## PRENATAL HEALTH ASSESSMENT

Please answer these questions honestly so we can help you receive the best possible care for you and your baby. Ask the nurse for help if you have difficulty with these questions. **Your answers will be a confidential part of your medical record.** 

"Drink"= one 12 ounce bottle or can of beer, or one 4 ounce glass of wine, or one shot (one ounce) of hard liquor. Remember!!! "Drinks" do not mean "sips"!!			Just before this pregnancy	During this pregnancy	
How many drinks does it take for you to first feel the effects of alcohol? Refer to box above.		When you drink, how much do you usually drink?	Number of Drinks:	Number of Drinks:	
Number of Drinks:		A. How many times per month do you drink that much?	Times Per Month:	Times Per Month:	
2. When was your last drink? Please check just one answer.		10. When you drink more than your usual amount, how many drinks do you	Number of Drinks:	Number of Drinks:	
Within the last week  Within the last Wumber of months ago:	year More than a year ago  Never	have?  A. How many times in a month?	Times Per Month:	Times Per Month:	
B. Do you ever feel that you should cut down on your drinking?		11. How many cigarettes do you smoke in a day?	Cigarettes per day:	Cigarettes per day:	
Yes No		12. Do you use smokeless tobacco?	Yes No	Yes No	
. Do any friends or family ask you to drink less?		13. Do you huff or sniff gasoline, glue or other substances to get high?	Yes No	Yes No	
Yes No		14. Do you use other drugs (PCP, marijuana, cocaine, heroin, speed)?	Yes No Which ones?	Yes No Which ones?	
<ul><li>5. Does anyone in your house get dru</li><li>Yes Is it a problem? Yes</li><li>No</li></ul>	unk or use drugs?	15. Do you use needles to inject drugs to get high?	Yes No	Yes No	
6. Have you ever been treated for problems from alcohol or drugs?		16. How much alcohol can a pregnant woman drink each day?  Number of Drinks:			
How many years ago was that?		17. When was you last menstrual period?			
☐ No		Month Day Year			
7. Has anyone hit or physically abused you in the last year?		18. What is today's date?			
Yes No		Month Day Year			
Has anyone hit or physically abused you duri	Has anyone hit or physically abused you during this pregnancy?  Yes  No		19. What do you think is the most important thing you can do to have a healthy baby?		
8. Have you ever been sexually abus	ed?				
Yes No					
Thank you for	completing this assessment	. It will help us provide better p	renatal care.		
HR#	SSN #	REVISIT/ REFERRAL TO:	DATE TIME		
NAME		PURPOSE:			
B DATE SEX	TRIBE	INSTRUCTIONS: TO PATIENT: SIGN RE	LEASE RECORDS		
RESIDENCE					
FACILITY	DATE		PROV. SIGNATURE Created by: PSC Media	Arts Branch (301) 443-2454 EF	

## INSTRUCTIONS FOR COMPLETING THE IHS-866 PRENATAL HEALTH ASSESSMENT FORM

This questionnaire is designed to identify pregnant women who abuse alcohol and other substances so that appropriate treatment can be provided as soon as possible during the pregnancy to reduce the adverse effects on the developing fetus. This is a self-administered questionnaire that takes only a few minutes of nursing time to administer and collect. Preliminary results from its use in several IHS facilities in the Northern Plains indicate that the proportion of women identified with substance abuse problems increases several fold through the use of such a tool compared to the usual prenatal interview. The results of the questionnaire provide useful clinical information for the primary care provider to tailor appropriate health education messages and to refer prenatal patients for treatment when indicated. In order to be fully effective as a clinical and educational tool, it should be scored by a nurse or other health professional and appropriate counseling and treatment provided.

## Using the Prenatal Health Assessment to Determine Prenatal Alcohol Consumption and Risk Factors for Drinking During Pregnancy

Follow the steps below to determine whether the woman drank or is at risk for drinking alcohol during pregnancy:

**Step 1:** In questions 9 and 10, is there any alcohol use indicated DURING THIS PREGNANCY? If yes, review entire questionnaire with patient. If no. **CONTINUE.** 

NOTE: If the answer to question 10 is 5 OR MORE DRINKS, the woman should be counseled about binge drinking.

Step 2: Determine how many months pregnant the woman is by using the following process:

1) Add 14 days to the date of the last menstrual period (question 17) Example: 10/12/98 + 14 days = 10/26/98 (date of conception)

 Starting with today's date (question 18), count back to the date of conception to determine the number of months pregnant Example: From 1/6/99 to 10/26/98, the woman is 2 months 11 days pregnant

**Step 3:** Comparing the answer calculated in step 2 to the woman's answer to question 2, did the woman drink during pregnancy?

If yes, review entire questionnaire with patient. If no, **CONTINUE**.

Step 4: Is the answer to question 1 "3 or more drinks"?

If yes, the woman is at risk for drinking during pregnancy. Review entire questionnaire with patient. If no, **CONTINUE.** 

Step 5: Is there one or both questions answered "yes" in questions 3-4?

If yes, the woman is at risk for drinking during pregnancy. Review entire questionnaire with patient. If no, **CONTINUE**.

Step 6: Is the answer to question 5 "yes"?

If yes, the woman is at risk for drinking during pregnancy. Review entire questionnaire with the patient If no, **CONTINUE.** 

Step 7: Is the answer to question 6 "yes"?

If yes, the woman is at risk for drinking during pregnancy. Review entire questionnaire with patient.

NOTE: Women who answer "yes," but also indicate that they have received treatment and have remained sober for two years have a good chance of remaining sober.

If no, CONTINUE.

Step 8: Did the woman indicate that she drank JUST BEFORE this pregnancy in either question 9 or 10?

If yes, the woman is at risk for drinking during pregnancy. Review entire questionnaire with patient. If no, **CONTINUE**.

Step 9: Is the answer to question 16, 1 OR MORE DRINKS?

If yes, the woman is at risk for drinking during pregnancy. Review entire questionnaire with patient.

If no, the woman is not drinking during pregnancy and does not have risk factors for drinking during pregnancy. Routine prenatal care should be provided.

NOTE: Patients who have positive responses to questions 11-15 may have exposed the fetus to these substances. Appropriate counseling and treatment should be provided for tobacco use cessation and avoidance of illicit drugs and inhalants to improve fetal outcome.

The following procedures are recommended for its use:

- Stamp the patient's addressograph card on the bottom left hand corner of the first page of the questionnaire.
- 2. The prenatal clinic nurse asks the prenatal patients to complete the questionnaire at the time of their first visit. The prenatal nurse or clerk may administer it to those patients who cannot read or understand the questionnaire. The questionnaire could be given or administered to the patients either before or after the usual prenatal interview that is conducted by the nurse.
- 3. The responsible health care provider reviews the questionnaire and completes any questions that have been left blank. This could be done by the clinic nurse, public health nurse, chemical dependency counselor, mental health/social services worker, physician, midwife, or appropriately trained community health worker. The questionnaire should then be scored and discussed with the patient. The completed questionnaire should be filed in the patient's medical record so that confidentiality is maintained.
- 4. The responsible health care provider should confirm all risk factors detected by this questionnaire, counsel the patient, and refer the patient for appropriate treatment, if she gives consent. The responsible health care provider should have a list of treatment resources available for the area.
- 5. If appropriate treatment is not available at the facility, this should then be documented. If the unmet need justifies additional services, these data can be used to help justify additional resources to meet those needs. In such a situation, the primary care providers and supportive health care workers would need to provide counseling to the best of their abilities.
- 6. Confidentiality of this information should be maintained as specified in the Privacy Act.
- 7. The problem lists of the mother and infant should indicate "maternal antepartum alcohol use" for women and infants identified with alcohol consumption during pregnancy.

## RATIONALE FOR INCLUSION OF QUESTIONS ON THE PRENATAL QUESTIONNAIRE (T= TOLERANCE A=ANNOY C=CUT DOWN E=EYE-OPENER)

The TACE questionnaire has been widely used and validated as a screening tool for alcohol abuse in prenatal populations and for that reason is included in this questionnaire with some modifications based on our pilot experience as follows:

- 1. Question #1: Tolerance This question was initially asked, "How many drinks does it take you to get high?"
  - We found that some of the prenatal patients thought being "high" meant totally drunk and for that reason the wording has been changed. Any patient answering 3 or more drinks is felt to be tolerant to the effects of alcohol.
- 2. Question #3: This is the "cut-down" question of the TACE questionnaire.
- 3. Question #4: Originally this was the "annoy" question in the TACE questionnaire. This was re-worded since some of our patients did not understand the word "annoy".
- 4. The "eye-opener" question of the TACE questionnaire was found to be ineffective and was eliminated from the Self-Administered Questionnaire.

Question #2 was included to determine when the patient last drank alcohol.

Question #5 is included to assess, the home environment of the patient which may be very important in determining the patient's support system.

Question #6 is included because of women who have previously been treated for alcohol or drugs may be at risk of resuming alcohol use during pregnancy. They should be evaluated more thoroughly by the primary care provider and referred for treatment if appropriate.

Question #7 is included to determine physical abuse experienced by the prenatal patient in the last year and during pregnancy. Women who have been abused should be counseled to obtain help in avoiding or ending abusive relationships. Abusive relationships are frequently associated with alcohol or other substance use. This question was included on the Pregnancy Information Program, a computerized assessment of a prenatal patient's lifestyle, that has been used as part of routine prenatal care at the IHS Hospital in Albuquerque, NM.

Question #8 is included to determine sexual abuse to the patient. Women who have been sexually abused may not be able to stop drinking or using drugs until issues related to the sexual abuse are assessed and treated by professional counselors. This question has not been validated or field tested but was felt by several reviewers to be the best way to assess sexual abuse. If the question is not useful or is inappropriate, it should be removed from the questionnaire. Each clinic using the Prenatal Health Assessment should develop plans on how to refer and follow-up with women who have been physically or sexually abused.

Question #9 - #10 are important to include because they assess both the frequency of drinking and binge drinking (defined as 5 or more drinks at a time). Binge drinking is felt to be a greater risk factor for FAS than drinking the same amount of alcohol in smaller amounts over a longer period of time.

Question #11 is included because cigarette smoking has been associated with an increasing number of adverse pregnancy outcomes, including higher rates of SIDS, birth defects and low birth weight babies. Thus, all women who are smoking during pregnancy should be counseled frequently by the primary care provider to quit and referred to smoking cessation programs, if they are available. Primary care providers, in a non-judgmental manner, should assess current cigarette use for prenatal patients at each visit and reinforce the recommendation to stop or cut down on smoking.

Question #12. The effect of smokeless tobacco use on the fetus is not known, but the elevated nicotine levels resulting from its use may have an adverse impact on the fetal development. Women who are using smokeless tobacco during pregnancy should be advised to quit for their own benefit as well as for the potential benefit of the fetus.

Question #13. Inhalants: The fetal impact of maternal inhalation of solvents is not known. Most of these substances are known to have a central nervous system toxicity and women who use them during pregnancy should be counseled or referred for treatment immediately.

Questions #14 - #15. Use of illicit drugs in pregnancy has well known harmful effects on both the mother and the fetus. Such women should be referred for treatment, if they are detected through this screening questionnaire. Drug related street terms and slang words for drugs can be found on the internet at http://www.addictions.com/slang.htm. Street terms for drugs change frequently and local terms for some drugs may not be included in this list.

Question #16. According to the Surgeon General, no amount of alcohol can be considered safe in pregnancy. Therefore, if women answer this with any amount, discuss with the patient that there is not a safe amount of alcohol that can be drunk during pregnancy.

Question #17. A question on the last menstrual period is included to help determine the gestational age at the time this questionnaire is completed.

Question #18. The date is included so we can determine the gestational age of the fetus at the time the questionnaire is completed based on the date of the last menstrual period.

Question #19. This is included so that women can tell us what they feel is important to have a healthy baby. This can then be reinforced and expanded as part of the first prenatal and subsequent prenatal visits.

In order to effectively use this screening questionnaire, it is important to establish a smooth referral process for women who are identified at risk or have consumed alcohol during pregnancy. Ideally, this should be done at the time of the first visit but in reality this may not be possible in many facilities. Referrals to the public health nurses or mental health/social services may be the optimal method of follow-up in some communities. In others, the patient will need to make her own appointment for the recommended treatment. Issues related to patient confidentiality and informed consent need to be carefully considered when setting up such referral systems.