MIECHV

Substance Use Risk Profile - Pregnancy Scale Form

When to Screen (Check one):

Enrolled at Pregnancy:  □ Within 4 weeks of Enrollment  □ 36 weeks gestational

Enrolled after Pregnancy:  □ Within 4 weeks of Enrollment  □ at Child’s age of 12 months

Screening Questions to Ask:

1. Have you ever smoked marijuana?

2. In the month before you knew you were pregnant, how many beers, how much wine, or how much liquor did you drink?*

3. Have you ever felt the need to cut down on your drug or alcohol use?

Next Steps:

1. Scoring: Review responses and add up points.
   - Yes = 1 (any drinks before pregnancy is a “Yes”)
   - No = 0
   Enter the Score in the appropriate box below.

<table>
<thead>
<tr>
<th>Enrolled at Pregnancy</th>
<th>Enrolled after Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score at Enrollment</td>
<td>Score at Enrollment</td>
</tr>
<tr>
<td>Score at 36 weeks</td>
<td>Score at Child’s age 12 mo.</td>
</tr>
</tbody>
</table>

2. Assessing Risk: Determine Level of Risk
   - 0 points = Low Risk
   - 1 point = Moderate Risk
   - 2-3 points = High Risk (positive screen)

3. Response and Referral (Check those that apply):
   - □ Education (all risk levels)
   - □ Brief Intervention (all risk levels)
   - □ Referral (positive screen)

4. Referrals Provided (Check if applicable):
   - □ Medical / Primary Care
   - □ Clinical Assessment (MH, CADC)
   - □ Recovery Support (AA, ACOA, NA)
   - □ Treatment (Inpatient, Outpatient)
   - □ Community Agencies

Brief Intervention: Low Risk
- “You’re doing the best thing for your baby by not using _______ during pregnancy…”

Brief Intervention: Moderate/High Risk
1. Express concern about substance use: “Since I know you want a healthy baby, it’s important you don’t use any ______ while pregnant because…”
2. Advise woman to stop use: “I’m glad you let me know you’ve had some________ because it can have a harmful impact on your baby.”
3. Assess/validate woman’s reaction and discuss her feelings & thoughts.
4. Ask: “Would you like some help to stop using _______ during your pregnancy?”
5. Assist or Refer

Staff Signature: _______________________________   Date: __________