



PRACTICE GUIDANCE: TREATMENT SERVICES FOR PREGNANT WOMEN

Prevent • Treat • Recover • For Life

I. RATIONALE: The Bureau of Substance Abuse Services (BSAS), Department of Public Health (DPH), is committed to ensuring that pregnant women with substance use disorders, a priority population for BSAS, have speedy access to effective treatment. Given the scope of vulnerabilities for the woman and fetus, pregnant women need quick, uncomplicated responses when treatment need is identified. Pregnant women with substance use disorders are exposed to a range of risks. They are less likely to seek timely prenatal care, and are more likely to experience pregnancy complications, including pre-term delivery. Substance use contributes to maternal mortality, with approximately 20% of pregnancy-associated injury deaths due to drug overdoses. Infants born to substance dependent women are more likely to be low birth weight and, depending on the substance, to experience neonatal withdrawal syndrome.¹ Smoking during pregnancy is linked to pregnancy complications such as pre-eclampsia, and to stillbirth and sudden infant death syndrome². When the woman uses alcohol, the fetus is at risk of fetal alcohol spectrum disorders. Alcohol use during pregnancy is one of the most preventable causes of birth defects.

Pregnant women generally use alcohol and drugs less than other women of child bearing age, but they do use drugs, alcohol and tobacco, often in combination. According to the 2009 SAMHSA National Household Survey on Drug Use and Health, among pregnant women aged 15-44 years, 10% reported past month alcohol use, 4.5% reported binge drinking (but 11.9% reported binge drinking during the first trimester), and 4.5% reported using illicit drugs in the month prior to the interview. Fifteen percent (15%) reported smoking cigarettes, increasing risk to pregnancy and fetus, and, once in recovery, risk of relapse. In Massachusetts³, 60% of pregnant women admitted to any level of care reported heroin as the primary substance used. And, while 10% reported alcohol as the primary substance, 43% report using alcohol, underscoring the importance of addressing alcohol use, no matter what the primary substance is.

Collaborative partnerships are essential in serving pregnant women. For many women, pregnancy marks an opportunity for comprehensive assessment and care. Pregnant women have concerned partners and families, and may have other children as well. Partnerships should aim for active participation in building a supportive network of services for each woman and the woman's family, including pre-natal care, early intervention and early childhood services, parenting and family recovery services. In addition, pregnant substance using women are at higher risk for depression during

¹ [Massachusetts Maternal Mortality and Morbidity study](#)

² [Tobacco Use Cessation During Substance Abuse Treatment](#), SAMHSA Advisory, Vol. 10, Issue 2, March 2011

³ [Data reported based on FY2007 Annual Report](#)

pregnancy and in the post-partum period⁴, and are at increased risk of violence⁵, requiring comprehensive mental health care and domestic violence assessments and resources. Children born to substance using women are especially vulnerable, making collaboration with DCF indispensable. Toxicology screens of newborns which produce a positive finding will result in filing of a 51A, by law. This includes toxicology screens that are positive for methadone or buprenorphine prescribed as part of a program of treatment. Close coordination with DCF can directly affect DCF decisions regarding such a report.

Coordination with medical health care insurance providers (in addition to behavioral health care insurers) is also critical. Many health plans consider pregnant women to be a priority for care, and provide some form of case management for pregnant women.

II. GUIDANCE:

A. Organization:

Policy:

- Policy states agency's commitment to serving pregnant women and their families.

Organization:

- Agency establishes Qualified Service Organization Agreements with community prenatal care providers, early intervention and early childhood programs, providers of parenting and family therapy services.
- Agency conducts regular outreach to pre-natal care settings and other community settings to promote screening and treatment referrals for pregnant substance using women
- Agency develops active partnership with Department of Children and Families, and applies BSAS [Practice Guidance: Partnerships with DCF](#).

Supervision, Training and Staff Development:

- Supervision and training explicitly explore staff perceptions and values regarding women who use alcohol, drugs and tobacco during pregnancy.
- Staff is knowledgeable about the effects of substance use during pregnancy, and about infant and child development
- Staff is skilled in engaging pregnant women
- Staff is knowledgeable about community resources and services for pregnant women

⁴ [Alcohol-use and depression among pregnant and postpartum women](#), Addiction Technology Transfer Center

⁵ [Center for Disease Control, Violence and Reproductive Health](#). Massachusetts Maternal Mortality and Morbidity study reports homicide the leading non-accidental cause of death for pregnant women.

- Staff actively seek to engage family members and are skilled in supporting family participation in treatment
- Staff is skilled in assessing risks of domestic violence.

B. Service Delivery and Treatment:

Assessment:

- Assessments include:
 - Review of current prenatal care status, and referrals for care if woman does not have a provider;
 - Exploration of pregnancy and child bearing losses, including miscarriages, abortions and stillbirths
 - Exploration of woman's thoughts and intentions regarding the pregnancy
- Pregnant women are encouraged to include their partners and family members in treatment planning.
- Pregnant women are encouraged to be tested for HIV
- Staff periodically re-assess mental status, with particular attention to depression; staff intervene as needed.
- Staff periodically assess risks of domestic violence.

Treatment Planning:

- Treatment Plans:
 - Include woman's goals re: pregnancy, including prenatal care
 - Specify plan for engaging family members
- Treatment plans identify needed resources and referrals, including plan for follow up to ensure referrals are acted upon.

Service Provision:

- Staff is knowledgeable about differences in tolerance and withdrawal risks for pregnant women.
- Staff seek individual's consent to coordinate care with medical providers.

Education of Individuals

- Individuals are provided information about risks related to substance use or abuse including tobacco use that are specific to pregnancy, and about benefits treatment can provide for women and infants.

III. MEASURES:

- Increases in number of pregnant women served
- Established Qualified Service Organization Agreements focused on services for pregnant women, infants, and families
- Increases in referrals to other agencies for services for pregnant women, infants and families

IV. RESOURCES:

[TIP 2: *Pregnant Substance-Using Women*](#), Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services.

[TIP 51: *Substance Abuse Treatment: Addressing the Specific Needs of Women*](#), Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services.

[Tobacco Use Cessation During Substance Abuse Treatment](#), SAMHSA Advisory, Vol. 10, Issue 2, March 2011. Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services.

[Tobacco Use Cessation Policies in Substance Abuse Treatment: Administrative Issues](#), SAMHSA Advisory, Vol. 10, Issue 3, March 2011

BSAS Publications: Available on the [Massachusetts Clearinghouse](#), Alcohol and Other Drugs landing page:

Detoxification Services:

Medically Monitored Acute Treatment Services: Brief Guide for Providers: A guide to serving pregnant women, for Level III.7 ATS providers'

Detox and Pregnancy: WHAT YOU NEED TO KNOW: A comprehensive guide for women receiving detoxification services.

Detox and Pregnancy: WHAT FAMILY AND FRIENDS NEED TO KNOW: A comprehensive guide for family and friends of women receiving detoxification services.

Pregnant women and detox: the first 24 hours and *Detox Quick Start Guide:* Two short documents providing women with introductory information about what to expect in detox.

Protecting Women and Babies from Alcohol and Drug Affected Births: Tools and Resources: A comprehensive tool kit for health care providers.

Resources for Pregnancy Specific Programming:

Videos, brochures and other resources can be found at: [Vida Health Communications](#) and [March of Dimes](#)

[National Abandoned Infants Assistance Resource Center](#), supported by the Children's Bureau (ACYF, USDHHS). This website offers many free resources for parents and providers regarding pregnancy, pregnancy and substance abuse, and care of substance-exposed infants.

Resources for Pregnant Women:

[Healthy Start](#). A health insurance plan for pregnant women who meet income eligibility guidelines. The program covers prenatal and post-partum care, counseling and referral. The number to call to apply is 800-841-2900.

[Baby Safe Haven](#): Massachusetts has a "Baby Safe Haven" program which allows a parent to legally surrender a newborn less than 7 days old to a hospital, police station or manned fire station without facing any charges.⁶ DCF would be notified immediately, and the baby placed in a foster or pre-adoptive home.

[Parenting](#): The [Children's Trust Fund of Massachusetts](#) maintains lists of agencies offering parenting services, including parenting infants and young children

[Early Intervention](#): Early intervention programs provide developmental assessments and services both for children from birth to three years of age and for their parents. A list of early intervention services can be found at: www.massfamilyties.org.

[WIC](#): The Women, Infants and Children program provides vouchers for food (such as milk, eggs, cereal, cheese, infant formula) for pregnant and post partum women and for young children. Eligibility is based on income, residence in Massachusetts and proof of identify. Call: 800-WIC-1007

[Domestic Violence](#): Regardless of whether women report experiences of violence, or fear of violence, information about [Safelink](#) at 877-785-2020, TTY: 877-521-2601 should be provided.

[Child Care](#): For information about child care, visit [Massachusetts Department of Early Education and Care website](#), which contains Links for child care programs, parent and family support programs, and other helpful resources are listed on the left side of this web page.

Pregnancy Choices: counseling about choices is available from: [Massachusetts Society for Prevention of Cruelty to Children](#), 800-277-5387(24 hour a day phone counseling) or [Planned Parenthood](#): 800-258-4448

[Massachusetts Smokers Helpline](#): For free information about quitting smoking and free telephone counseling. 1-800-Quit-Now (1-800-784-8669)

BSAS welcomes comments and suggestions. Contact: BSAS.Feedback@state.ma.us.

⁶ NOTE: This may not apply if there has been a positive toxicology screen triggering a 51A at birth.