Pregnancy in Addiction

Misty Fast LCSW, SAC
Rose Kosin BSW, LSW

Pregnancy in Addiction

Who are we ?

Common Adverse outcomes with commonly used substances and effects in pregnancy

Statutes

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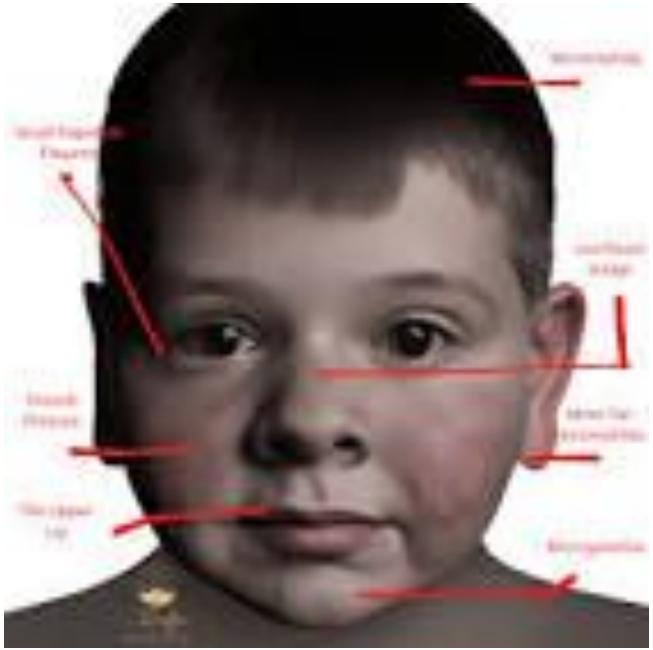
Common Adverse outcomes with commonly used substances and effects in pregnancy

Alcohol

Fetal Alcohol Spectrum Disorder (FASD) Pregnant people who drink a lot of alcohol during pregnancy are at higher risk of having a baby with symptoms FASD which include characteristic facial features, smaller head size, lower birth weight, and intellectual disabilities. Some of the permanent effects of FASD include organ defects, limitations in thinking, reasoning, and learning.



Alcohol-Related Neurodevelopmental Disorder (ARND)-Children with ARND may not have all the physical features of FAS but still experience learning and behavioral problems due to prenatal alcohol exposure

Alcohol-Related Birth Defects (ARBD)-Birth defects related to prenatal alcohol exposure can include abnormalities in the heart, kidneys, bones, hearing, or a combination of these

Miscarriage: Alcohol consumption during pregnancy increases the risk of miscarriage.

Stillbirth: Prenatal alcohol exposure can lead to stillbirth, or the death of a fetus before or during birth.

Premature Birth: Drinking alcohol during pregnancy can increase the risk of premature birth, where the baby is born before 37 weeks of pregnancy.

Low Birth Weight: Babies exposed to alcohol in the womb may have a lower birth weight

Common Adverse outcomes with commonly used substances and effects in pregnancy

Opioid

Opioid use during pregnancy poses significant risks to both the mother and the developing fetus, potentially leading to complications like premature birth, stillbirth, birth defects, and neonatal abstinence syndrome (NAS), also known as neonatal opioid withdrawal syndrome (NOWS).

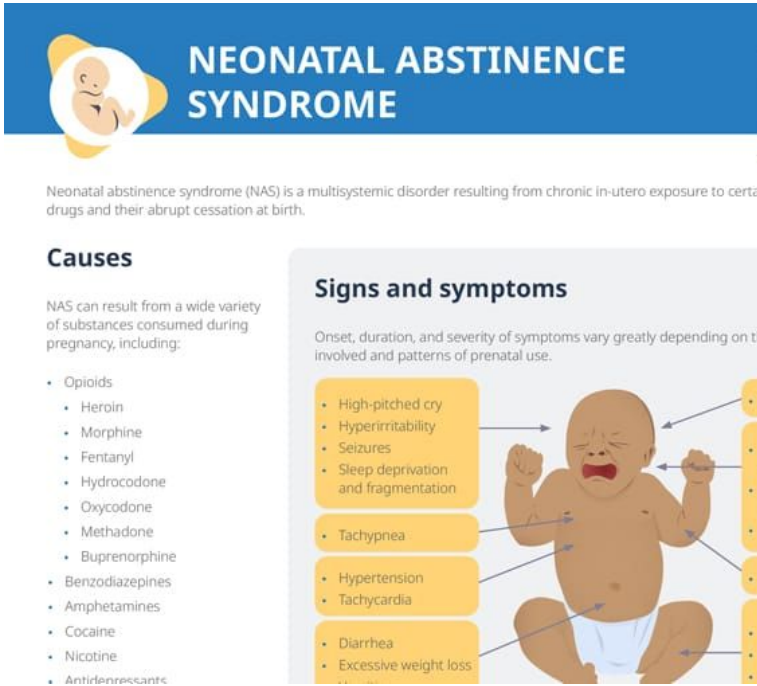
Neonatal Abstinence Syndrome (NAS): Babies exposed to opioids in the womb may experience withdrawal symptoms after birth, including tremors, excessive crying, difficulty feeding, and sleep problems.

Birth defects: Studies suggest an increased risk of certain birth defects, including congenital heart defects and neural tube defects.

Long-term developmental issues: Prenatal opioid exposure may lead to long-term neurological and behavioral problems.

Poor fetal growth: Opioid use can negatively impact the fetus's growth and development

Placental abruption: This serious condition involves the placenta separating from the uterus before birth, potentially depriving the fetus of oxygen and nutrients



Common Adverse outcomes with commonly used substances and effects in pregnancy

Stimulants

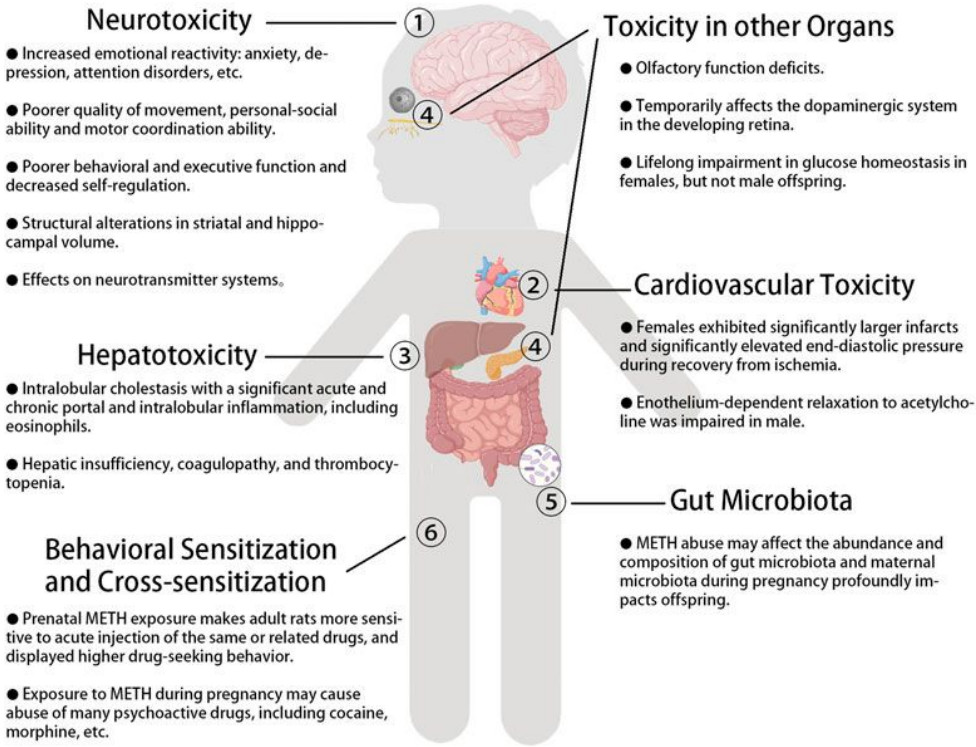
The risks of using stimulants during pregnancy- Overdosing or overamping on amphetamines can stress the pregnant person's body. While it is rare, it is possible to die from methamphetamine or cocaine use because they can **stress the heart and circulatory system.**

The risks associated with stimulants are higher when they are used in combination with other substances.
Stimulants may cause decreased blood flow to the placenta.

They can also **increase blood pressure** which increases the risk of preeclampsia, a dangerous condition in pregnancy which can cause seizures, heart attack, stroke and pulmonary edema (fluid in the lungs).

Stimulants can be linked premature rupture of membranes (PPROM). PPROM occurs when the sac that contains the amniotic fluid breaks before 37 weeks of pregnancy.

increase in risk for gestational hypertension



Stigma and Pride

Stigma is a process that discriminates against people who use drugs and pushes them to the margins of society. There are several forms of stigma, such as:

- Stigma from individuals: Someone using the word “junkie” or “pillhead”
- Institutional stigma: Firing people based on a positive drug screen
- Stigma through association: When pharmacists or medical providers say, “That’s not the population I want in my office”
- Internalized stigma: Believing you deserve pain or suffering because you use drugs

Stigma against pregnant women can manifest in various forms,impacting their well-being, social support, and health-seeking behaviors. It can lead to feelings of shame, isolation, and discrimination, particularly for women struggling with substance use disorders or unintended pregnancies. This stigma can create barriers to accessing necessary care and support, further exacerbating negative outcomes for both mothers and babies.

Laws and Statutes

The Child Abuse Prevention and Treatment Act (CAPTA) is federal legislation that requires states to create laws that mandate certain professionals to report child abuse or neglect (suspected or actual) to a child protective services agency. Subsequent additions to the legislation, from the Comprehensive Addiction and Recovery Act (CARA), also require medical professionals to notify child protective agencies when an infant is born substance-affected.

State policies vary, but the general requirement is that all substance-affected newborns must be provided with a Plan of Safe Care (POSC), and all POSCs must be shared with the state child welfare agency. A POSC is different from a child protective services report, and is determined by medical professionals based on how best to address the health and development needs of the infant and birthing parent.

Some hospital or clinic policies may actually require reporting in more cases than indicated by state law. If your institutional policy encourages overreporting, or “just to be safe” reporting that isn’t required by law, **providers may decide to engage in advocacy to change their policies**.

Laws and Statutes - Wisconsin

Wisconsin's "Unborn Child Protection Act"- Act 292, 1997, 48.193

Permissive Reporting During Pregnancy, Mandatory Reporting for Newborns

A drug test on a pregnant or birthing person is NOT required by law. If screening indicates the need for a drug test, providers should ask for and get informed consent prior to drug testing a pregnant or birthing person.

Testing on a newborn is only required by law if a hospital employee, social worker, or intake worker who provides health care "suspects that an infant has a fetal alcohol spectrum disorder" The physician must then evaluate the infant for FASD. A physician must report a FASD diagnosis to the Department of Children and Families. This is not a child abuse or neglect report. If a pregnant person is drug tested and the result is positive, a child abuse report is required by state law only if there is: "Serious physical harm inflicted" on a fetus or, " the risk of serious physical harm" to the child at birth "caused by the habitual lack of selfcontrol" of the expectant parent "in the use of alcohol beverages, controlled substances, or controlled substance analogs, exhibited to a severe degree." Because the law only requires reports for a "habitual lack of self control" and "severe degree" of use, prescription medication used as prescribed, such as methadone, buprenorphine, or medical cannabis, would NOT require a report.

Wis. Stat. §§ 48.02(1)(am), 146.0255, 146.0257. 126. Id. § 146.0257. 127. Id. § 48.02(1)(am). A "severe degree" is not further defined in statute.

Laws and Statutes - Minnesota

A drug test on a pregnant or birthing person is NOT required by law, unless the pregnant person has “obstetrical complications that are a medical indication of possible use of a controlled substance for a nonmedical purpose.” The provider is required to report a parent’s positive toxicology test to the Department of Human Services.

A provider is NOT required to report a pregnant person who has used substances/alcohol during pregnancy if: The provider is providing or collaborating with other personnel to provide the person with prenatal care, postpartum care, or other health care services, including care of the infant, and the pregnant person continues to receive regular care. Providers are not required to investigate a parent. However, if a medical assessment indicates the parent used a controlled substance recreationally, the provider is required to test each newborn infant born under their care. If the newborn tests positive for a controlled substance, the provider is required to report to the local welfare agency as neglect.

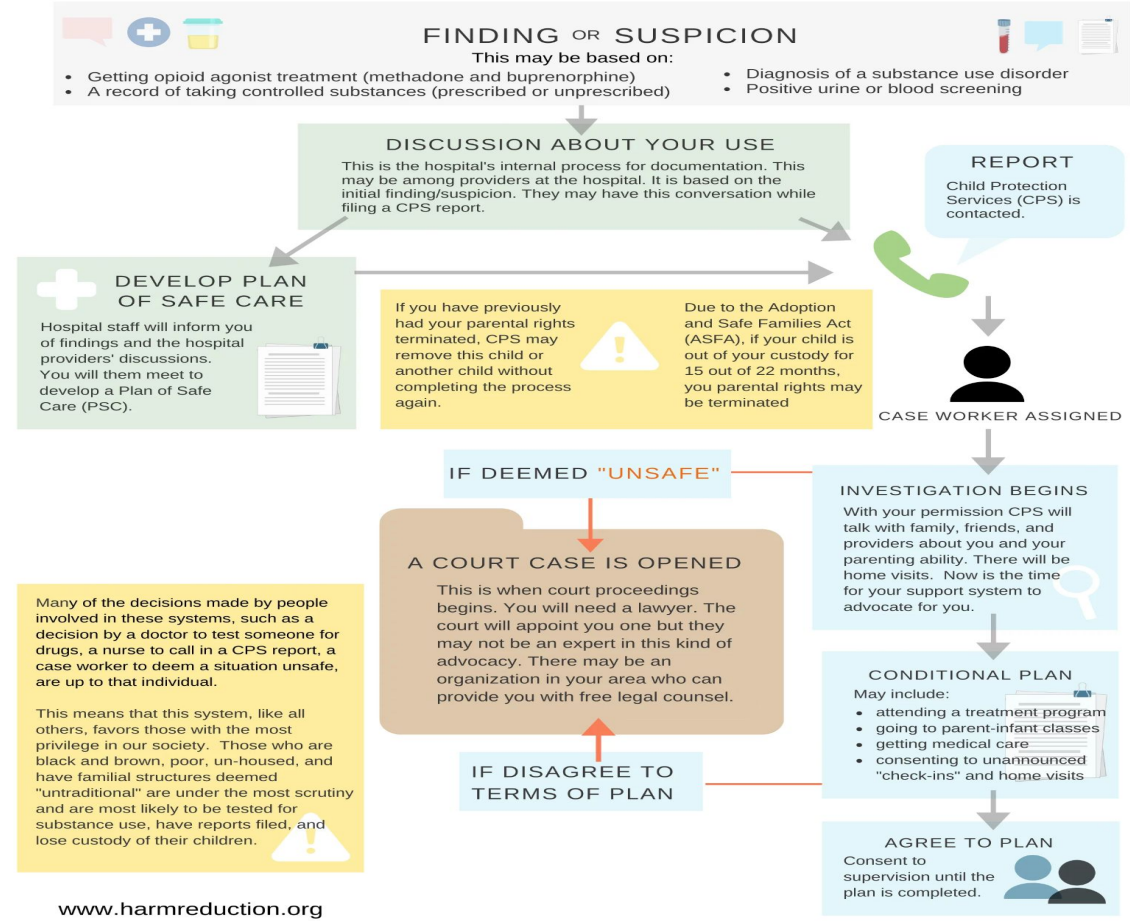
If the newborn tests negative for a controlled substance, the provider is NOT required to report unless they have other reasons to believe the patient has used a controlled substance recreationally. Providers should take steps to ensure implicit bias is not contributing to suspicion of recreational controlled substance use.

A report of cannabis or alcohol use during pregnancy is NOT required by law.

260E.31- Mandatory reporting to CPS for known non-medical use of controlled substance or habitual alcohol use. Exception- continuing participation in pre and post natal care

260E.32- Mandatory toxicology tests when there are obstetrical complications indicating potential non-medical controlled substance use

PATHWAYS FOR CHILD PROTECTIVE SERVICES INVOLVEMENT



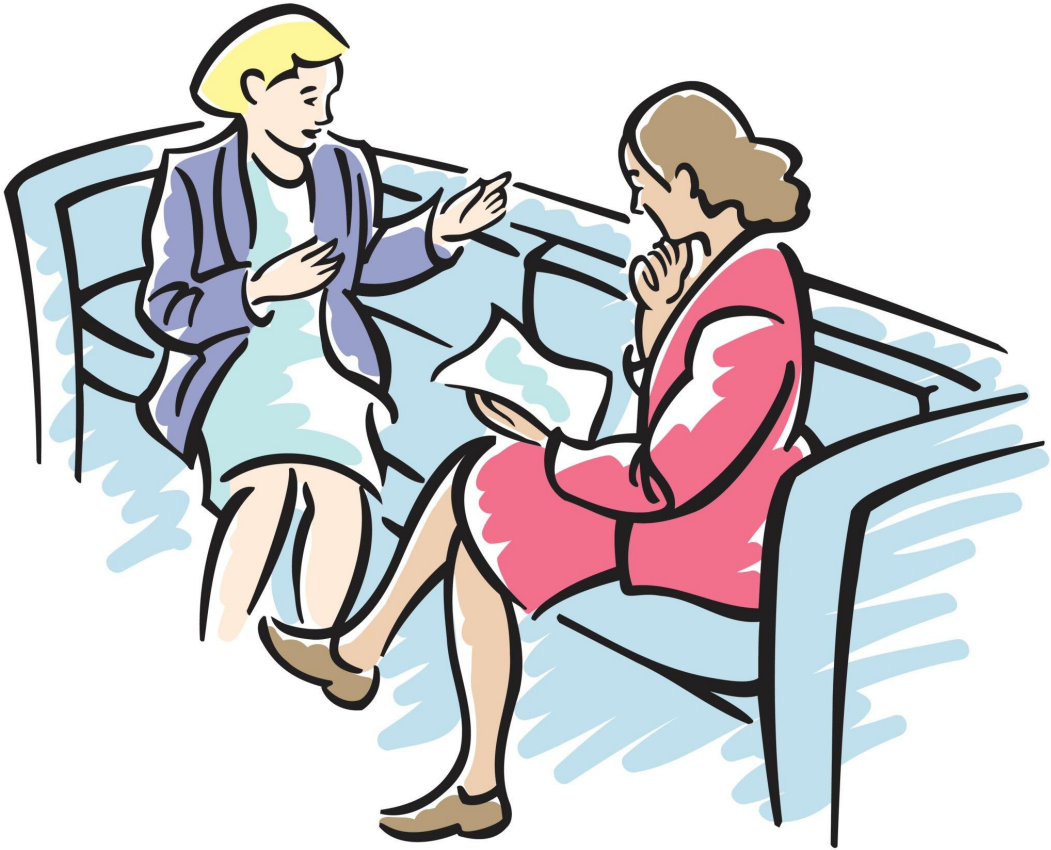
Harm Reduction Tool Kit

- Understand this is a sensitive discussion, provide warmth and empathy, offering a space for no judgement just support.
- Display positive and welcoming signage and set a friendly tone when people access services, with an integrated and consistent response from all team members, from front desk staff to direct care workers.
- Establish a comforting, welcoming, and accessible physical environment.
- Use strengths-based, person-first language. Don’t describe people as being controlling, manipulative, non-compliant, unreliable, uncooperative, immature, attention-seeking, drug-seeking, or a bad parent. Especially in their medical record or any documentation shared with others.
- Recognize that behaviors that providers might interpret as being difficult (such as expressing anger or frustration) are often attempts to cope with negative past experiences or current stressors.
- Recognize that care must be individualized and person-centered. Some people will need more support and different types of support than others.

Harm reduction tool kit

- Know yourself. If you are a service provider, recognize what you bring to the interaction. Confront your own beliefs and biases about substance use and pregnancy. Acknowledge your own story, history, and beliefs.
- Learn how to effectively engage in therapeutic conversations. Practice how to open conversations and de-escalate when people are escalating in emotions. Know your own triggers and vulnerabilities. Help clients constructively interact with health care providers who are not trauma-informed.
- Give choices to participants and clients that empower them to set boundaries and determine the pace of physical assessments in the clinical setting.
- Support patients access to organizations that can address immediate practical needs such as safe housing, food, mental health and substance use treatment, medical concerns, leaving violent relationships, and transportation.
- Develop approaches to providing prenatal services that are integrated and coordinated across health and social systems, including child welfare.
- Keep families together as much as possible
- Attending 12 Step meetings such as Alcoholics Anonymous (AA) or other free community meetings like Moderation Management, SMART Recovery, or Harm Reduction for Alcohol (HAMS)
- Group therapy, individual counseling, hypnotherapy

Discussion And Questions



Resources

Li, J.-H., Liu, J.-L., Zhang, K.-K., Chen, L.-J., Xu, J.-T., & Xie, X.-L. (2025, April). *The adverse effects of prenatal meth exposure on the offspring: A Review*. Frontiers. https://www.frontiersin.org/journals/pharmacology/articles/10.3389/fphar.2021.715176/full

MGH Center for Women's Mental Health. (2020, November 26). *Stimulants in pregnancy and increased risk of gestational hypertension - MGH center for women's mental health*. MGH Center for Women's Mental Health - Women's Mental Health Across the Life Cycle. https://womensmentalhealth.org/posts/stimulants-pregnancy-increased-risk-gestational-hypertension/

Pregnancy and substance use: A harm reduction toolkit. National Harm Reduction Coalition. (2023, September 21). https://harmreduction.org/issues/pregnancy-and-substance-use-a-harm-reduction-toolkit/#:~:text=During%20pregnancy%2C%20the%20body%20goes,symptoms%20or%20feel%20overly%2Dsedated.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