implementing Universal Screenings within the Maternal Health System

Beyond identification of best-practice screening tools, implementation frameworks were researched, and information gathered from MHN membership was compiled to support effective deployment of universal screening practices.

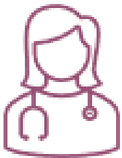
Best Practice Implementation Frameworks

Screening Brief Intervention Referral to Treatment (SBIRT)[28]

Universal screening through SBIRT (Screening, Brief Intervention, and Referral to Treatment) is a framework promoted by several national organizations. It is an evidence-based, public health approach to deliver early intervention and treatment to people with substance use disorders and those at risk of developing these disorders and is indicated for pregnant people and people of reproductive age. The World Health Organization (WHO) strongly recommends that all healthcare providers offer a brief intervention to all pregnant people using substances.[29] SBIRT improves community health by reducing the adverse consequences of substance use disorders through early intervention and referrals when necessary. SBIRT was developed for tobacco and alcohol use disorders but has expanded to illicit drug and prescription drug use.[30] The main goal of SBRIT as part of early pregnancy risk assessments is to facilitate the identification of a need for treatment and to connect pregnant people to available services, so they are well-positioned to care for their child at the time of birth.

The three components of SBIRT include:

Screening: Screening quickly assesses the extent and severity of substance use and identifies the appropriate level of treatment. Screening is universal and can occur in any healthcare setting.



Brief Intervention: Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.

Referral to Treatment: Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

Reimbursement codes are available for SBIRT, for commercial insurance as well as Medicaid/Medi-Cal.[31]

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[28] More information is available at https://www.samhsa.gov/sbirt.

[29] World Health Organization, Guidelines for the identification and management of substance use and substance use disorders in pregnancy (2014). Retrieved from: https://apps.who.int/iris/bitstream/handle/10665/107130/9789241548731_eng.pdf

[30] Journal of Psychoactive Drugs, Integrating Screening, Brief Intervention, and Referral to Treatment (SBIRT) into Clinical Practice Settings: A Brief Review (September 2012). Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3801194/

[31] Substance Abuse and Mental Health Services Administration. Coding for Screening and Brief Intervention Reimbursement. Retrieved from https://www.samhsa.gov/sbirt/coding-reimbursement

Motivational Interviewing

Motivational interviewing is a collaborative, goal-oriented counseling style that is designed to elicit behavior change in a respectful way that honors client autonomy.[32][33] It is used to address addiction, the need for mental health care, and the management of physical health conditions such as diabetes or obesity. Motivational interviewing is an integral part of SBIRT and is a method to work with individuals and families to resolve uncertain feelings and concerns about making a positive change related to a particular behavior.[34] It is a valuable, empathetic, and short-term process that acknowledges the challenges people experience when thinking about making life changes.

Motivational interviewing helps patients become encouraged to change behaviors that prevent them from making healthier choices. Studies have shown that motivational interviewing has helped heavy drinkers use less during pregnancy.[35] Motivational interviewing aims to help patients identify and change behaviors that put them at risk of developing chronic health issues.

Listed below are some useful techniques that can be used when conducting motivational interviews.

Motivational interviewers can utilize the "APA Sandwich" technique, where one asks for permission, then provides concern, recommendation or information, then asks for the patient's response.

For example:

[32] Motivational Interviewing Network of Trainers, Understanding Motivational Interviewing. Retrieved from: https://motivationalinterviewing.org/understanding-motivational-interviewing

[33] American College of Obstetricians and Gynecologists. Committee Opinion No. 423: Motivational Interviewing: A Tool for Behavioral Change. Retrieved from: https://pubmed.ncbi.nlm.nih.gov/19104391/

[34] Institute for Research, Education & Training in Addictions, Motivational Interviewing Toolkit (March 2018). Retrieved from https://ireta.org/resources/motivational-interviewing-toolkit/

[35] National Institute on Alcohol Abuse and Alcoholism. Motivational Interventions in Prenatal Clinics. Retrieved from: https://pubs.niaaa.nih.gov/publications/arh25-3/219-299.htm

Another skill for motivational interviewing is E.D.R.S.S., which is an acronym for "Express Empathy, Develop Discrepancy, Roll with Resistance, Resist the Righting Reflex, and Support Self-Efficacy." The table below offers examples of E.D.R.S.S.

Express Empathy

- It must be really hard to eat differently than the rest of your family

Develop Discrepancy

- Finding time to exercise is hard, but you'd like to have more energy in the future.

Roll with Resistance

- It seems impossible to change your drinking habits, you feel your friends would not be supportive at all.

Resist the Righting Reflex

- You have tried to quit many times in the past and it's always been a horrible experience. Tell me more about those times.

Support Self-Efficacy

- You have made so many great changes in the last year, like exercising more. When the time is right, I know you can tackle this successfully too.

Confidence rulers are another motivational interviewing tool which are used to assess motivation. Gaining this information helps the provider understand where they need to help. The patient is asked to rate on a scale from one to ten their importance of making a change, willingness to change, commitment to taking action, confidence to change/take action, and readiness to change. Examples for how to use the ruler can be found here.

5 A's (Ask, Advise, Assess, Assist, and Arrange)

The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians ask all pregnant persons about tobacco use, advise them to stop using tobacco, and provide behavioral interventions.[36]

The 5A's framework is a brief intervention model (Ask, Advise, Assess, Assist, Arrange), based on evidence-based guidelines for tobacco cessation. This model is based on five strategies which include:[37]

Ask…	Identify and document tobacco use status for every patient at every visit.
Advise…	In a clear, strong, and personalized manner, urge every tobacco user to quit.
Assess…	Ask every tobacco user if they are willing to make a quit attempt at this time.
Assist…	For those willing to quit, use counseling and supplemental materials to help them quit.
Arrange…	Schedule follow-up contact, preferably within the first week after the quit date.

Considerations for Deployment

In addition to the best practice frameworks identified for implementation of universal screenings, there were several considerations offered by MHN members about how to effectively deploy screenings in San Bernardino County. Research conducted also identified factors for considerations in implementation efforts.

Implementing Universal Screening in San Bernardino County

MHN members offered a variety of considerations about how to effectively deploy universal screenings at a Network summit that occurred in June 2021. These considerations included:

- TIMING | Members thought it would be helpful to determine the best timing to conduct universal screenings with an eye towards early identification but after a relationship has been developed with the birthing individual.
- SETTING | Members noted that screenings should take place in a confidential setting to place the birthing person at ease in answering what may be considered sensitive questions.
- FLEXIBILITY | Members shared that some healthcare organizations/practitioners are mandated to conduct specific screenings (PHQ9 or PHQ2 were specifically referenced). For that reason, it is unlikely

[36] U.S. Preventive Services Task Force (USPSTF). Final Recommendation Statement. Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions (January 2021). Retrieved from: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions

[37] Retrieved on June 25, 2022 from: https://www.ahrq.gov/prevention/guidelines/tobacco/5steps.html#:~:text=Successful%20intervention%20begins%20with%20identifying,every%20patient%20at%20every%20visit. ?

that a single screening tool is something that would work in the county. While there was general support for universal screenings, flexibility is necessary to achieve wide-spread implementation across service sectors.

- PROACTIVE | Members identified that it is important to extend screening and education efforts, particularly for healthy habits, to individuals who are not yet pregnant but within childbearing age, since nearly half of all pregnancies are unintended.[38]

In addition to the considerations offered by MHN members, the following ideas are being presented based on information that was gathered in the process of developing this brief:

- SCREENING TOOL MODIFICATION: Any modifications to an existing screening tool will need to be approved by the tool developer and will need to be evaluated for efficacy following the modification(s). Additionally, copyright law may prevent questions in an existing assessment tool from being leveraged in development of ad hoc or agency-specific tools.
- SBIRT GUIDELINES: Care providers that adopt the SBIRT framework should have guidelines in place including a description of the screening tool, guidance on how to make a referral, and links and materials to resources for support and treatment.
- SCREENING METHOD: Providers should consider the use of electronic screening tools, if available, as it allows for data capture. If this is not available, paper questionnaires are still an effective alternative. Providers should also consider accommodations (e.g., verbal administration of screenings) for patients who may not be able to read at the level of the selected questionnaire.
- TRAINING: Training in screening administration is important to maintain consistency and keep the integrity and quality of results.

Sample Screening Procedure

Each practice has their own method for conducting screenings for new and return patients. At the MHN motivational interviewing training conducted in August 2022, the presenter, Dr. Karen Studer of Loma Linda University, shared how screenings are conducted in her practice:

- Every patient at every visit is asked about the six pillars of lifestyle medicine:
  - Physical activity
  - Substance use
  - Sleep
  - Nutrition
  - Connection/Purpose (using PHQ-2 questionnaire)
  - Stress
- At the initial visit, the patient is asked about Intimate Partner Violence

[38] Centers for Disease Control and Prevention. Unintended Pregnancy. Snapshot of Progress. Retrieved from: https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/index.htm

Universal Screening as a Mechanism for Healthcare Equity

Black and African American birthing people face societal and systemic barriers when pursuing health care and other forms of support necessary when pregnant.

> "Past and present experiences with racial discrimination shape Black patients' interactions with their medical providers, and stereotypes, implicit bias, and mistrust continue to interfere with care. Studies show that Black patients are treated differently than White patients with the same symptoms, receiving fewer diagnostic and therapeutic interventions, and even less pain medication."[39]

For these reasons, it is important to apply screenings universally as opposed to identifying individuals based on perceived risk factors.

Selective screening based on risk factors perpetuates discrimination and is subject to provider biases.

To support healthcare equity and decrease health disparities that are experienced by Black and African American birthing individuals, practitioners should take the following steps to reduce implicit bias. These actions can be effective when administering universal screenings as well as within their general practice.[40]

- STEREOTYPE REPLACEMENT: Recognize a response is based on a stereotype and adjust the response.
- COUNTER-STEREOTYPIC IMAGING: Imagine the individual as the opposite of the stereotype.
- INDIVIDUALIZATION: See the person as an individual rather than a stereotype (e.g., learn about their personal history and the context of their pregnancy experience).
- PERSPECTIVE-TAKING: Put yourself in the other person's shoes.
- EXPANDED NETWORK: Expand your network of friends and colleagues and/or attend events where people of other racial/ethnic groups, gender identities, and sexual orientation may be present.
- PARTNERSHIP BUILDING: Reframe the interaction with the patient as one between collaborating equals.

Conclusion

Universal screening has been identified by the Maternal Health Network as an effective strategy for detecting pregnancy risks early and initiating supports to mitigate such risks. The process of conducting screenings, such as those explored in this brief, also provides an opportunity for providers to engage in dialogue that educates birthing individuals about what conditions support a healthy pregnancy. This brief is being offered as a starting point for widespread implementation throughout the maternal health system in San Bernardino. The Network will continue to promote and support universal screenings until it becomes a routine structure within the pregnancy journey and throughout the service spectrum.

[39] Black Mamas Matter: Advancing the Human Right to Safe and Respectful Maternal Health Care (2018). Retrieved from: https://blackmamasmatter.org/wp-content/uploads/2018/05/USPA_BMMA_Toolkit_Booklet-Final-Update_Web-Pages.pdf

[40] Institute for Healthcare Improvement: How to Reduce Implicit Bias (September, 2017). Retrieved from: http://www.ihi.org/communities/blogs/how-to-reduce-implicit-bias