NPWH Poster Session

Thursday, September 26, 2024 – 11:45 am – 1:30 pm

Friday, September 27, 2024 – 11:30 am – 12:45 pm

Poster ID#: RI-2024-2

Substance Use Rates During Pregnancy in the Age of Legalization of Marijuana

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Objectives:

1. Discuss the rates of substance use during pregnancy.
2. Discuss the rates of tobacco and alcohol use during pregnancy.
3. Describe possible interventions for decreasing substance use in pregnancy.

Abstract Text

Purpose: The purpose of this study was to determine the rate of substance use, including tobacco, alcohol and other drugs, in pregnancy at a rural healthcare clinic in Missouri utilizing the Perinatal Risk Assessment for Substance Use Form (self-report) and urine drug screens.

Methodology: Patients completed a Perinatal Risk Assessment for Substance Use Form at their initial obstetric appointment. The written tool asks patients to self-report use of tobacco and alcohol use, and "current", "past", or "never" for substance use including marijuana, cocaine, amphetamines, hallucinogens, sedatives, narcotics, inhalants, club drugs, and non-prescribed prescription drugs. Based on their self-reporting, some were asked for permission to collect a urine drug screen. A retrospective chart review was performed utilizing the EHR with a total of 102 charts reviewed on initial obstetric appointments between July 1, 2023 to January 31, 2024. Data was collected from the Perinatal Risk Assessment for Substance Use form and any results from urine drug screens.

Results: 31% self-reported tobacco use, and no one reported current alcohol use at the time of the initial obstetric visit. Overall, 78% self- reported past or current substance use; 74.5% self-report past or current use of marijuana (with 26% self-report current marijuana use in pregnancy). Seventy-three patients had at least one urine drug screen performed. 64% of those who had a urine drug screen collected were positive, this was 46% of all patients. 36% of patients had a positive urine drug screen for marijuana only (50.7% of those screened with urine drug screen). 2.9% of patients were positive for amphetamines only. 5.9% of patients were positive for mix substances.

Conclusion: Per self- reporting, 83% of pregnant people either smoked cigarettes or used substances currently or in past. These women were of reproductive age; thus, providers should have counsel patients' pre-conception about limiting use of substances or planning pregnancy

to limit exposure. Providers should evaluate their screening methods for substance use and the written self-reporting tool should be considered. Lastly, we need better research on marijuana use, especially during pregnancy, to better educate our patients on potential hazards to them or unborn baby.

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Poster ID#: RI-2024-4

Who's in Your Waiting Room? Understanding Colorectal Cancer Prevention in the OBGYN Setting: A Quality Improvement Initiative

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Elizabeth Schmidt, MD
Jill Rabin, MD
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Objectives:

1. Understand colorectal cancer screening adherence among average and high-risk women.
2. Uncover barriers to colorectal cancer screening among average and high-risk women.
3. Implement a practice to improve the quality of patient care regarding colorectal cancer prevention in the OBGYN setting.

Abstract Text

Purpose/Aim: To understand colorectal cancer screening adherence and related barriers, among average and high-risk women in the OBGYN setting.

Summary of the Project: Colorectal cancer is preventable, yet it is the third-leading cause of cancer death among women, and second leading cause among women under 50. A "one-size-fits-all" approach to colorectal cancer prevention and early detection is limited. Our OBGYN waiting room quality improvement (QI) project is our first step to bringing this important public health problem to the forefront. Alongside the OBGYN service line at a large integrated health system in New York, we instituted an anonymous, 11-question survey at the time of appointment registration at two clinical practices. Questions included age, race and ethnicity, family and personal history of colorectal cancer and polyps, screening adherence, and barriers to screening. Survey data was entered into the Research Electronic Data Capture system and descriptive analyses were conducted.

Outcomes: 2265 surveys were collected. Among those, 27.2% were average risk (≥45 with no family history of colorectal cancer/polyps) and 16.9% were at high risk (≥40, with family history of colorectal cancer/polyps). The mean age among average and high-risk women was 56.2 ± 8.3

and 54.5 ± 9.2 respectively. Most of the average (67.5%) and high-risk women (80.2%) were white. Of note, 35.7% of average risk patients and 19.8% of high-risk patients were not screened. The most frequently stated barrier to screening was related to awareness (i.e., “I did not know I needed to be screened/my doctor didn’t recommend) at 31.1%. A smaller percentage stated the prep (3.1%) and needing time off work” (6.3%) as barriers. This QI project has ignited changes in our OBGYN workflow by linking eligible average risk women directly to colonoscopy, through a direct access colonoscopy nurse navigator.

Implications for Women’s Health: The OBGYN provider plays a critical role and necessary touchpoint for colorectal cancer prevention among women. Extending beyond mammogram and cervical cancer screening is critical. To raise awareness about colorectal cancer prevention in the OBGYN setting has important implications for identifying women of all ages, especially young women, to reduce the morbidity and mortality of this disease.