

Hospitals should have oversight of sharing information from expecting mothers



By [Nafari Vanaski](#)

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It makes sense for a hospital to get involved if staffers suspect a pregnant woman is abusing drugs because it obviously affects the baby growing inside her. That baby would have different postnatal needs to have a chance at a normal life.

What doesn't make sense is that there are no national guidelines governing hospital intervention and testing.

For example, you would think that if you were under a doctor's care for your entire pregnancy, neither you nor your unborn child would be flagged by the hospital for a drug test when it's finally time to deliver—even if you are screaming in pain, can barely walk and are dressed in your husband's nonmatching sweats because at 2 a.m. your contractions came out of nowhere while you were in bed watching “Boogie Nights” on IFC.

Yet that's what happened four months ago when I went to Magee-Womens Hospital in Oakland to deliver my baby daughter. It took three of those four months to get a response from the hospital about why a drug test was ordered on Jolie in error. The response came after the hospital initially insisted for weeks that a test was never ordered.

Magee spokeswoman Courtney McCrimmon said the error was caught before Jolie's urine was tested. My husband and I were told by a hospital doctor that the test was done and came out negative.

Thank goodness for that. Elizabeth Mort ate a bagel with poppy seeds hours before she was to deliver at Jameson Hospital in Lawrence County in 2010. At the hospital, a test came up positive for drugs. Three days later, Lawrence County Children and Youth Services came to her house and took her daughter away.

The baby girl was returned five days later when an investigation showed no evidence of drug use by Mort. The poppy seeds are believed to have caused a false positive.

Mort's attorney, Sara Rose of the American Civil Liberties Union, filed suit, claiming that the hospital and the CYS conspired to violate Mort's civil rights. The case ended last month with a \$143,500 settlement from the hospital and CYS, who admit no wrongdoing.

Rose said she's fine with the concept of drug testing of pregnant women — as long as it's done with an eye on medical care and the results are kept between the doctor and patient.

Individual hospitals set their own drug testing policies for expecting mothers. At Jameson, every pregnant woman is tested. A positive drug test requires a reading of 300 nanograms per milliliter or more. Federal workplace guidelines consider a positive drug test reading to be at 2,000 nanograms per milliliter.

At Magee, McCrimmon said, drug screens are done when “there is acknowledged drug or alcohol use by the mother, a history of methadone treatment in the 12 months prior to delivery, physical or behavioral signs of drug or alcohol withdrawal from the mother or baby, or a confirmed placental abruption with no other obvious cause.”

(I met none of those criteria.)

Can you imagine employers being allowed to conduct drug testing using their own individual standards for a positive test? No, because that would be ridiculous.

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