



Stony Brook researchers find unique way to screen pregnant women for substance abuse



Stony Brook researchers used a new screening tool to identify whether pregnant women coming into a New York clinic were vulnerable to substance abuse. Credit: AP/LM Otero

Updated November 26, 2024 4:08 pm

A screening tool developed at Stony Brook University may be helping researchers identify women who might be at a higher risk of substance use while pregnant.

The study, which reviewed medical charts and was published in the Journal of Addiction Medicine this November, found that pregnant women in the research who had less education were more likely to use tobacco. Pregnant

women who were single and without a partner in the research were more likely to use cannabis.

Researchers also found the women identified as dealing with a significant stressful life event were more likely to use alcohol during their pregnancy, according to the study.

To get the results, university researchers examined the medical charts of roughly 1,840 patients who used the PROMOTE Prenatal Screener in their first prenatal treatment at an outpatient clinic in New York.

Overall, nearly 10% of patients used at least one substance while pregnant, the university said. About 7% used tobacco, roughly 3% used cannabis and about 2.5% used alcohol.

The results, researchers say, show that a well-tested screening tool offers insights into vulnerable patients and potentially opens up an avenue for better well-being for both the mother and the child.

"I think the most important finding is that the screening for women's social and psychological vulnerabilities and substance use can help not only identify their current needs and address them, but also can help address and identify women who are at risk for future substance use during their pregnancy and prevent ... that kind of use," said Heidi Preis, who led the study and is a Stony Brook assistant professor in the Department of Obstetrics, Gynecology and Reproductive Medicine.

Preis said there are several different types of barriers in linking vulnerable pregnant women with needed care and assistance, including the patient's fear of being scrutinized. Some physicians may feel awkward bringing up the topics or may not have the time to ask, she added.

Although screening for depression is more common, comprehensive screening tools like PROMOTE that measure issues such as stress, social support and substance abuse are rarer, she said. PROMOTE probes into areas such as financial stability, living conditions, stress and mental health. It can take 2 to 3 minutes to complete or a few minutes longer for people who are asked more detailed questions about opioid use, the university said.

After receiving the results from the screening, a provider can speak with a patient to determine if any issue raised in the screener is a genuine problem.

From there, they can work with the patient to decide the following action, which can involve smoking cessation or a food assistance program.

"So depending on what is identified, then the providers have resources within Stony Brook and outside of Stony Brook to refer the patient," Preis said.

Currently, PROMOTE is available to pregnant women at Stony Brook clinics. Researchers say they want to expand it to other institutions.

David Nemiroff, president and CEO of Harmony Healthcare Long Island, said the Federally Qualified Health Center uses other tools to identify patients in need, including one for social determinants of health and another for depression.

In general, Nemiroff said, screening tools are an important way to help people who are reluctant to speak with a medical provider.

"Any tool that will help people identify an illness or a disease and can link people to treatment for care, I think, is not a bad thing," he said.

Sherri Kaplan, vice president of Program Excellence at Central Nassau Guidance & Counseling Services, said the nonprofit also uses substance abuse disorder screening tools.

However, the PROMOTE tool can be a salient way to engage with pregnant women in a medical setting who are not necessarily seeking out treatment for substance abuse, she said.

"They're going because they're pregnant," Kaplan said. "What a great way to try to engage them and start that conversation in a nonbehavioral health clinic setting."

"They're catching them at a different time," she added.



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