

## LETTER TO THE EDITOR

## Commentary: screening as a tool for engagement

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We wish to thank Dr Hendree E Jones for her thoughtful commentary<sup>1</sup> regarding our article, 'The 4P's Plus<sup>®</sup> Screen for Substance Use in Pregnancy: Clinical Application and Outcomes.'<sup>2</sup> Because the article focused on data generated through the use of the 4P's Plus<sup>®</sup> to screen for alcohol, tobacco and illicit drug use in pregnancy, there was nothing presented regarding the practical, public health goals served by the use of the screening instrument. In the best of circumstances, the 4P's Plus<sup>®</sup> is utilized in the context of a much larger integrated system of screening, assessment, referral and treatment – the SART system.<sup>3</sup> Prior to implementing screening in any community, we establish guidelines and policies that allow for conducting a field assessment<sup>4</sup> in the prenatal care setting on any woman who screens 'positive'. The screen identifies women who are at risk for substance use; the field assessment identifies women who actually are continuing to use alcohol, tobacco or illicit drugs during their pregnancy and require further intervention. Although quantity and frequency of substance use would be interesting, busy obstetric practices do not have the time for that depth of investigation. In addition, these factors are of little importance in the screening process; the job of the primary care provider is to identify women at risk so that she can be referred for further interventions. The screening and field assessment, which occur in the prenatal care site, are easy, fast (less than 5 min) and are used to link the woman to a single community-based referral mechanism through which the woman accesses treatment. In this context, the 4P's Plus<sup>®</sup> screen takes its place as the trigger event for a coordinated response to perinatal substance use. In practice, we work with communities to establish a full process of which screening and assessment are just an initial component.

In her commentary, Dr Jones also touched on some important issues, which we would like to amplify. First, Dr Jones correctly observes how fear of criminal prosecution or the involvement of child welfare services can create an environment that impedes accurate self-report. We have found that to be exactly the case. In particular, the current wave of methamphetamine use has prompted some judges, prosecutors, child welfare advocates and others to promote policies that bring the heavy hammer of the law into play. As health-care practitioners, we must drive community approaches away from such punitive approaches. Second, Dr Jones sees opportunity in screening non-pregnant women of childbearing age. We could not agree more. Pre- and inter-conceptual

prevention and education efforts hold tremendous potential value. Despite this, these efforts are under-funded as Dr Jones emphasizes in her final comment.

One minor correction needs to be brought forward. Dr Jones expresses concern at the prospect of the woman who is a very light drinker being referred for a time-consuming assessment. If that were the case, the coordinated system we espouse would collapse under the weight of additional costs and the misuse of professional resources. However, that is not part of the process. Pregnant women who are light users for whom further assessment and formal drug treatment would be inappropriate are offered a brief opportunistic intervention in the prenatal care site. This brief, low-cost intervention called, 'I am concerned...'<sup>5</sup> does not disrupt the routine of even the busiest prenatal care practice. Similar interventions have been shown to help women stop or reduce their drug use during pregnancy as measured by improved birth outcomes.<sup>6</sup>

Obstetricians have an opportunity to practice the most basic form of prevention, directly at the patient care level. The use of the 4P's Plus<sup>®</sup> can serve as a tool for engagement (C Kennedy, personal communication, 2004) in the prevention process and the prompt for educating the pregnant woman about the risks imposed by use of any substances in pregnancy.

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## References

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- 2 Chasnoff IJ, McGourty RF, Bailey GF *et al*. The 4P's Plus<sup>®</sup> screen for substance use in pregnancy: clinical application and outcomes. *J Perinatol* 2005; 368–374.
- 3 McGourty RF, Chasnoff IJ. *Power Beyond Measure*. NTI Publishing: Chicago, 2004.
- 4 Chasnoff IJ, Hung WE. *The 4P's Plus<sup>®</sup> Screen for Substance Use in Pregnancy*. NTI Publishing: Chicago, 2001.
- 5 McGourty RF, Chasnoff IJ. *I Am Concerned... Pretreatment Intervention for the Primary Care Setting*. NTI Publishing: Chicago, 2003.
- 6 Armstrong MA, Osejo VG, Lieberman L, Carpenter DM, Pantoja PM, Escobar GJ. Perinatal substance abuse intervention in obstetric clinics decreases adverse neonatal outcomes. *J Perinatol* 2003; **23**: 3–9.