Approaches to Clinical Management for Substance Use Disorder During Pregnancy

October 27, 2025

1:00 to 2:00 p.m. ET

Disclosure

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Submitting Questions and Comments

- Submit questions by using the questions-and-answer (Q&A) feature.
- If you experience any technical issues during the webinar, please message us through the chat feature.

Presenter

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Objectives

Participants of this webinar will be able to:

- Define the multiple challenges and risks associated with perinatal substance use.
- Name clinical practice strategies for integrating behavioral health and medical care for pregnant and postpartum women.
- Describe the negative impact of stigma related to substance use during pregnancy and its influence on prenatal care engagement and identify strategies to overcome the negative impacts discussed.
- Describe the importance of aligning medical care with behavioral health care and relevant community-based supportive services to support care coordination.

Today's Agenda

Introductions and overview

Challenges and risks associated with substance use during pregnancy

Adopting a strengths-based approach to care using evidence-informed interventions

Addressing the stigma associated with perinatal alcohol and drug use

Care coordination strategies to support pregnant women with substance use concerns

Q&A and wrap-up

Challenges and Risks Associated with Substance Use During Pregnancy

Risks Associated with Prenatal Substance Use

Women are **most vulnerable to problematic substance use in their reproductive years**.

Polysubstance use in pregnancy is common and can potentiate **adverse maternal and fetal outcomes.**

Mental health conditions (including SUD) are the **leading cause of pregnancy-related deaths.** That translates to approximately 1 in 5 pregnancy-related deaths between 2017 and 2019.

Pregnant women who live in states that consider substance use in pregnancy as child abuse, neglect or potential for involuntary commitment may have a **lower likelihood of receiving timely or quality care due to fear.**

Children born to mothers with untreated SUD or mental health conditions have a **higher risk of developmental delays and behavioral issues.**

Individual Barriers to Care

Fear and Distrust

- Fear of being incarcerated for illicit substance use
- Fear of losing custody of their children
- Shame, fear of being judged

Resource Limitations

- Lack of funding to pay for services
- Availability of childcare, transportation
- Housing **concerns**
- Unemployment

Risk

- Pregnancy unplanned or undetected
- Pregnancy complications
- Lack of social support
- History of negative events and experiences

Institutional Barriers to Care

Implementation burden

- Cost, complexity, and time
- Reimbursement challenges
- Scope of practice

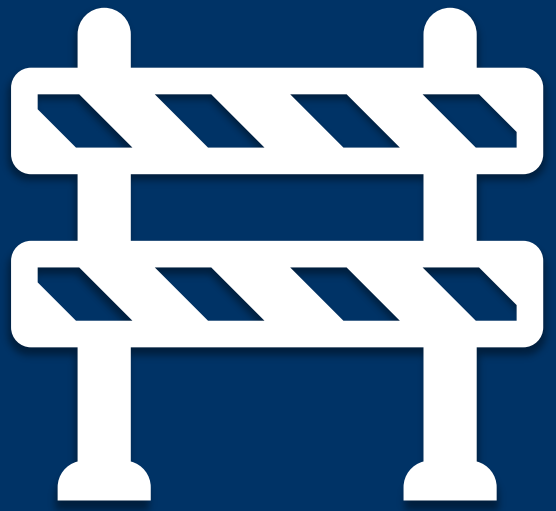
Insufficient capacity

- Siloed referral networks
- Shortage of specialty care services and providers
- Limited implementation infrastructure

Workforce limitations

- Staffing shortages
- Maternal and child health care “deserts”
- Limited knowledge or training about this population

Systemic Barriers to Care



Service gaps

- Fewer than 25% of treatment facilities provide specialized care for pregnant women with SUD.
- Provider training and/or awareness of SUD specifically related to pregnant women

Barriers to collaboration

- Information and data sharing.
- Competing priorities.

State policies

- Mandatory reporting to child welfare for substance use or a substance-exposed newborn.
- Variability across states around classification of substance use in pregnancy as child abuse, neglect or involuntary commitment for treatment.

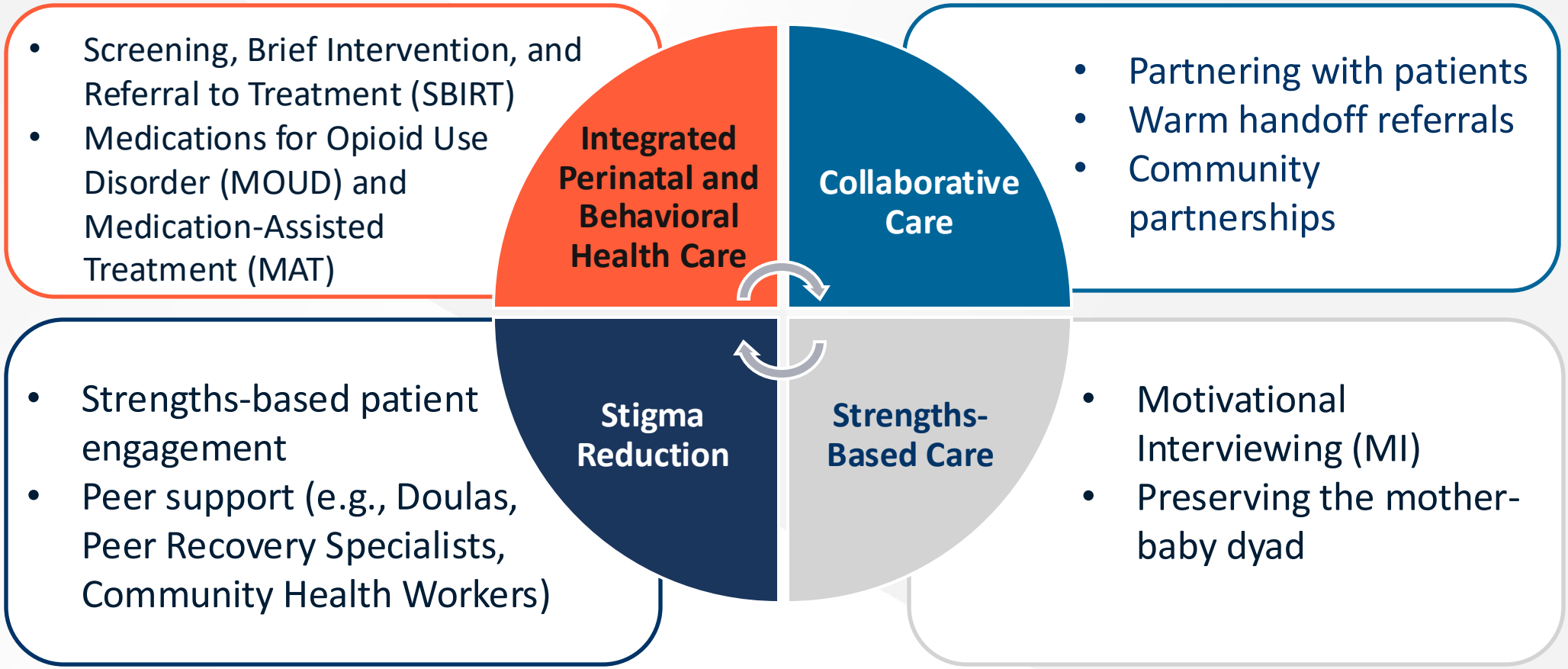
Polling Question (1)

What is your health center's biggest challenge in addressing pregnancy and SUD?

a) Identifying appropriate resources
b) Addressing stigma from within our health care organization
c) Coordinating care across providers and other agencies
d) Other (add in Q&A)

Adopting a Strengths-Based Approach to Care

Evidence-Informed Practice Recommendations



- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Medications for Opioid Use Disorder (MOUD) and Medication-Assisted Treatment (MAT)

- Partnering with patients
- Warm handoff referrals
- Community partnerships

- Strengths-based patient engagement
- Peer support (e.g., Doulas, Peer Recovery Specialists, Community Health Workers)

- Motivational Interviewing (MI)
- Preserving the mother-baby dyad

Best Practice: SBIRT

Screening – Assessing for substance use using standardized tools.

Brief Intervention – Engaging in a short conversation, providing feedback, and advice.

Referral to Treatment - Providing a referral for additional treatment.

- Facilitates early detection of concerns
- Allows health care providers to offer appropriate support and referrals for specialty care
- Enhances patient-provider communication
- Reduces stigma associated with substance use
- Contributes to more comprehensive care planning

SBIRT: Benefits and Barriers

BENEFITS

- Early identification reduces harm, ensures proper care and boosts motivation.
- Pregnancy presents an opportunity for positive behavior change.
- Early intervention leads to improved recovery outcomes.

BARRIERS

- Providers may feel unprepared and uncomfortable addressing substance use.
- Fear of harming the patient relationship or causing shame can be a deterrent.
- Limited time and resources for care coordination hinders care.
- Providers may be concerned that discussing substance use could lead to legal issues for their patients.

Verbal Screen vs. Toxicology Screen

Screening Questionnaire

- Easily administered but can take medical provider's time
- No clinical permission needed
- May open window to further discussion
- Asks about a wide variety of substances
- Distinguishes type of use
- Detects any amount of substance use intake
- Broad detection window (years)

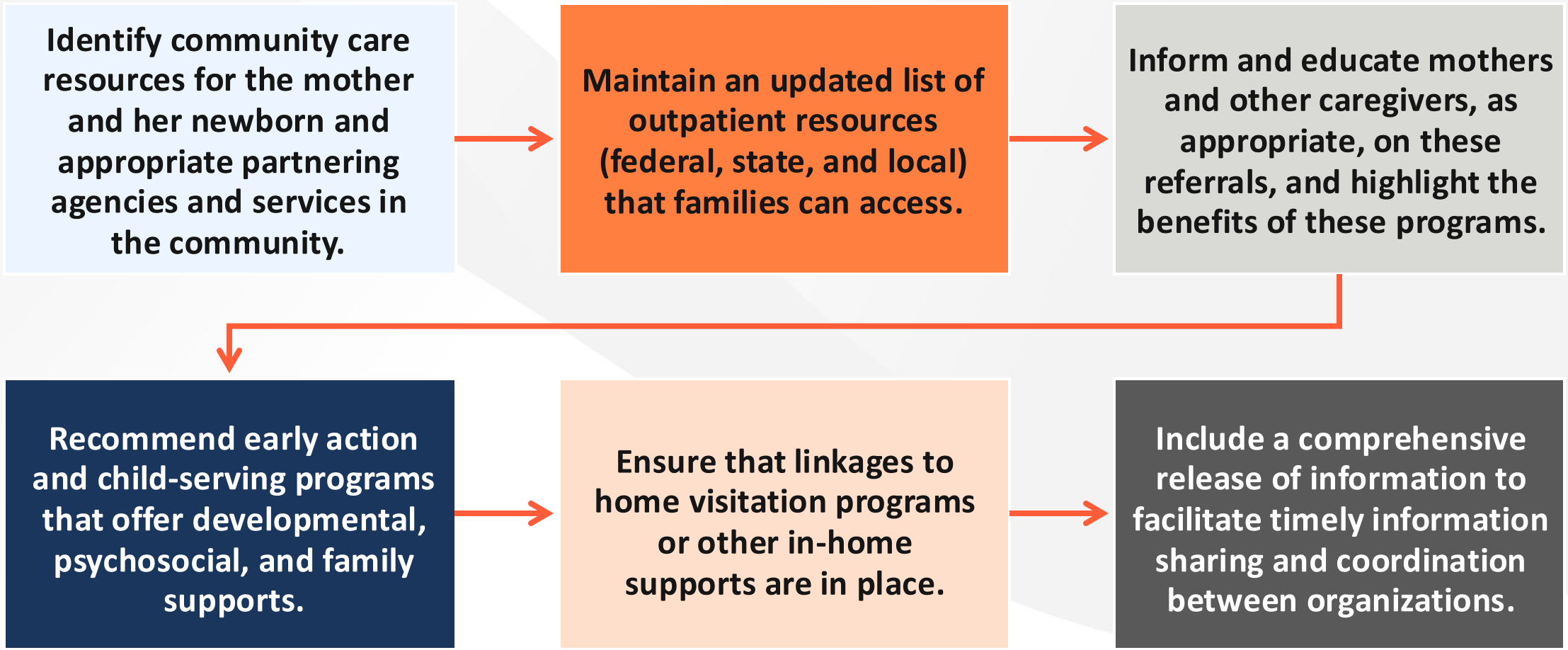
Urine Drug Testing

- Requires laboratory or testing equipment
- Requires clinical permission
- Patient may curtail office visits to avoid future testing
- More expensive
- Limited to substances included in testing
- Does not distinguish between occasional and regular use
- Detection limited by cutoff values, false positive, and false negative results
- Narrow detection window (days)

Best Practice: Motivational Interviewing

- People are complex and can often show contradictions.
- Active listening, a component of motivational interviewing, is a way to center care on the patient.
- Acknowledges through asking, “What do you like about something you're doing?” Approach your patient as a person rather than a diagnosis.
- Flips the script from diagnostic intervention to, "Do you need help with anything? What are your goals?"

Best Practice: Warm-Handoff Referrals



Best Practice: Preserving the Mom-Baby Dyad

Rooming-in should be offered to all mother-baby dyads:

- Recommended approach to care
- Should be offered to all mother–infant dyads
- Reduced need for medication to treat Neonatal Abstinence Syndrome (NAS)
- Shortens hospital stay
- Facilitates breastfeeding

Breastfeeding is safe in most cases:

- Breastfeeding has positive physical and behavioral effects for the mother-baby dyad.
- If mother is prescribed a MOUD, exposure via breast milk is extremely small, while the risk of harm to the infant from the mother's return to substance use is much greater.
- Women who are stable on MOUD and MAT should be advised to breastfeed, if appropriate.

Polling Question (2)

Which area do you feel needs the most improvement in providing care to pregnant women with SUD?

a) Behavioral health integration in the primary / obstetrical (OB) care setting
b) Staff training on pregnancy and SUD with a focus on stigma reduction
c) Access to compassionate care for pregnant women with SUD
d) Coordination of care between OB/primary care provider and community resources to meet specific needs during pregnancy
e) Other (add in Q&A)

Addressing the Stigma Associated with Perinatal Substance Use

Strategies to Improve Access to and Engagement in Care

Individual Stigma

- Shame and fear of being perceived as a “bad mother”
- Disclosure stigma - anticipated discrimination if symptoms or diagnosis are disclosed to others
- Mistrust of the health care and social serving systems:
  - SUD in pregnancy possibly leading to multiple system encounters (e.g., health care, child welfare, and justice systems)
  - Drug testing without consent
  - Fear of losing children

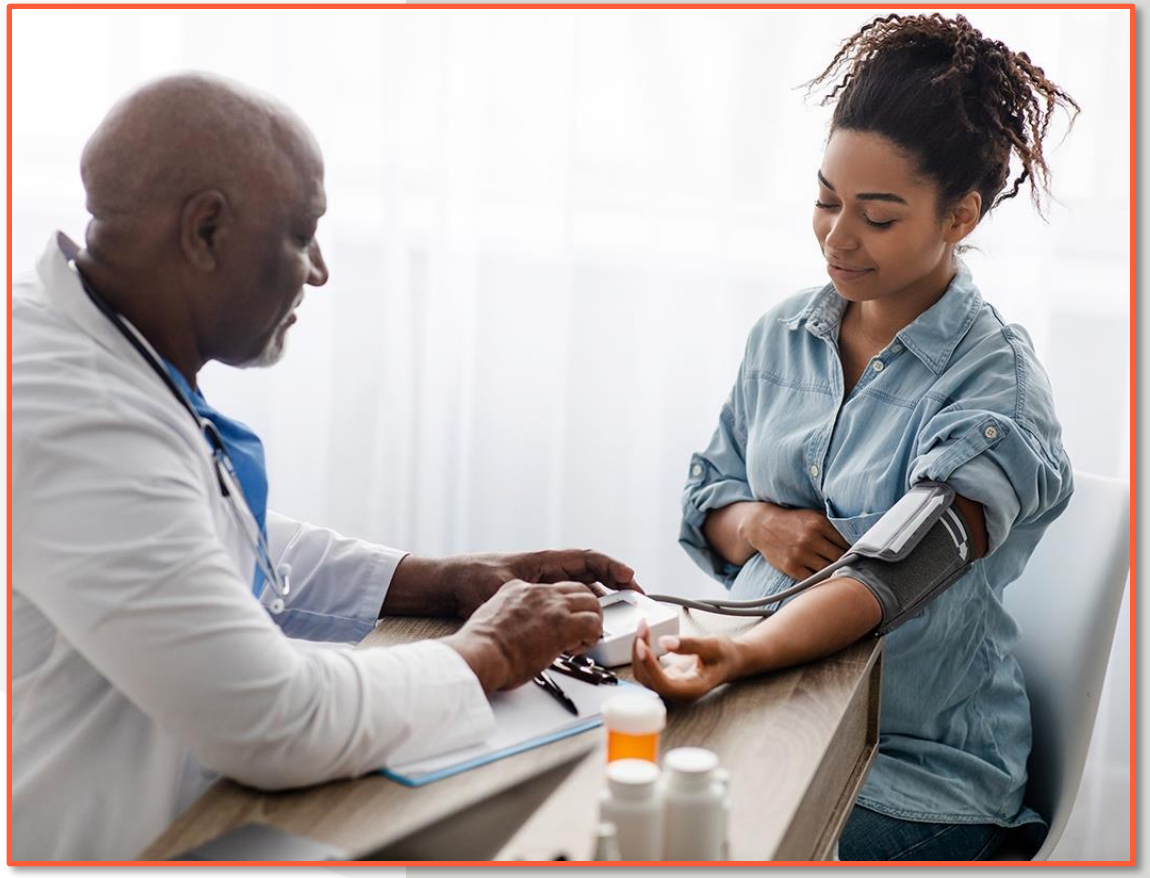
Best Practice: Stigma Reduction

REDUCING STIGMA IN CLINICAL PRACTICE	
Understand	Understand guilt, shame, and stigma.
Empathize	Empathize with her fears.
Prioritize	Identify her most urgent concerns and address those first.
Pace	Pace additional interventions to align with her readiness to take on other issues.
Assist	Assist her in navigating specialty care referrals.
Use	Use strengths-based language.

Best Practice: Strengths-Based Patient Engagement

Effective engagement connects women to needed care, regardless of point of service entry.

- Pre-treatment intervention groups
- Evidence-based screening and assessment tools recommended for use in perinatal care settings
- Case management
- Home-based/mobile outreach
- Peer supports
- Timely appointment scheduling



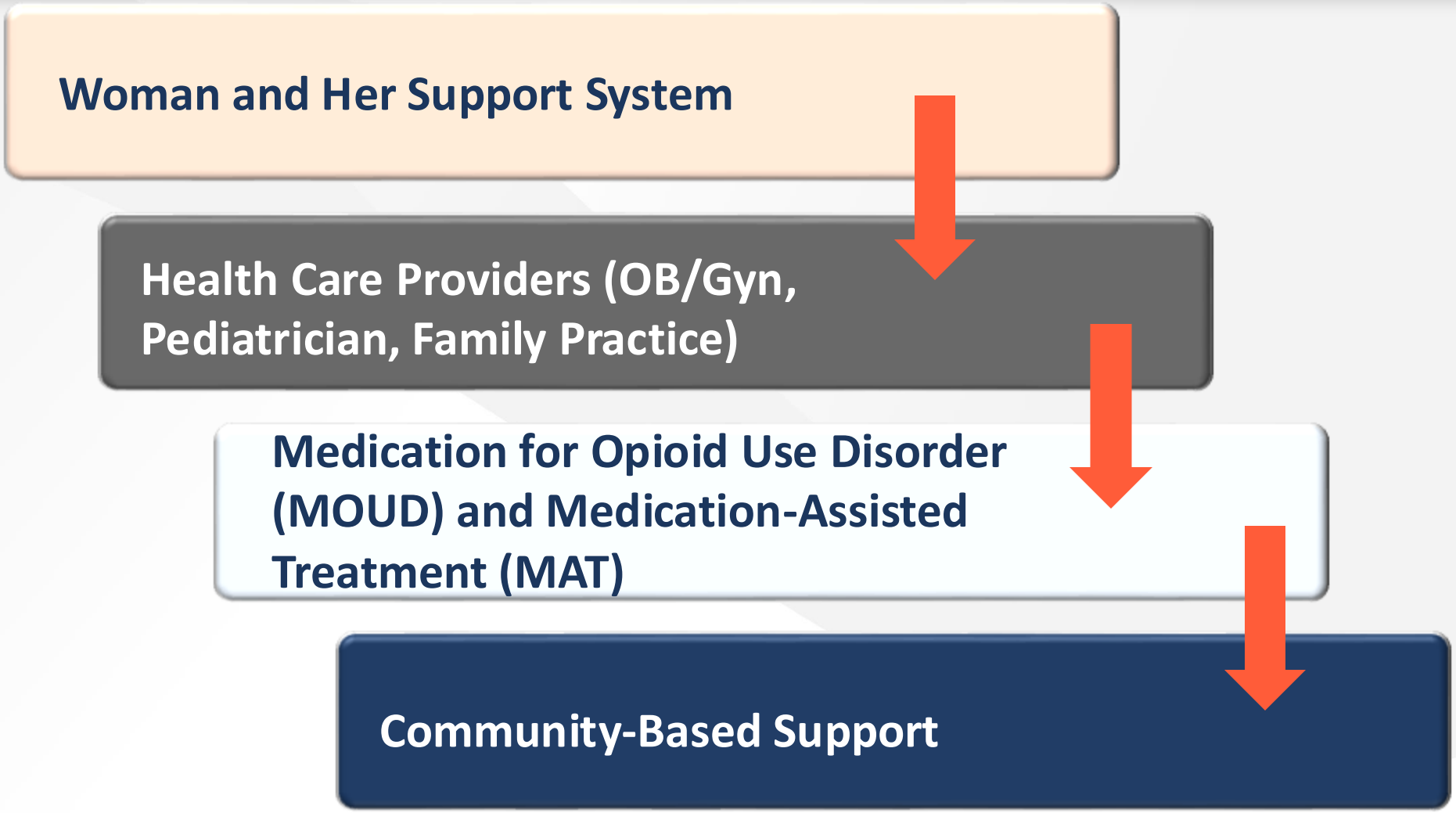
Be a Mandatory Supporter

- Build relationships and trust.
- Demystify the process of treatment and recovery (including resumed use).
- Humanize recovery.
- Celebrate and promote success.
- Identify community partners for joint messaging and training.
- Enlist community champions and thought leaders.
- Address stigma from within.

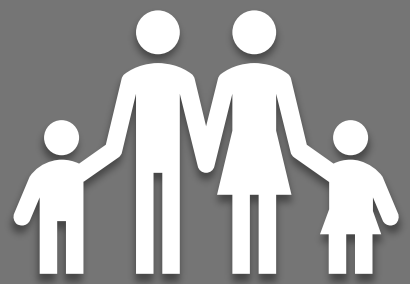
Care Coordination Strategies

Partnering to Support Pregnant Women with Substance Use Concerns

Partnering Starts with the Patient



How to Empower Parents



- Become mandatory supporters!
- Invite members of collaborative team (internal and external) to meet with pregnant women and other family members before delivery. Parents and caregivers should know the whole team.
- Connect parents to resources before labor and delivery.
- Build a therapeutic alliance with parents through non-judgmental support and empower them to be involved with the care of their newborn.
- Be transparent about how drug testing information may be shared and gain clinical permission to conduct testing.

How to Empower Providers, Staff, and Partners

- Educate providers and clinic staff on substance use in pregnancy, implement strategies for caring for patients with SUD, and develop protocols that address all team members' roles.
- Provide stigma education and resources.
- Implement a warm handoff strategy to follow at time of discharge. Ensure linkage to home visitation programs or that other in-home supports are in place.
- Bridge care across the entire perinatal period, from pregnancy through postpartum and pediatric care.

Community Recovery Supports to Consider

- Mutual aid/recovery support
- Housing that supports recovery
- Family preservation services
- Childcare
- Transportation
- Legal aid
- Employment support
- Insurance coverage
- Temporary Assistance for Needy Families (TANF)/ Supplemental Nutrition Assistance Program (SNAP)/ Women, Infants, and Children (WIC) linkages
- Food and nutrition resources
- Connections to faith-based organizations, as appropriate and desired

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Slide 8: Risks Associated with Prenatal Substance Use

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Slide 11: Systemic Barriers to Care

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Slide 14: Evidence-Informed Practice Recommendations

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Slide 16: SBIRT: Benefits and Barriers

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Slides 23, 24: Individual Stigma and Best Practices: Stigma Reduction

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Slide 25: Best Practice: Strengths-Based Patient Engagement

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Thank you for your time!

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