**INDICATIONS FOR ORDERING**

Maternal risk factors
- High-risk behaviors (e.g., history of drug use/misuse/abuse)
- Minimal or no prenatal care
- Unexplained obstetric events (e.g., placental abruption, premature labor)

Newborn risk factors
- Unexplained neurologic complications
- Unexplained intrauterine growth restriction
- Drug withdrawal symptoms (e.g., neonatal abstinence syndrome [NAS])

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**Newborn Drug Testing Algorithm**

Click here for topics associated with this algorithm

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**Maternal**

For information on drug testing in adults, refer to the ARUP Consult Drug Testing topic

**Neonatal**

ORDER
Meconium, umbilical cord tissue,* and/or urine testing** (according to clinical scenario)

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**Immunoassay**

- Expected result: Confirm/quantitate if needed
- Unexpected result: ORDER Additional testing

**Mass spectrometry** (preferred)

- Expected result: Testing is concluded
- Unexpected result: ORDER Additional testing

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- 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

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*aTesting for in utero drug exposure is generally performed by immunoassay or mass spectrometry. Refer to ARUP’s Laboratory Test Directory for available testing options.

**Refer to the Umbilical Cord Tissue Collection video for more information.

*Urine 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.