

5Ps SCREENING TOOL

For pregnant patients

Patient name: _____ DOB: _____

1st trimester 2nd trimester 3rd trimester Other: _____

Screeener name: _____ Date of screening: _____

People who are pregnant should be screened for the following morbidities every trimester, as interviewed by a health professional. Sample introduction:

“The health of people who are pregnant, as well as their children, can be affected by alcohol, drugs, tobacco, depression, and being controlled by a partner. Pregnant people and their children are also affected when these same problems are present in their closest relationships. By answering these questions, we can provide you with better care.”

1. Did any of your parents have a problem with alcohol or other drug use?	PARENTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Do any of your friends have a problem with alcohol or other drug use?	PEERS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Does your partner have a problem with alcohol or other drug use?	PARTNER	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?	PAST	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. In the past month, have you drunk any alcohol or used other drugs? - How many days per month do you drink? _____ - How many drinks on any given day? _____ - How often did you have four or more drinks per day in the last month? _____	PRESENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. "In the past 30 days, have you smoked cigarettes or used any other forms of tobacco (cigars, pipe, smokeless tobacco, electronic cigarettes)?"	TOBACCO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. During the past two weeks, have you been bothered by little interest or pleasure in doing things? Or been bothered by feeling down, depressed, or hopeless?	DEPRESSION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Are you currently or have you ever been in a relationship where you were pushed, shoved, kicked, slapped or hit by a partner? Or been threatened, controlled, made to feel afraid, or repeatedly been made to feel badly about yourself by a partner?	IPV	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Parents or Peers

A “Yes” answer to either question should result in sharing information about the risks of substance use during pregnancy.

Partner or Past

A “Yes” answer to either question should result in a brief intervention, using motivational interviewing, to explore the patient’s motivation to abstain from substance use during pregnancy. See steps below.

Present

A “Yes” answer should result in a brief intervention, using motivational interviewing, to explore the patient’s motivation to abstain from substance use during pregnancy. Treatment should be offered as an option. See steps below.

Tobacco

A “Yes” answer should result in a brief intervention, using motivational interviewing, to explore the patient’s motivation to abstain from tobacco use during pregnancy. Treatments should be offered as an option.

Depression

A “Yes” answer to either question should result in further screening for prenatal and postpartum depression, using a tool such as the Edinburgh Postnatal Depression Scale.

IPV (Intimate Partner Violence)

Screening for IPV should always include an in-person interview. A “Yes” answer to either question should result in using a brief assessment to identify patients at high risk for homicide or severe injury, such as the Danger Assessment (DA-5). A medical or behavioral health professional should also help the patient identify a safety plan for future incidents of violence and discuss resources that offer assistance.

Steps of the brief intervention (more information at sbirtoregon.org):

Raise the subject

- “Thanks for answering these questions – is it okay if we briefly talk about your answers?”
- “Just so you know, my role is to help you assess health risks so you can make your own decisions. I want to help you improve your quality of life on your own timeline.”
- “What can you tell me about your past/current substance use?”

Share information

- “Sometimes patients who give similar answers on this questionnaire are continuing to use drugs or alcohol during their pregnancy.”
- Share information about general risks of use. Explain any association between use and current medical complaint. Ask: “What do you think of this information I shared?”

Enhance motivation

- If the patient discloses current substance use, ask about their perceived pros and cons of their use, then summarize what patient said.
- “Where do you want to go from here in terms of the health of you and your baby?”
- Gauge patient’s readiness/confidence to reach their goal. If using Readiness Ruler: “Why do did you pick ____ on a scale of 0-10 instead of ____ [lower number]?”

Identify plan

- If patient is ready, ask: “What steps do you think you can take to reach your goal?”
- Affirm the patient’s readiness/confidence to meet their goal and affirm their plan.
- “Can we schedule an appointment to check in and see how your plan is going? You may want to change it or make a new plan.”