
Early Start Perinatal Substance Abuse Program – Kaiser Permanente Northern California

Established in 1990, the Early Start Program was designed to reduce negative maternal and neonatal outcomes associated with prenatal substance abuse by making early intervention more accessible to pregnant women. Early Start integrates substance abuse services with routine prenatal care by adding a substance abuse specialist, the Early Start Specialist, to the prenatal care team. The Specialist provides at-risk women with immediate access to assessment, intervention, and ongoing case management.

Today, there are 37 licensed Early Start Specialists who provide services at 49 prenatal clinics and satellite clinics in the Northern California Region. In 2015, Early Start screened 44,734 pregnant women for substance use in pregnancy.

Benefits of Early Start

Decreases in Substance Use & Improved Birth Outcomes

- An early evaluation of the Early Start Pilot Project (1993) found that 69% of Early Start participants remained substance free through delivery.
- Our follow-up study completed in 2000, (J Perinol 2003; 23:3-9), found that Early Start babies had significantly lower rates of assisted ventilation, low birth weight and preterm delivery than babies born to substance-abusing women who received no services.
- After establishing Early Start across KP NCal, we completed our third study which included almost 50,000 members. Published in June 2008, study results showed that Early Start substance abuse treatment for pregnant women had a beneficial effect on the women and their babies. There were statistically significant decreases in the rates of stillborns and placental abruption. There were fewer babies born preterm, requiring ventilation, or having low birth weights in substance abusing women who received Early Start vs. untreated substance abusers. (J Perino 2008;Vol 28, AOP)

Financial Savings

- In 2012, a cost benefit analysis of Early Start was published showing the program leads to lower overall costs by an amount significantly greater than the costs of the program providing a net cost savings to KP NCal of ~ \$6 million annually. (J Obstet Gynecol Jan 2012; Vol 119, No. 1)
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Four Key Components of Early Start

- 1) Universal screening and early identification of at-risk women using a prenatal screening questionnaire and a urine toxicology screen
 - 2) Assessment, education and early intervention by an Early Start Specialist who is licensed substance abuse specialist physically stationed in the prenatal clinic, employed by ObGyn, and skilled in brief intervention
 - 3) Ongoing counseling and case management by the Early Start Specialist with visits coordinated with routine prenatal care
 - 4) ObGyn provider education, consultation and training
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