



Substance Use: During & After Pregnancy

Maternal and Child Health and Opioid Policy Fellows

January 6-8, 2023

Phoenix, AZ

What We Know

Estimated 5% of pregnant women use one or more addictive substances.

Effects are variable for mother, baby or both.

Between 1999-2014, the number of pregnant women with an opioid use disorder at labor and delivery quadrupled.

Tobacco is the most frequently used substance during pregnancy.

Alcohol is still known as the most dangerous substances for the fetal brain and body.

Pregnancy can be incentive for women to seek treatment for substance use.

Substance Use While Pregnant and Breastfeeding, NIDA2020

Substance Abuse During Pregnancy, CDC

Possible Health Risks Associated with Use

- Low-birth weight
- Pre-term deliveries
- Pre/postnatal growth deficits
- Infant withdrawal: Neonatal abstinence syndrome, neonatal opioid withdrawal or fetal alcohol spectrum disorder (FASD)
- Increased risk to have difficulties with attention, self-regulation, decision-making and cognition as a child and teen
- Increased risk for miscarriage
- Increased risk for infant death
- Increased risk for maternal infection (death)

Can result from use of:
Legal substances: alcohol, tobacco or cannabis*
Illegal substances: heroin, cocaine, methamphetamine
Prescription Drugs: narcotics, barbiturates, psychotropics and amphetamines or
Poly-substance use

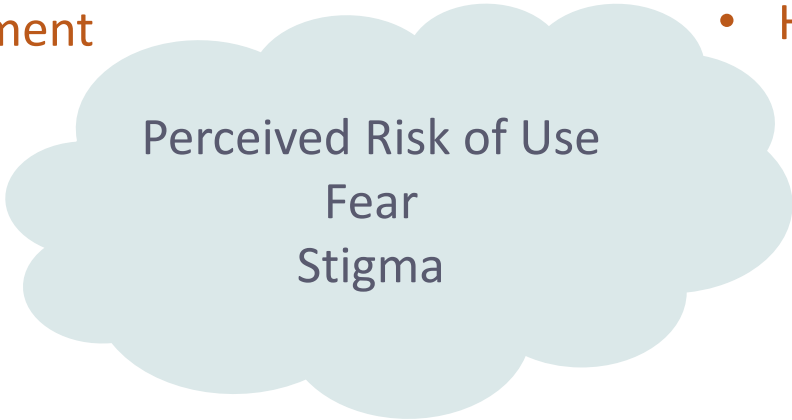
Possible Policy Influences

Existing Considerations

- **Mandatory Reporting Laws:** 25 States and DC
- **Defined as Child Abuse:** 24 states and DC; 3 states include it as ground for civil commitment
- Possible criminal prosecution
- Possible child welfare involvement

Interplay with:

- Adverse Childhood Experiences (ACEs)
- Mental and Behavioral Health Systems
- Social Drivers of Health
- Trauma-Informed Care
- Health Disparities



Perceived Risk of Use
Fear
Stigma

Policy Options

Prevention and Intervention

- Screening: Screening, Brief Intervention and Referral to Treatment (SBIRT), 4Ps, National Institute on Drug Abuse Quick Screen and CRAFFT
- Improving Access to Care
- Enhance Possible Family Supports
- Consider the interplay with social drivers of health
- Data System Enhancement/Linkage
- Public-Private Partnerships

Treatment and Recovery

- Access to Care and Continued Screening
- Access to Medication for Opioid Use Disorder: Buprenorphine and Methadone
- Family Care Plans or Plans of Safe Care

Opioid Use and Opioid Use Disorder in Pregnancy, ACOG
Treatment Before, During and After Pregnancy, CDC

State Actions

Ohio

Children's Crisis Care Facilities

HB 265 (2022)

Provides an infant is eligible for placement into a care facility if they are born with substance use exposure and may require additional care.

Delaware

Bias Training for Healthcare Workers*

HB 344 (2022)

A discussion on health inequities and racial, ethnic and other disparities within the field of perinatal care, and how explicit and implicit bias may contribute to pregnancy-related deaths and maternal and infant health outcomes.

New York

Opioid Settlement Funds*

SB 7194 (2022)

Provide programs for pregnant women and new parents who currently or formerly have had a substance use disorder and newborns with neonatal abstinence syndrome.

Florida

Department of Health SB 768 (2022)

establish a targeted outreach program for high-risk pregnant women who may not seek prenatal care, who suffer from substance abuse or mental health problems and to provide these women with links to much-needed services and information.

Federal Actions

Improve Access to Treatment: Reduce the incidence and impact of neonatal abstinence syndrome (NAS), a drug withdrawal syndrome that occurs shortly after an infant is born, in rural communities by improving systems of care, family supports, and social determinants of health by providing approximately 40 community-based awards under the Health Resources and Services Administration (HRSA's) Rural Communities Opioid Response program - totaling an investment of approximately \$20 million. (HHS/HRSA)

HHS will expand the Rural Maternity and Obstetrics Management Strategies (RMOMS) Program, which seeks to enhance access to maternal and obstetric care rural communities to improve maternal and neonatal outcomes. The program will be expanded by \$4 million in the 2023 Budget, enabling four additional award recipients to implement regional networks to improve access to maternal care for rural communities.

Federal Actions

1.10. Strengthen supports and access to perinatal addiction services for individuals with substance use disorder (SUD). Maternal SUD has serious negative consequences for both pregnant and postpartum individuals and their children. HHS will partner with hospitals and community-based organizations to implement evidence-based interventions that strengthen perinatal and postnatal support structures for individuals with SUD. HHS will also educate individuals with SUD on biological, emotional, and psychosocial milestones at each stage during pregnancy and the 12 months following birth to reduce stress that could trigger a return to drug use or overdose.

PRAMS. In 2023, the CDC, in partnership with state, territories, and local jurisdictions, will launch a new phase of the PRAMS questionnaire. The core questionnaire fielded by all jurisdictions will include information on experiences before, during, and after pregnancy, including on the social determinants of health (e.g., food and transportation insecurity), experiences of discrimination, and respectful care. These data—in conjunction with data collected on behaviors and health concerns during pregnancy such as substance use during pregnancy and postpartum depressive symptoms—will help inform program and policy to improve maternal health. Within CDC’s Safe Motherhood and Infant Health request in the FY 2023 Budget, HHS will utilize \$5 million to add enhancements to PRAMS by testing and implementing strategies for rapid-data collection and dissemination.

Resources

NCSL Maternal and Child Health Database

NCSL Substance Use Treatment Database

NCSL Injury Prevention Database

Coming Soon! Maternal and Child Health Brief

[CDC Guideline for Prescribing Opioids for Chronic Pain](#), includes information regarding pregnant women and women who may become pregnant.

[National Center on Substance Abuse and Child Welfare](#) - The NCSACW's charge is to develop knowledge and provide training and technical assistance for states, Tribes, and communities to improve outcomes for children and families affected by substance use and mental disorders.

[Opioid Use and Opioid Use Disorder in Pregnancy](#), The American College of Obstetricians and Gynecologists

[Clinical Guidance for Treatment Pregnant and Parenting Women with Opioids Use Disorder and Their Infants](#), Substance Abuse and Mental Health Services Administration

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Thank you!