Newborn Drug Testing Algorithm

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INDICATIONS FOR ORDERING Maternal risk factors High-risk behaviors (eg, history of drug use/misuse/abuse) Minimal or no prenatal care Unexplained obstetric events (eg, placental abruption, premature labor) Newborn risk factors Unexplained neurologic complications Unexplained intrauterine growth restriction Drug withdrawal symptoms (eg, neonatal abstinence syndrome [NAS]) Collect specimen(s) Maternal Neonatal^a For information on drug testing **ORDER** in adults, refer to the ARUP Meconium, umbilical cord Consult **Drug Testing** topic tissue, b and/or urine testingc (according to clinical scenario) Mass spectrometry Immunoassay (preferred) Unexpected Unexpected Expected result Expected result result result Confirm/quantitate **ORDER** Testing is concluded if needed Additional testing · Investigate results as needed · Consult pharmacy histories Confer with laboratory about results · Consider additional testing · Discuss results with patient · Notify authorities as required by state and local regulations • Refer to the ARUP Consult Newborn Drug Screening - Meconium and Umbilical Cord Tissue topic for more information

^aTesting for in utero drug exposure is generally performed by immunoassay or mass spectrometry. Refer to <u>ARUP's Laboratory Test Directory</u> for available testing options.

Refer to the <u>Umbilical Cord Tissue Collection</u> video for more information.

^cUrine testing may be used to inform the need for further testing on meconium and/or umbilical cord tissue specimens. However, the window of detection for urine specimens is shorter than for other specimen types, and collecting the first void of a newborn may be challenging.