

Oral Defense Announcement

University of Missouri – St. Louis Graduate School

An oral examination in defense of the dissertation for the degree
Doctor of Nursing Practice with an emphasis in Psychiatric – Mental Health Nurse Practitioner

Rebekah Ann Feeney

B. S. Nursing, Southeast Missouri State University, 2017

Screening, Brief Intervention, and Referral to Treatment for Pregnant Women

Date: September 18, 2024

Time: 10:00 a.m. to 11:00 a.m.

Place: 104 Nursing Administration Building

Abstract

Background: In the United States, 10-20% of pregnant women reported using drugs during pregnancy. Current recommendations are to screen for drug use in all patients and provide a brief intervention and referral to treatment. The purpose of this quality improvement project was to evaluate the impact of implementing a standardized screening, brief intervention, and referral to treatment protocol for first-trimester pregnant patients who are seen in the obstetrical department.

Methods: The Tobacco, Alcohol, Prescription Medication, and Other Substance Use (TAPS) screening tool was administered to first-trimester pregnant women, 13-45 years of age, seen in the obstetrical department from February through May 2024. Data was collected via retrospective chart review and included patient information such as age, gestational age, provider type, gravida, substance use screening results, brief intervention documentation, and referral to treatment. The Johns Hopkins Nursing Evidence-Based Practice model served as the framework.

Results: First-trimester pregnant patients ($N=359$) were seen in the obstetrical department with ($n=119$) having positive TAPS screenings; ($n=92$) were eligible for a brief intervention; ($n=7$) had an initial and repeat urine drug screen was ($n=7$). There was no statistical difference between initial urine and repeat drug screen results.

Implications for practice: SBIRT has been documented as an effective protocol to identify and reduce substance use in pregnant women. Providers (physicians, certified nurse midwives, and family nurse practitioners) training should include adverse patient outcomes with missed documentation. Referrals to social workers and treatment programs are essential for those who screen positive for drug use in pregnancy.

Defense of Dissertation Committee

Vanessa Loyd, PhD, DNP, RN (Chairperson)

Elise Schaller, DNP, MHA, APRN, CPNP-PC

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