PRACTICE GUIDANCE: TREATMENT SERVICES FOR PREGNANT AND POSTPARTUM WOMEN

Prevent • Treat • Recover • For Life

I. RATIONALE:

The Bureau of Substance Addiction Services (BSAS), Department of Public Health (DPH), is committed to ensuring that pregnant and postpartum women with substance use disorders, a priority population for BSAS, have expedited and facilitated access to all levels of treatment. Given the elevated risks of substance use for pregnant and parenting women, the provision of immediate and effective treatment options is imperative. Pregnant women with substance use disorders represent a high-needs population. They are less likely to be in regular contact with prenatal care providers, and are more likely to experience pregnancy complications, including pre-term delivery. Substance use contributes to maternal mortality; in 2014 more than 40% of pregnancy-associated deaths were found to be substance use-related[1]. Infants born to substance dependent women are more likely to be low birth weight and, depending on the substance, to experience neonatal withdrawal syndrome. When the woman uses alcohol, the fetus is at risk of fetal alcohol spectrum disorders. Prenatal alcohol exposure is the leading cause of preventable intellectual disabilities[2].

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 2015 SAMHSA National Household Survey on Drug Use and Health, among pregnant women aged 15-44 years, 9.3% reported past month alcohol use, 4.6% reported binge drinking (but 8.7% reported binge drinking during the first trimester), and 4.7% reported using illicit drugs in the month prior to the interview. Over thirteen percent (13.6%) reported smoking cigarettes, increasing risk of pre-term delivery, pregnancy complications, and, once in recovery, risk of relapse. In Massachusetts[3], 70% of pregnant women admitted to any level of care reported heroin as the primary substance used. while 7% reported alcohol as the primary substance, 37% report using alcohol, underscoring the importance of addressing alcohol use, no matter what the primary substance is.

For many pregnant women with substance use disorder, pregnancy marks an opportunity for engagement into treatment and recovery. It can be a time of reaching out for recovery support and it can be a time of fear and isolation. Because of this, treatment providers must encourage and engage pregnant and postpartum women and offer strength-based services. Additionally, treatment providers are most effective when working collaboratively and communicating openly with other providers in their area: medical providers, social service providers, and other treatment providers. Women who are pregnant or parenting need many different supports. Good coordination of care creates an efficient and effective treatment system.

Assure the woman that treatment is the best thing for her and her baby. A full assessment that addresses the woman's preferences, motivations and questions about treatment will

[1] Massachusetts Maternal Mortality and Morbidity study
[2] *Pediatrics*, 2015.
[3] Treatment statistics prepared by the Office of Statistics and Evaluation, Bureau of Substance Addiction Services, Massachusetts Department of Public Health on 7/26/2018 with data as of 7/6/2018.

determine the level of care that is most appropriate for the woman. Many pregnant women may need detox as a first step in care so that they can be medically stabilized and monitored. Because pregnant women have priority access to services, it is important to facilitate the hand-off/referral to the next level of care. Recovery supports such as Recovery Coaches, Community Support Program workers, or case managers can provide wrap around support for her.

Medication assisted treatment is often necessary for pregnant women who are opioid users. Pregnant and postpartum women can also benefit from residential treatment programs, intensive outpatient services, and outpatient counseling. They will require education and support to stay engaged in the treatments that support her recovery. They will also need care coordination and treatment plans that incorporate the client's complex relationships and needs. Supportive and collaborative networks of service providers should work to engage the client in a multi-disciplinary treatment plan. This plan should address the client's behavioral health needs as well as supports needed to parent in a safe and healthy way. This plan will serve as a Plan of Safe Care and should be communicated to DCF if and when a 51-A report is filed. Issues such as prenatal medical care, domestic violence support, safe housing, reliable child care, and access to transportation and food are integral to a perinatal woman's Plan of Safe Care.

Treatment programs will need to work collaboratively with multiple providers such as maternal health clinicians, birth hospitals, opioid treatment programs, prescribers of buprenorphine, Department of Children and Families (DCF), mental health and intimate partner violence service providers, health insurers, and the courts, if a woman is criminal justice system-involved. Providers need to understand the importance of collaboration so that they can educate the women as to why everyone needs to be able to work together, to have a common plan of care for her during and after her pregnancy. Thus, the signing of consent forms which meet the 42 CFR standard of confidentiality should be encouraged. Most insurers provide care coordination for pregnant women; clients should be encouraged to make use of this service in order to facilitate collaboration and coordination of care.

Pregnant women seeking treatment should be educated about potential interactions with DCF from the beginning of her pregnancy and/or treatment period. This education should include tangible ways for the woman to prepare for DCF contact, including the development of a Plan of Safe Care. A packet of materials to share with DCF at time of filing should be collected with the client. This packet may include treatment records, documentation of treatment engagement, relapse prevention and parenting plans that include safe sleep practices for infants up to one year of age. It should be clearly communicated to the client that this plan cannot guarantee the decision outcome around custody, but her work on recovery and parenting preparation will help her be more prepared for the DCF process.

All women entering treatment, including pregnant women, should receive comprehensive education about women's health, preventive health care measures (such as breast and pelvic exams, regular physicals, and good nutrition), and family planning. Access to

contraceptives, including voluntary long-acting reversible contraceptives (V-LARC) should be facilitated at all treatment programs, and conversations about pregnancy intention (or repeat pregnancy for pregnant clients) should be conducted regularly and without bias. Treatment programs should collaborate with a local women's health care center to coordinate medical and preventive health care services.

II. GUIDANCE:

A. Organization:

Policy:

- Policy states agency's commitment to serving pregnant women and their families and providing priority access to treatment including interim treatment services to be provided while she may be waiting for a bed in a residential program. Trauma informed care, and strength-based, gender specific and evidenced base treatment strategies should be incorporated, along with relevant training for staff.
- Services for infants comply with and implement Safe Infant Sleep Practices.

Organization:

- Agency establishes Qualified Service Organization Agreements with community prenatal care providers, pediatric providers, early intervention and early childhood programs, and providers of parenting and family services.
- Agency conducts regular outreach to prenatal care settings and other community providers to raise awareness about their services and to promote 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
- Agency develops partnerships with programs that provide recovery supports such as recovery coaching, case management services and recovery support centers.

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 are knowledgeable and can communicate effectively to mothers about the effects of substance use during pregnancy, including alcohol and nicotine, and about Neonatal Abstinence Syndrome and infant and child development and resilience.

- Staff understand the impact of stigma, shame and isolation on the recovery and treatment process.
- Staff understand how to support mother-infant bonding and attunement.
- Staff are skilled in engaging pregnant women using Motivational Interviewing techniques and other evidenced based practices for engagement and retention.
- Staff are knowledgeable about community resources and services for pregnant and postpartum women including Recovery Support Centers, Family Resource Centers, Early Intervention, Home Visiting, and Child Care.
- Staff understand the importance of relational support, and are skilled in helping women identify, build, and utilize networks of pro-social support.
- Staff understand intimate partner violence, sexual exploitation, and safe relationships, and are comfortable working with women who are exiting sex work or exploitation and learning to seek out positive relationships and seek safety when needed.

B. Service Delivery and Treatment:

Assessment:

- Assessments include:
  - Exploration of woman's thoughts and intentions regarding the pregnancy and provision of options and referrals for adoption or pregnancy termination as needed.
  - Exploration of pregnancy and child bearing, including any losses, and provision of resources for support,
  - Review of current prenatal care status, and referrals for care if woman does not have a provider;
  - Assess status of partner and family or chosen family support.
  - Assess risk of HIV and hepatitis and refer for testing and treatment as needed.
  - Assess mental status with particular attention to depression and other mood disorders.
  - Assess for intimate partner violence or sexual exploitation and need for intervention.
  - Assess current use of drugs, alcohol and tobacco. Assess for appropriate level of care for treatment and stage of change in recovery.

Treatment Planning:

- Treatment Plans: Treatment plans identify needed resources and referrals, including plan for follow up or warm-handoffs and communication between providers.

- Focus on recovery goals and needed supports to meet these goals
- Focus on prenatal care, nutrition and self-care during and after pregnancy
- Discuss engaging family and social supports
- Discuss and refer as needed for medication assisted treatment.
- Educate about cutting down or quitting tobacco use. Provide counseling and referral as needed.
- Utilize Plan of Safe Care template, or similar document. (www.healthrecovery.org/safecare)

Service Provision:

- Staff obtain signed consent forms for communication with other involved providers for ongoing collaboration.
- Staff support mother to develop a Plan of Safe Care at any point prenatally or after delivery.
- Staff will help client collect documents for her portfolio for DCF of evidence of her treatment involvement and successes, including letters of support, results of urine drug screens, and other accomplishments.
- Staff are able to respond compassionately to past losses of child or custody.
- Staff are able to assess mental status, with particular attention to depression and refer for services as needed.
- Staff periodically assess risks of intimate partner violence or sexual exploitation.
- Staff support mother with relapse prevention and safety planning for herself and her baby.
- Staff support mother to tour birth hospital and help her self-advocate and ask questions about pain management and postpartum care of baby.
- Staff facilitate breastfeeding, including education on the benefits of breastfeeding, having a designated nursing space, access to clean and high-quality breastfeeding equipment, flexible schedules for nursing mothers, and unimpeded access to lactation consultants or peer breastfeeding support persons.
- Staff discuss family planning options for postpartum period, including the availability of Voluntary Long-Acting Reversible Contraceptives (V-LARCs).
- Staff facilitate communication with DCF when a woman has an open case to help prepare for any DCF involvement postpartum.
- Staff create a NAS-friendly environment, if they serve postpartum women with their infants, including: supporting rooming-in at the hospital, low sound, low lighting, flexible schedules for postpartum women, staff capacity to support mother and offer her breaks, and encouragement of skin-to-skin contact and breastfeeding.
- Staff will educate all pregnant and parenting clients on separate safe sleep environments and in residential programs will monitor that safe sleep practices are

used for all infants under 2 years of age, including a separate, empty crib, with a firm mattress, free of pillows, blankets, bumpers, or toys.

Education of Individuals

- All female clients are provided information about risks related to substance use and tobacco/nicotine use that are specific to pregnancy, the importance of family planning, and the benefits of treatment engagement for women and infants.
- Staff offer ongoing pregnancy and parenting groups that utilize evidence-based clinical interventions that are trauma-informed and gender-specific.
- Staff educate women on non-pharmacological treatment for Neonatal Abstinence Syndrome, including the importance of calm, stable environments, skin-to-skin contact, breastfeeding, and Safe Sleep.
- Women who are pregnant or parenting are offered regular psychoeducation groups about child development, parenting, and the effects of developmental trauma on parenting styles. Women are strongly encouraged to utilize services, such as Early Intervention (EI), Family Resource Centers and other home-visiting services to support their parenting and child's development.

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:

The **JOURNEY Recovery Project** is an interactive web resource for pregnant and parenting women who have questions or concerns about opioid and other substance use. The JOURNEY focuses on the stories of women with lived experience, offering information, hope, encouragement, and resources for every step of their perinatal journey. The JOURNEY project can be explored independently or used as a curricular tool in a facilitated setting. <https://journeyrecoveryproject.com/>

Massachusetts Perinatal Quality Collaborative: Maternal Opioid Use During Pregnancy Toolkit. <http://www.healthrecovery.org/maternal-opioid-use/>

Pregnancy and Opioids, guidance document crated by Partnership for Drug-Free Kids, (www.drugfree.org) and The Medicine Abuse Project. <https://drugfree.org/search_gcse/?ss360Query=pregnancy%20and%20opioids>

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. <https://www.ncbi.nlm.nih.gov/books/NBK64766/>

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. <https://store.samhsa.gov/product/TIP-51-Substance-Abuse-Treatment-Addressing-the-Specific-Needs-of-Women/SMA15-4426>

The Neonatal Quality Improvement Collaborative of Massachusetts, provides a collection of policies, guidelines, and educational materials developed by different hospitals and organizations participating in the collaborative. <https://www.neoqicma.org/hospital-resources>

BSAS Publications: Available on the Massachusetts Clearinghouse: <https://massclearinghouse.ehs.state.ma.us/category/BSASPREG.html>

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.

FAQs for Obstetricians: Suggestions for obstetricians working with pregnant women who are prescribed buprenorphine by other providers.

Resources for Pregnant Women and Mothers:

MassHealth website for enrollment: If you don't yet have insurance, start here. <https://www.mass.gov/how-to/enroll-in-a-masshealth-health-plan-individuals-and-families-younger-than-65 >

Treatment Access: The Pregnant Women's Access Line can help those seeking treatment with referrals, support, and interim services. Call 866-705-2807 or visit them online. <http://www.healthrecovery.org/our-work/pregnant-women-and-families/>

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.[4] DCF would be notified immediately, and the baby placed in a foster or pre-adoptive home.

[4] NOTE: This may not apply if there has been a positive toxicology screen resulting in a 51A at birth.

<https://www.mass.gov/?pageID=eohhs2subtopic&L=4&L0=Home&L1=Consumer&L2=Family+Services&L3=Baby+Safe+Haven&sid=Eeohhs2>

Parenting:

The Children's Trust Fund of Massachusetts maintains lists of agencies offering parenting services, including parenting infants and young children. Call 617-727-8957 or email: info@childrenstrustma.org. <www.mctf.org/>

The Massachusetts Department of Public Health also offers a free home visiting service in 17 target communities. This website can help a woman find resources in her area. <http://www.mass.gov/eohhs/gov/departments/dph/programs/family-health/home-visiting/welcome-to-the-home-visiting-initiative.html>

Early Intervention: Early intervention services help babies and toddlers (up to age 3) who take a little longer to develop or are at risk for delays in skills like talking or walking. Babies with exposure to substances during pregnancy can benefit from Early Intervention. Early Intervention teams can help you figure out how best to support your baby and, if needed, what other services can help. For information about Early Intervention in your area, call toll-free **1-800-905-TIES** or visit <http://massfamilyties.org/ei/eiwelcome.php>.

WIC: The Women, Infants and Children Nutrition Program provides vouchers for food (such as milk, eggs, cereal, cheese, infant formula) for pregnant and post partum women and for young children. WIC can also offer other services, like breastfeeding counselors. Whether you can get WIC services is based on income, residence in Massachusetts and proof of identify. For more information, call: 800-WIC-1007 or visit: < https://www.mass.gov/women-infants-children-wic-nutrition-program>.

Domestic Violence: Reports suggest that as many as one pregnant woman in ten experiences domestic violence, including verbal, emotional and physical abuse. Domestic violence during pregnancy leads to birth complications and increased risk of harm or death to the woman, the fetus and the young child. Domestic violence also increases the risk of substance abuse and depression. Pregnancy makes it harder for a woman to leave a violent home. Women should always be asked if they feel safe at home. Regardless of whether women report experiences of violence, or fear of violence, provide information about Safelink at toll-free: 1-877-785-2020 | TTY: 877-521-2601. < https://www.mass.gov/service-details/domestic-violence-programs>

Child Care: For information about child care, visit Massachusetts Department of Early Education and Care website. Links for child care programs, parent and family support programs, and other helpful resources are listed on this web page. <https://www.mass.gov/orgs/department-of-early-education-and-care>

Pregnancy Choices: When entering a detoxification program, a woman may not be ready to make plans for her pregnancy. Discomfort related to withdrawal may make it difficult to think clearly. Women should be offered information about where they might discuss their choices. Prenatal providers are one resource. To find a local prenatal care provider, a woman can call a local hospital or her insurance provider.

Additionally, Planned Parenthood (800-258-4448; <https://www.plannedparenthood.org/planned-parenthood-massachusetts>) or the Massachusetts Society for Prevention of Cruelty to Children, 800-277-5387(24 hour a day phone counseling) can offer confidential counseling and referrals. <http://www.mspcc.org/>

The Massachusetts Tobacco Cessation and Prevention Program: For free information about quitting smoking and free telephone counseling. 1-800-Quit-Now (1-800-784-8669). http://makesmokinghistory.org/

Sober Mommies is a website just for women who are parenting and in recovery from substance use disorder. There is a place to share your story, read the stories of other moms, join a local support group, or find information or support on a range of topics. https://sobermommies.com/

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