

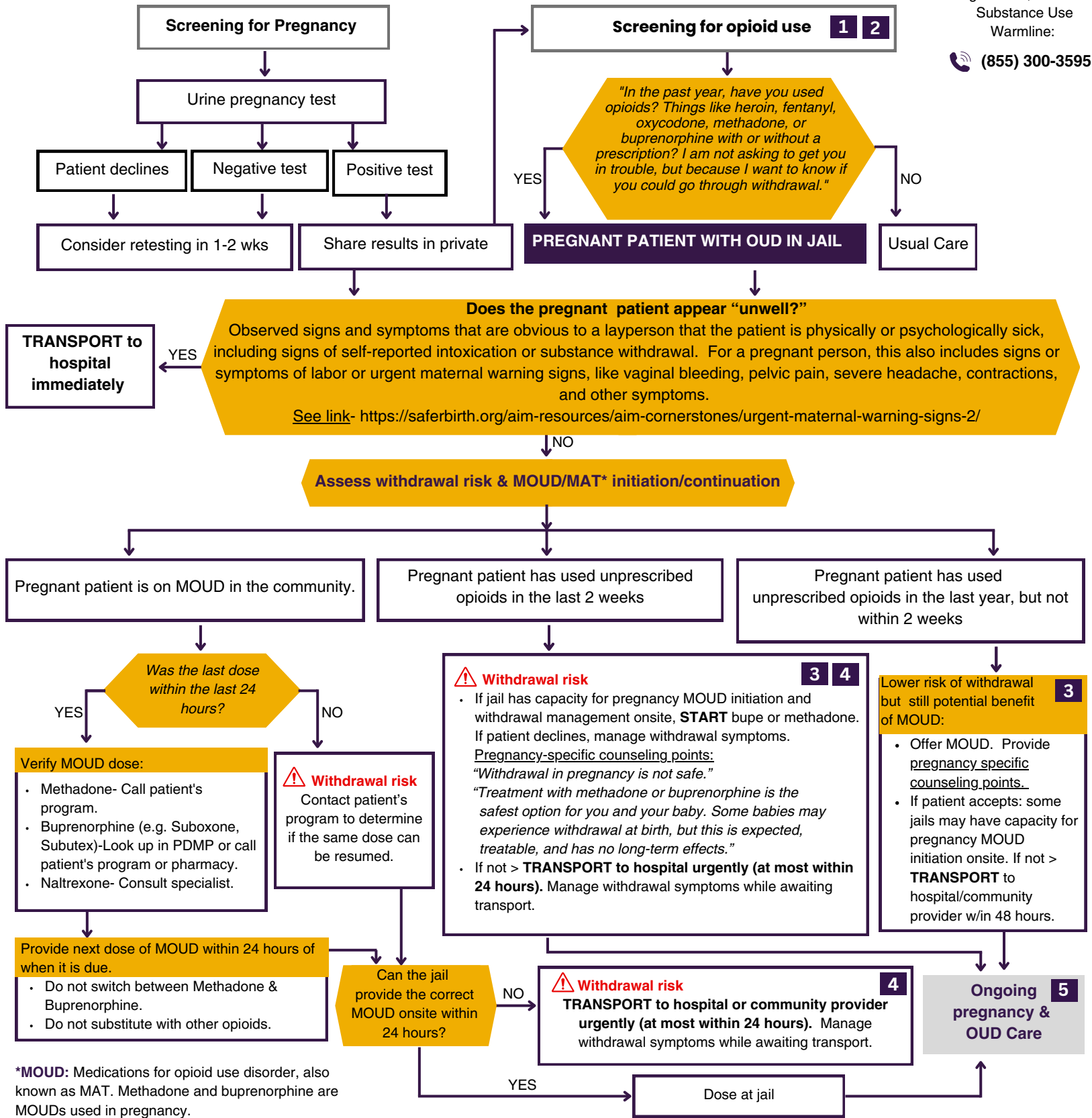


Initial Pregnancy & OUD Screening & Care at Jail Intake

Screen ALL Females or Trans-males < 55 y.o for pregnancy and for withdrawal risk

To speak to a clinician for clinical guidance, call the Substance Use Warmline:

(855) 300-3595



- Notes**
- 1 We generally do not recommend urine drug testing to screen pregnant patients for substance use. If jail requires this, obtain verbal consent from patient.
 - 2 Screen for alcohol and benzo use in pregnancy. If screen (+), may need hospital transport as untreated withdrawal can be deadly.
 - 3 Onsite MOUD induction and withdrawal management in pregnancy may be appropriate in some cases, if the patient does not appear unwell. Jail must have 24/7 access to clinician with expertise in pregnancy and MOUD, ability to dose buprenorphine/methadone onsite, and staff who can recognize when a pregnant patient needs higher level of care.
 - 4 Common medications for managing opioid withdrawal, such as methadone, buprenorphine, clonidine, loperamide, and acetaminophen are safe in pregnancy, as are anti-nausea medicines metoclopramide and promethazine; ondansetron should be avoided in the first semester. Access to frequent hydration is especially important in pregnancy.
 - 5 Ongoing care includes prenatal care, frequent MOUD dose assessments (most pregnant patients need increasing doses as pregnancy progresses), behavioral/mental health care, birth/infant care/breastfeeding planning, re-entry planning.