


**Presenter:** Joenkelly Mesina

**Session & Time:** Oral II

**Room/Time:** GUZ 201 / 1:00-2:00

**Discipline:** Nursing

**Faculty Mentor**: Olivia Catalico

**Digital Portfolio URL**:
https://docs.google.com/document/d/1DSQPmHgFtsxRwHqmjKCWMlIH5szoutpFWlhhWbB_SBs/edit?usp=drivesdk

**Title**: The Impact of Toxicology-Confirmed Prenatal Methamphetamine Exposure on Preterm Birth Incidence in the United States

**Abstract:**

Preterm birth rates affect approximately 10% of pregnancies in the United States. Rapidly rising rates of methamphetamine exposure have significantly compounded this public health crisis. The existing literature and standard clinical prenatal care relies heavily on self reporting to identify substance use. However, recent studies prove that self reporting is inaccurate due to pregnant individuals frequently withholding this information due to fear of punitive actions like Child Protective Services (CPS). Because current interview based screening interventions are ineffective, there is a significant gap in nursing knowledge and clinical practice regarding the objective impact of methamphetamine on gestational outcomes. The purpose of this study is to examine the relationship

between prenatal methamphetamine exposure that is strictly confirmed by toxicology and the incidence of preterm birth before 37 weeks gestation compared to documented unexposed pregnancies. This study focuses on utilizing objective biological markers rather than subjective disclosure to accurately measure maternal-fetal risk. This study is important because it directly addresses the critical limitations of self reported data by providing accurate quantitative measures of preterm birth risks associated with methamphetamine. This study will help healthcare professionals and nurses across the country understand the urgent necessity of standardizing objective toxicological screening in prenatal care within the first trimester. Ultimately, by removing the burden of self disclosure, along with early detection, this will drastically increase the accuracy of identifying high risk pregnancies. This way, healthcare teams can implement timely interventions and enhanced fetal monitoring, shifting clinical practice from observing preterm outcomes to actively preventing them.