

## Supplemental materials

### Structural Racism in Newborn Drug Testing: Perspectives of Health Care and Child Protective Services Professionals

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## Supplemental Appendix

### Structural Racism in Newborn Drug Testing: Healthcare and Child Protective Professional Perspectives Interview Guide

*First, I want to talk with you about your overall experience as a medical professional / social worker / Child Protective Services worker / nurse / other.*

1. **Based on your experience and observations, how do newborn providers decide when to order a meconium drug test for a newborn at [institution]?**

*Prompt:*

- a. What is the role of the Labor and Delivery nurse in the decision?
- b. What is the role of the prenatal care provider (OB / CNM / FM) in the decision?

*Next, I want to understand more about health disparities as it relates to meconium drug testing.*

2. **Our data from [institution] indicate providers are more likely to order a meconium drug test for newborns of Black mothers, even when controlling for other factors like income, insurance, and socioeconomic factors. Why do think this disparity occurs?**

- *Prompt:* If the respondent says “racism:” Some different aspects of racism could be explicit bias, or screening differently on the basis of race; structural racism in the health system, or policies practices that lead to racial inequity; or structural racism in the community, leading to lack of access to resources. Which ones of these, or others, do you think might be related to the disparity in meconium drug testing?

3. **From your perspective, what changes could we make at [institution] to reduce disparities in newborn meconium drug testing due to race and socioeconomic status?**
  - *Prompt:* What, if any, unintended consequences might these changes have for mothers, newborns, and families? Any unintended consequences specifically for Black mothers and newborns?
4. **There are also disparities in early identification and access to substance use treatment for pregnant people. From your perspective, what could we do at [institution] to reduce disparities in access to early identification and treatment of substance use disorder in pregnancy?**
  - *Prompt:* What, if any, unintended consequences might these changes have for mothers, newborns, and families? Any unintended consequences specifically for Black mothers and newborns?

*The next question is just for prenatal care providers. [skip if participant does not provide prenatal care]*

5. **When a patient discloses alcohol, marijuana, or controlled substance use during pregnancy, what is your typical approach?**
  - *Prompt:* Are there particular treatment or community resources you have found helpful?
  - *Prompt:* Do you talk about newborn drug testing? What do you say?
  - *Prompt:* In your experience, what do pregnant patients at [institution] understand about the impact of disclosing substance use during pregnancy (whether through a verbal screen or lab test) on ordering meconium drug tests for the newborn?
  - *Prompt:* In your experience, do pregnant patients understand that a positive meconium drug test will lead to a CPS report?
  - *Prompt:* In your experience, do pregnant patients understand that a positive meconium drug test will lead to a CPS report?

*The next question is just for newborn care providers in the hospital [skip if not applicable]*

6. **When you identify alcohol, marijuana, or controlled substance use during pregnancy after a newborn is born, do you talk about treatment for the mother? What do you say?**
  - *Prompt:* What is the role of the newborn provider in counseling, intervening, or supporting the parent?
  - *Prompt:* In your experience, what do pregnant patients at [institution] understand about the impact of disclosing substance use during pregnancy (whether through a verbal screen or lab test) on ordering meconium drug tests for the newborn?
  - *Prompt:* In your experience, do pregnant patients understand that a positive meconium drug test will lead to a CPS report?

*Next, I want to understand more about your insights about legal obligations as they relate to drug testing in pregnancy and newborns. To give you some background, in [state where study was conducted], a medical professional who knows, or from a newborn's symptoms have reasonable cause to suspect that an infant has any amount of alcohol, a controlled substance, or a metabolite of a controlled substance in the infant's body, must make a complaint of suspected child abuse to Child Protective Services (CPS). A CPS complaint is*

*not required in the mandated reporter knows that the substance or metabolite or symptoms are the result of a medical treatment like MAT or medical marijuana.*

7. **What, if any, negatives do you see when pregnant people disclose alcohol or controlled substance use during pregnancy?**
  - *Prompt:* Can you share any possible unintended consequences of newborn drug testing on families?
  - *Prompt:* What about any legal consequences for mothers or birthing people?
  - *Prompt:* What about any consequences to the patient-provider relationship?
  - *Prompt:* What about any consequences to supporting the parent's confidence and self-efficacy in parenting their child?
  - *Prompt:* Do you have any negative feelings about filing a CPS complaint regarding controlled substance exposure for a newborn?
  
8. **With the recent legalization of cannabis use in [state where study was conducted], this adds complexities to ordering drug testing in pregnancy and in newborns. What is your impression of the risk of marijuana in pregnancy to the mother? To the baby?**
  - *Prompt:* Do you think the risk of smoking marijuana every day is more, less or about the same as the risk of tobacco use every day in pregnancy?
  - *Prompt:* How would you approach a patient whose screen was positive only for marijuana?

### **Final Thoughts and Wrap Up**

Thank you for your time! This concludes the interview. Before we wrap up do you have anything else you want to share about this topic? Do you have any other questions for me or for the other researchers on the team?