



Dartmouth Health Addiction
Treatment Program
MOMS IN RECOVERY PROGRAM

Bringing it Together: Integrated Care for Pregnant and Parenting Women with Substance Use Disorder

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Agenda

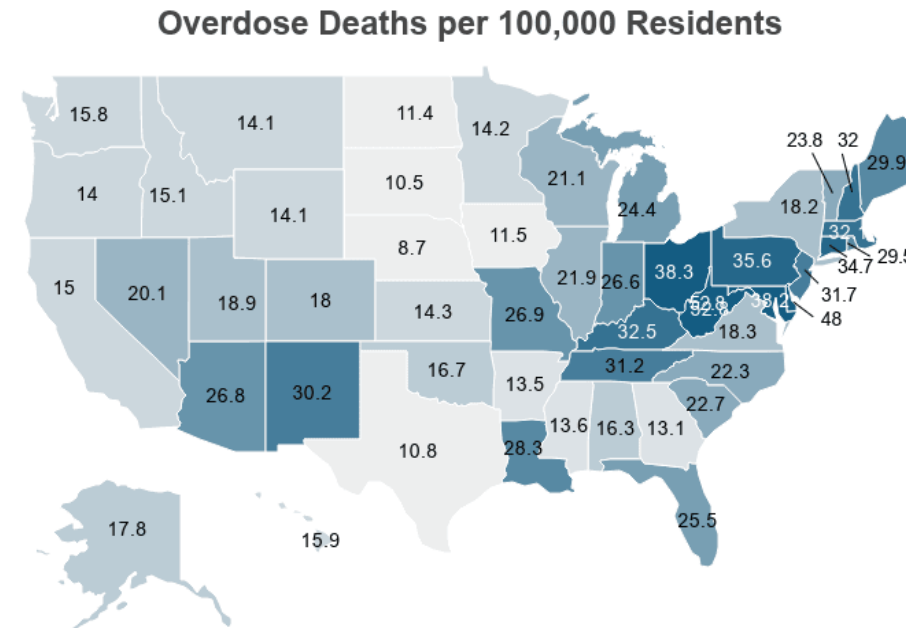
- Epidemiology of perinatal substance use
- Risk factors for perinatal substance use
- Consequences of perinatal substance use
- Treatment of perinatal SUD
- Stigma/Words Matter
- Myths vs facts
- Engaging in hard conversations with children and parents

Epidemiology

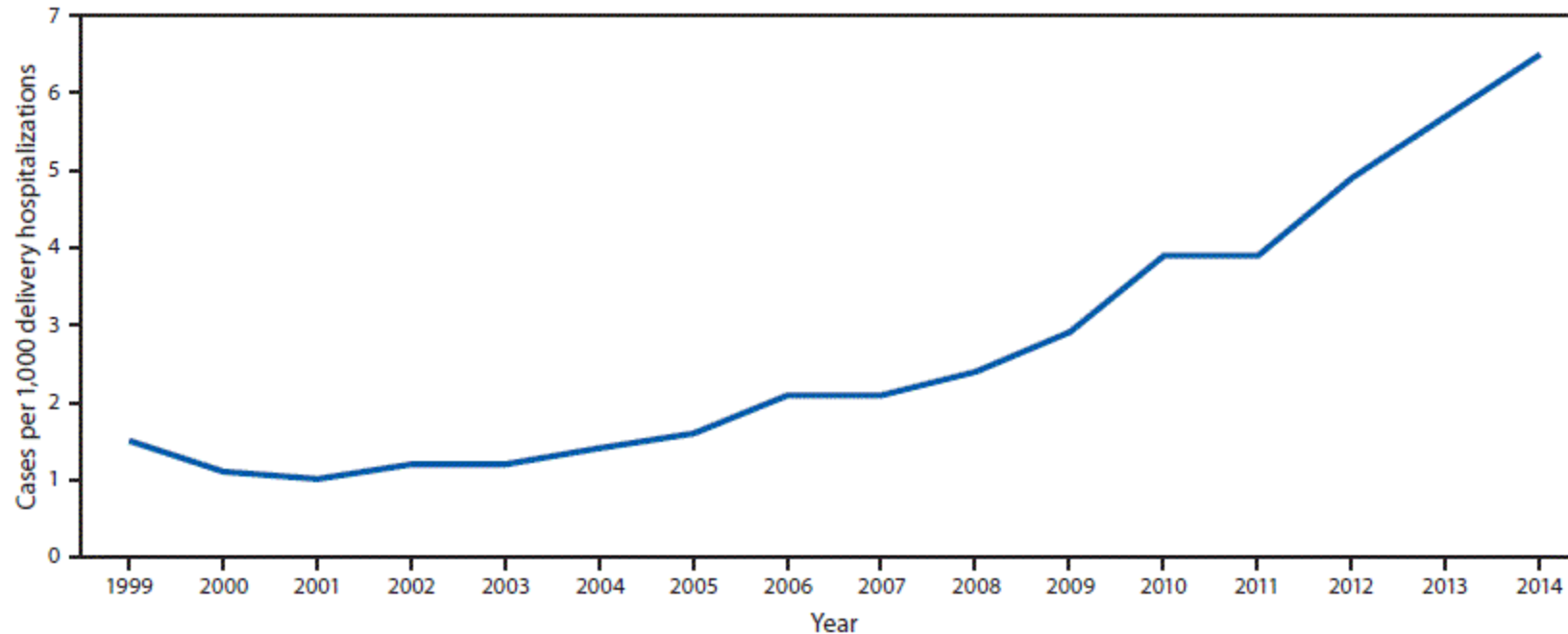
- Women are most at risk of SUD between ages 18-29, coinciding with their reproductive years
- Alcohol, cannabis, tobacco most commonly used during pregnancy
 - Cannabis use in pregnancy more than doubled from 2002-2017 (Volkow et al 2019)
- Many women reduce use in pregnancy and resume postpartum
 - By 3 months postpartum, 58% of women had resumed smoking, 41% had resumed cannabis use, and 27% had resumed cocaine use (Forray et al 2015)
- High risk of overdose death at 7-12 months postpartum (Schiff et al. 2018)

Opioid Use Disorder: Our Longstanding Public Health Crisis

- Drug overdose has killed almost a million people since 1999.
- 7 in 10 drug overdose deaths are caused by opioids
- **The leading cause of death for pregnant and postpartum people in New Hampshire is opioid overdose.**

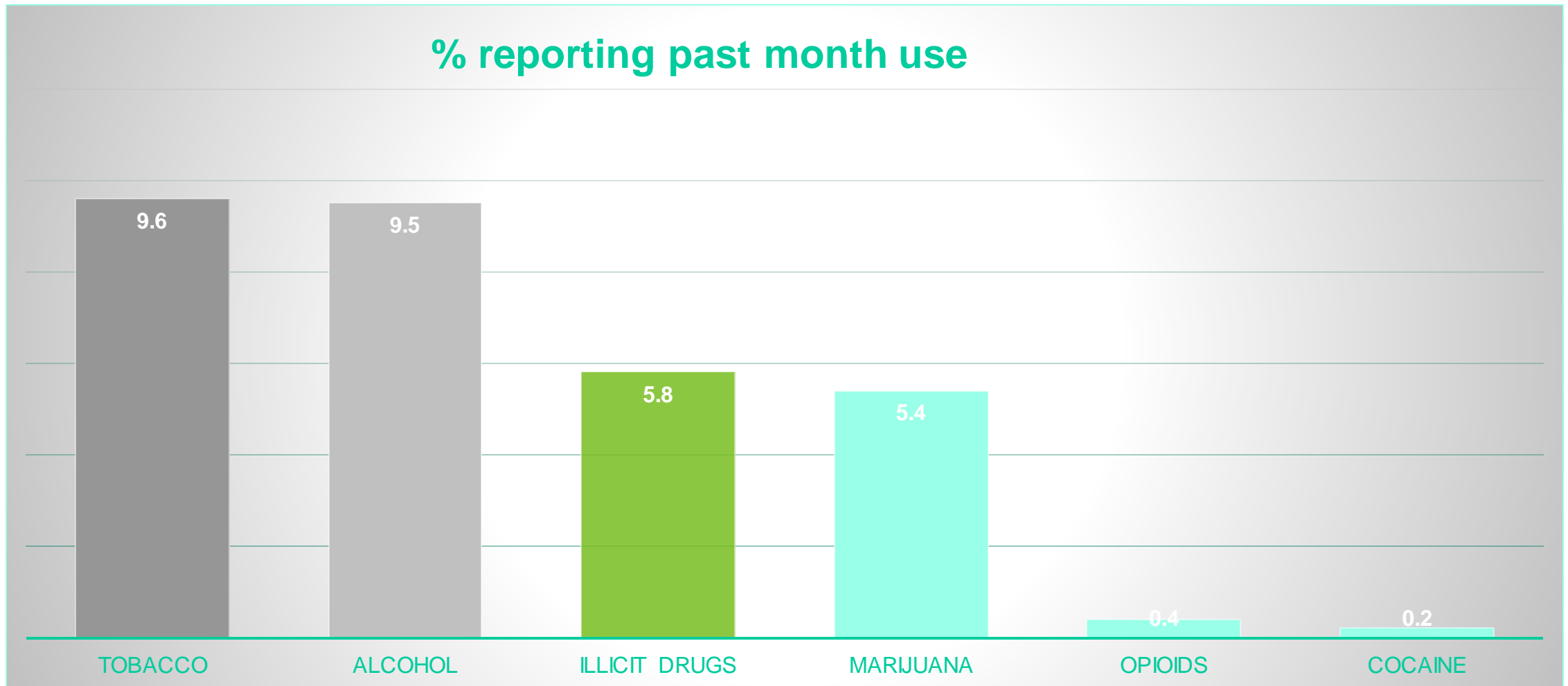


Increasing births affected by maternal OUD



National prevalence of opioid use disorder per 1,000 delivery hospitalizations* — National Inpatient Sample (NIS), † Healthcare Cost and Utilization Project (HCUP), United States, 1999–2014

Substance Use in Past Month among Pregnant Women



NSDUH, 2019

(n.b. "Illicit Drugs" in this figure includes marijuana, opioids, and cocaine)

Risk factors for substance use in pregnancy

- Age less than 25
- Low education level (less than high school)
- Lower socioeconomic status
- Mental health conditions
- Using multiple different substances
- Social stressors
- Family history of substance use disorders
- Trauma history (especially adult or childhood sexual abuse)
- Intimate partner violence (IPV)

Consequences of substance use in pregnancy

- Vary by substance and by timing of use
 - Birth defects
 - Pregnancy complications
 - Neurodevelopmental effects in child
 - Risks to mom's health (infectious disease, overdose, etc.)
- Also need to consider substance's effect on ability to parent safely

Consequences Of Untreated Opioid Use Disorder For Pregnant and Postpartum People

Risks and Comorbidities

- Untreated psychiatric needs
- Infectious disease (HIV, hepatitis)
- High rates of in-hospital morbidity and mortality
- Overdose

Pregnancy and Postpartum

- Limited prenatal care
- Low Birth Weight
- Neonatal opioid withdrawal (NOWS)
- Child protection involvement
- Poor postpartum care attendance

Treatment transforms outcomes

Special considerations in pregnancy

- Relationship between severity of substance use disorder and use in pregnancy
 - *People with less severe SUD tend to stop using substances when they become pregnant*
- Window of opportunity and motivation to access treatment
 - *Increased contact with health care system*
- Barriers to accessing care
 - *Guilt/shame/fear in women, judgment/countertransference in providers*
- Language matters! Infants cannot have addiction or be “born addicted”

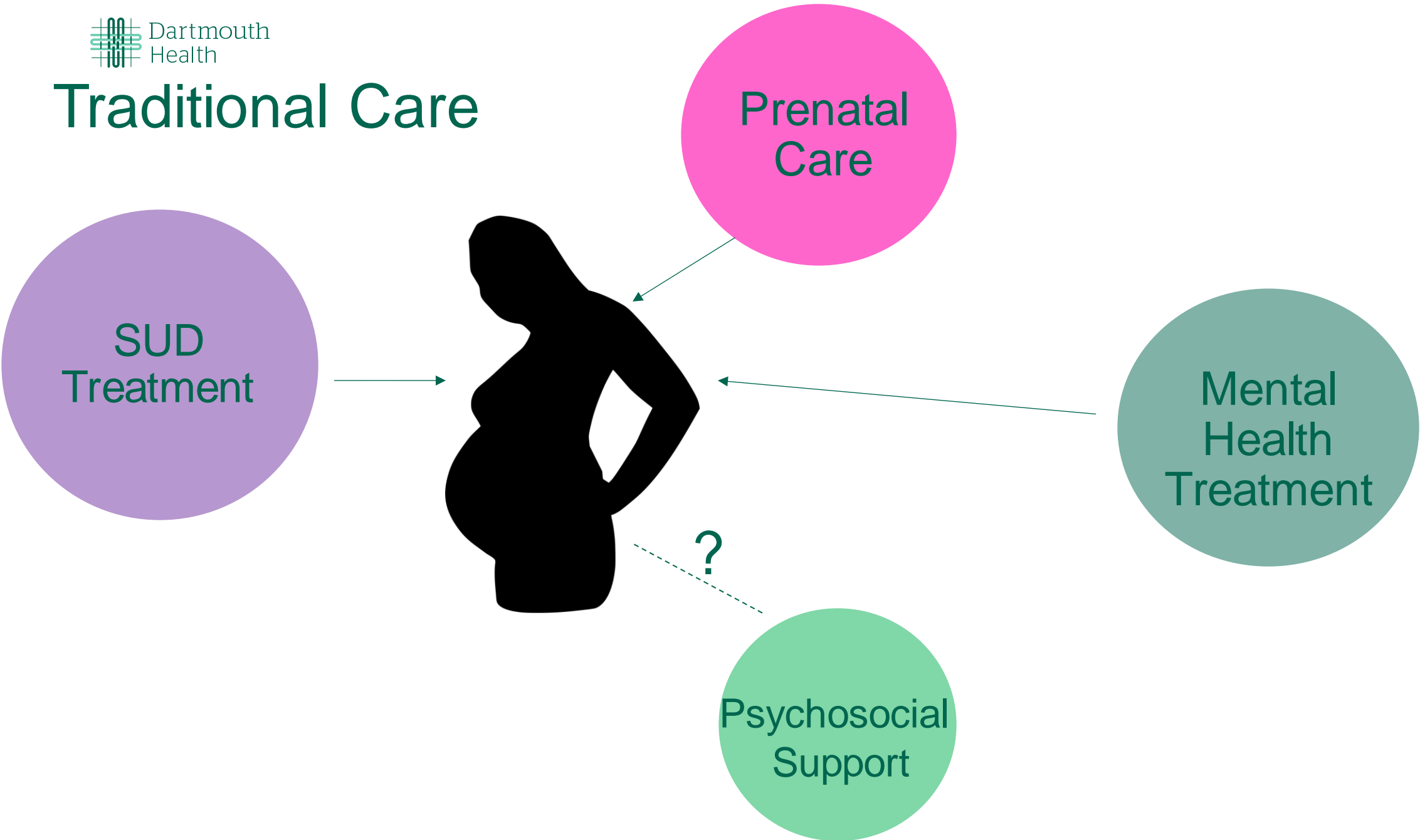
Treatment of OUD in pregnancy

- MOUD in pregnancy
 - Both buprenorphine (including buprenorphine/naloxone) and methadone are recommended in pregnancy
 - Limited data on naltrexone so far
 - Newborns exposed to buprenorphine or methadone are at risk for neonatal opioid withdrawal syndrome (NOWS) and need to be monitored in the hospital for several days after birth.
- Buprenorphine and methadone can be used in breastfeeding as long as mom is not using other substances

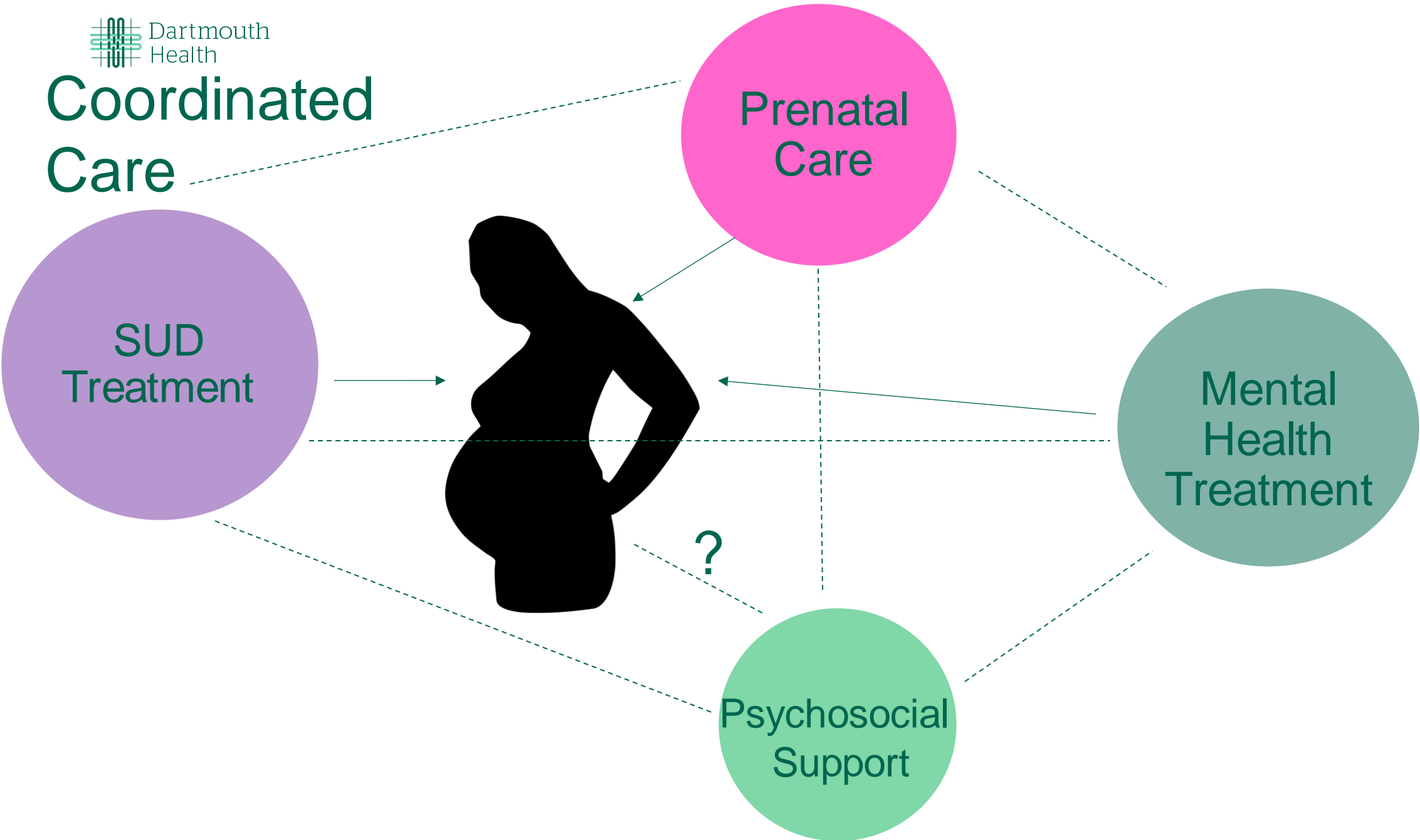
Substance use and parenting

- Substance use *can* be a risk factor for child abuse or neglect, but *not all substance use by parents leads to child abuse or neglect*
- Different standards are often applied to mothers vs fathers
- Drugs that are legal (e.g. alcohol) can impact parenting as much as drugs that are illegal
- Child protection involvement can in some cases provide helpful motivation for treatment and in other cases can be a barrier to seeking treatment
- Parents may face special barriers to accessing treatment
 - Few residential treatment programs allow parents to bring their children with them; those programs may have long waiting lists
 - Parents may not be able to identify a safe person to care for their children while in residential treatment
 - Outpatient programs may not allow children or provide child care

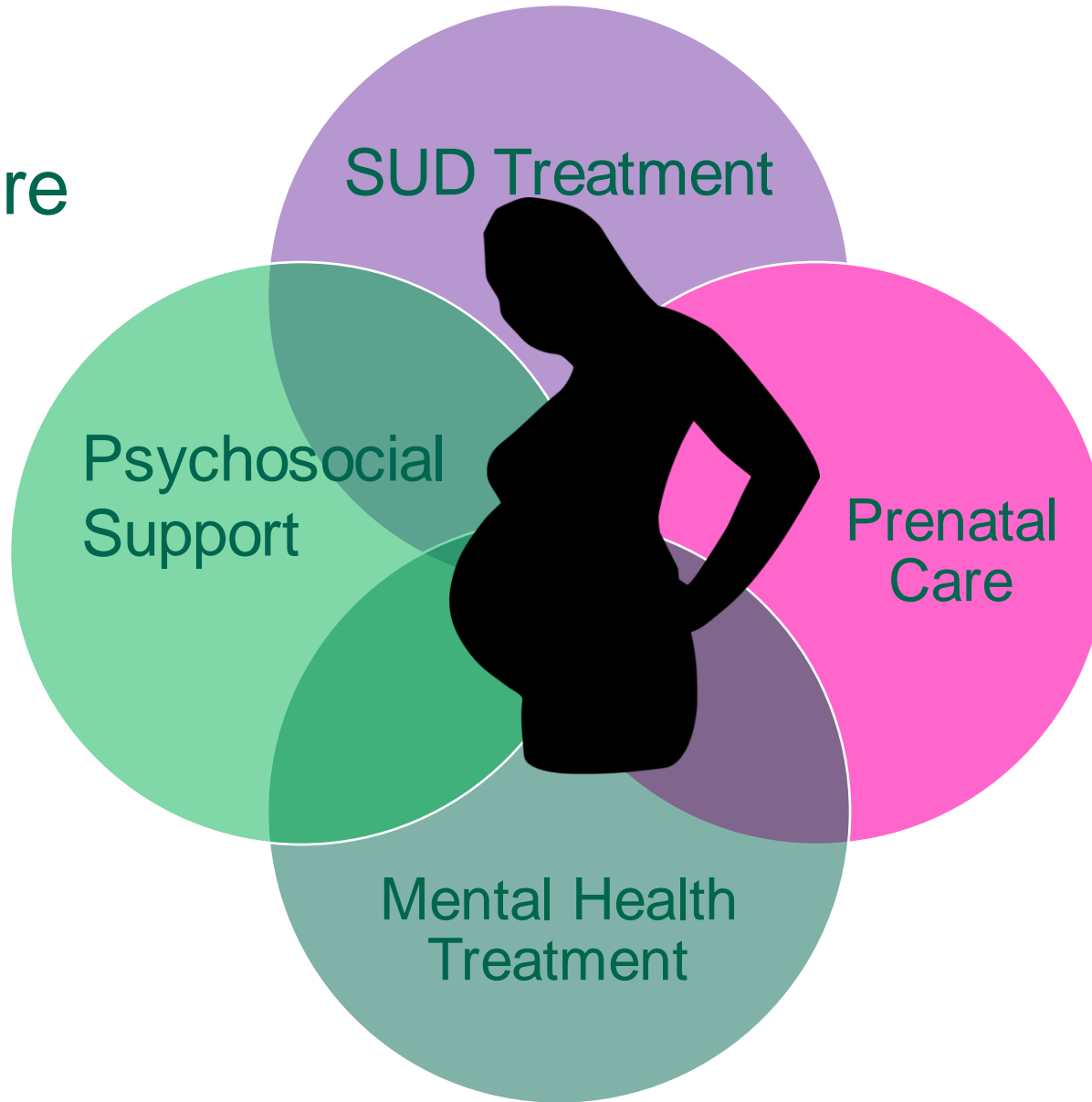
Traditional Care



Coordinated Care



Integrated Care



How to Contact Us

If you have questions or would like more information about our services, contact us at (603) 653-1860 or ask your health care provider for a referral. You may also visit us at:
dartmouth-hitchcock.org/psychiatry/perinatal-addiction-treatment.html

Our Address

Dartmouth-Hitchcock
Addiction Treatment Program
Rivermill Complex
85 Mechanic Street, Suite 3-B1
Lebanon, NH 03766

Recommended Resources

NH Treatment Locator
www.nhtreatment.org/

Vermont Department of Health
www.healthvermont.gov/alcohol-drugs/help

U.S. Office on Women's Health
www.womenshealth.gov

MGH Center for Women's Mental Health
www.womensmentalhealth.org



Stigma in Addiction

Is addiction a disease, a choice, or a moral failing?

How we perceive a human condition changes how we respond to it, and in turn, changes the outcome

When we perceive addiction as a choice or moral failing, people who have a SUD are seen as bad, undeserving people who should be punished.

When we perceive addiction to be a disease, people with substance use disorders are understood to be people who can be treated and recover.

Language Choices-Say this not that

Deficit Based	Strength/Recovery Focused
Addict, Junkie, Meth head	Person with a substance use disorder
Clean, dirty (for a person)	Using substances or abstinent from substances
Clean, dirty (for urine drug screen)	Positive or negative for a substance
Clean, Dirty (syringe)	New or used
Abuse of substance	Harmful use, misuse, high risk use
Replacement or substitution Therapy	Medication for Addiction Treatment
Habit or drug habit	Substance use disorder

Language choices-Say this not that

Deficit Based	Strengths/Recovery Focused
Substance Abuser	Person with a substance use disorder, Person with an addiction, Person in recovery
Suffering from	Working to recover from
Acting out, splitting	Ineffective communication
Non-compliant to treatment	Uses alternative coping methods, may be experiencing barriers
Frequent Flyer	Takes advantage of available services and supports. Seeks care when needed.
Helpless and Hopeless	Unaware of capabilities/unaware of opportunity



Myths versus Facts

Understanding common myths and challenging them with accurate information

Common myths surrounding substance use and treatment

- **“ Addiction is a choice. People who use just don’t want to stop. If they loved their kids enough they would stop”**
- **“ MAT (e.g. Suboxone, Methadone) is just another form of using. You have traded one drug for another”**
- **“ Once you start MAT you will never get off it”**
- **“ People need to be forced into treatment if they won’t do it for themselves”**
- **“ If a Mom uses MAT during pregnancy her baby will need treatment for withdrawal when they are born”**
- **“ A Mom shouldn’t breastfeed if she is prescribed MAT”**
- **“ It’s impossible to stay sober forever, they always relapse in the end”**
- **“It should be jail or enforced rehab, they need to be punished into stopping”**

Myth Busters

Engaging in the Hard Conversations

Begin with Curiosity

In every conversation stay curious

“Addiction is a terrible disease. It took my mother from me slowly and piece by piece until she ultimately suffered a fatal overdose from heroin...It was a difficult process, watching my mother take her final downward spiral...What had become clear to me-she loved me so very much. And I was lucky to have that love; it carries me to this day. She was a good person who made bad decisions...Everything that has happened has made me the person I am today. I am who I am in spite of my mother, but I also am who I am because of her.”

~Jarrett Krosoczka, [Hey Kiddo](#)

Speak the Unspeakable

- If children have been exposed to it, they know about it
 - Staying quiet can increase secrecy, isolation, shame, fear
 - Use accurate, age appropriate, and clear language
 - It's okay not to know, and it's okay to be open about that
-
- “My grandfather would always tell me, “if you dwell on the ghosts of the past, they’ll haunt you.” I have found the opposite to be true-if you ignore the ghosts from the past, they’ll haunt you and never let go.” ~Jarrett Krosoczka, [Hey Kiddo](#)

Talking about How We Talk

- **Simple but honest answers**
- **Age appropriate explanations**
- **Addiction is a disease, but not the kind of sickness you can catch like a cold**
- **Addiction makes people feel that they needs drugs or alcohol to feel okay**
- **Like any sickness, people might need a doctor's or other professional's help to feel better**



What Do Children Need?

- To know who they can trust, and who cares about them, and who is an attachment figure
- To know which grown-ups they can count on for a sense of security and safety
- To understand that Addiction is a grown-up problem, and that grown-ups are responsible to make it better
- To feel like they have a voice-to be seen and heard
- To experience being acknowledged when they have questions, and to be given appropriate answers
- To be given reminders that no matter how bad things get, there are reasons to stay hopeful and optimistic. For instance, adults might say, “We can always hope that things will get better.” “Lots of people get better from addiction.”



The 7 Cs

You didn't **Cause** the problem.
You can't **Control** it.
You can't **Cure** it.

But...

You can help take **Care** of yourself.
You can **Communicate** your feelings.
You can make healthy **Choices**.
You can **Celebrate** yourself!



Caregivers need to hear

- This is hard
- You are not alone
- You can get better
- You are brave
- We are here to support you and your child
- Remember to start from a place of curiosity-staying curious counteracts judgment and keeps us open



Let's talk about some
situations...



Questions/Discussion

