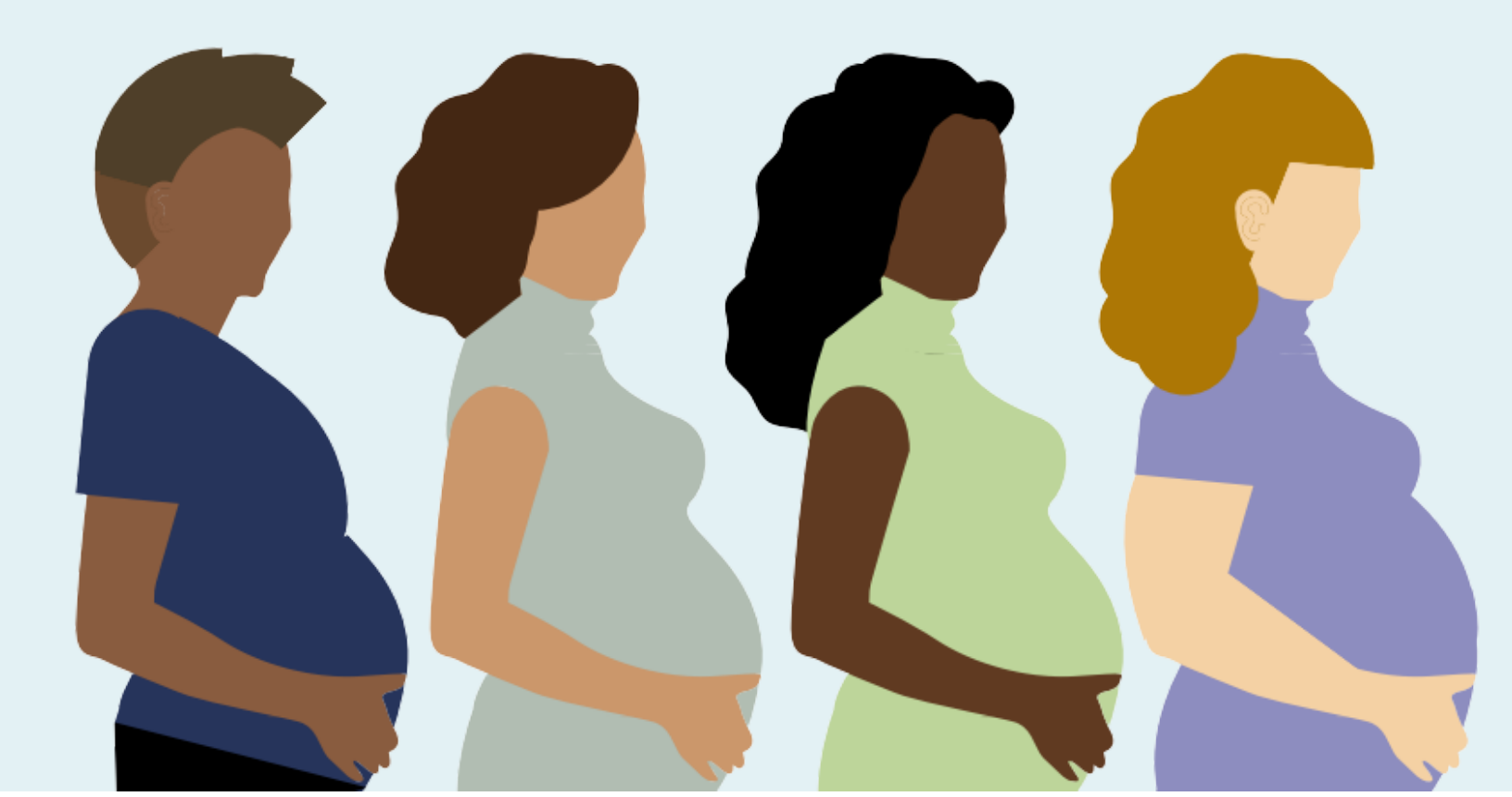
EXECUTIVE SUMMARY

PREGNANCY AND SUBSTANCE USE



NATIONAL HARM REDUCTION COALITION

Academy of Perinatal Harm Reduction

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DOWNLOAD the full-version of this toolkit.

NATIONAL HARM REDUCTION COALITION

Harm Reduction Coalition is a national advocacy and capacity-building organization that works to promote the health and dignity of individuals and communities who are impacted by drug use - including pregnant and parenting people.

www.harmreduction.org

Academy of Perinatal Harm Reduction

The Academy of Perinatal Harm Reduction provides evidence-based, inclusive, affirming education for parents and providers. Our work is informed by lived experience and is focused of the intersection of substance use and reproductive health.

www.perinatalharmreduction.org

INTRODUCTION

Substance use is common – and especially common for people of reproductive age. But accurate information about substance use and reproductive health is hard to find. This publication seeks to help fill that gap.

When people are pregnant, they often decide to change their substance use. If they're going to reach meaningful goals, pregnant and parenting people need clear information about the risks associated with substance use while they're pregnant and lactating. Unfortunately, much of the information that's available is confusing and contradictory. Most people don't know about the most current, evidence-based treatments and supports that can lead to better outcomes. **Listening to and learning from people who use drugs** - and the **Harm Reduction community** - **is essential** to promoting healthier behaviors and adopting better care practices.

This toolkit is intended for use by pregnant and parenting people who use drugs, their loved ones, and service providers. It is written, edited, and informed by people who have lived experience of substance use and pregnancy as well as by Harm Reduction and medical experts. **Our goal is to promote the overall health and well-being of pregnant and parenting people who use drugs** and their families by providing evidence-based, practical solutions.

QUALITY PERINATAL CARE IS YOUR RIGHT

Everyone deserves medical care that respects their integrity, autonomy, and right to make informed health care decisions for themselves and their children. Every pregnant person deserves affirming, evidence-based perinatal care. Providers are empowered to deliver this kind of care when they adopt person-first language, use motivational interviewing techniques to support open conversation, and become skilled in trauma-informed care. Because most people who use drugs have experienced abuse or neglect in the medical setting, service providers should actively work to reduce stigma and remove barriers to accessing care. The decision of whether to birth and/or parent should be supported with referrals to healthcare providers - including doulas - for clients who choose parenting, adoption, or abortion.

HARM REDUCTION

Harm Reduction is an evidence-based approach that uses tools and interventions to reduce the harms associated with substance use. **Abstaining from all recreational substance use during pregnancy and lactation is the safest option.** But it is important to remember that some people have trouble achieving abstinence - or simply don't want to. A good healthcare provider will continue to work with people who are unable or unwilling to stop using, rather than dropping them as clients. There are many strategies that can help people to use less, use safer, or stop using altogether. **Whether or not you're using, your health and your pregnancy matter!**

Alcohol

No one knows exactly how much alcohol is safe to drink during pregnancy. And the safe amount is probably different for each person. Alcohol is associated with miscarriage, stillbirth, and Fetal Alcohol Spectrum Disorders (FASDs). FASD often manifests as temporarily, abnormal facial features that may fade by adolescence. It can also cause or contribute to behavioral or learning difficulties. Alcohol passes into human milk. To avoid infant exposure via human milk, be sure to wait 2-4 hours per standard drink before feeding or pumping. Quitting drinking suddenly can cause life threatening withdrawal. So it is safest to taper off slowly, and seek the help of a medical provider.

Benzodiazepines

Regular benzodiazepine use can create tolerance and dependence. When a person who is dependent stops using benzodiazepines too quickly it can lead to withdrawal, which can be dangerous. If you want to cut back or stop benzodiazepine use, it is important to consult with an experienced health care provider. Newborns exposed to benzodiazepines during pregnancy can have lower birth weights and show signs of withdrawal at birth. Benzodiazepine exposure in infants can worsen their withdrawal from other substances, like opioids. Some benzodiazepines are safer to use than others while breast/chestfeeding. **Talk to your provider about adjusting, reducing, or changing your medications during the lactation period.**

Cannabis

There is no evidence to suggest that cannabis is related to stillbirth, preterm labor, significantly low birth weight, birth defects, or feeding problems. The literature is inconsistent regarding other long-term effects, but developmental outcomes appear to be similar to other children in the same peer group. **It is recommended to stop recreational cannabis use during pregnancy and lactation**, but it is still considered better to breast/chestfeed while using cannabis than to formula feed while using cannabis.

Opioids

Regular opioid use can cause tolerance, dependence, and withdrawal. It is important to talk with a provider if you want to cut back or stop on use. **The best and safest treatments for opioid use disorder (OUD) during pregnancy include medications such as methadone and buprenorphine.** Untreated OUD can increase risk for placental abruption and preterm labor. **Infants exposed to opioids may experience withdrawal at birth which can be treated with rooming in, skin-to-skin, breast/chestfeeding, and medication** (if needed). Long-term outcomes for infants exposed to opioids are similar to outcomes for other children in the same peer group. There is no increased risk of birth defects associated with opioid use. **Breast/chestfeeding while using therapeutic doses of pharmaceutical opioids is safe.**

Stimulants

Much of the research on stimulants in pregnancy is tarnished by the propaganda promoted during the “crack baby epidemic” – an unfounded, racist public health scare spread during the 1980s and 1990s. Other than caffeine use in adults, stimulant use does not seem to cause withdrawal in infants or adults. Stimulant use can increase the risk of low birth weight and preterm labor. Cocaine use may increase risk of placental abruption. **Long-term outcomes for babies exposed to stimulants are similar to outcomes of other children in the same peer group.** It is safe to breast/chestfeed while using up to 200mg of caffeine per day (about 1-2 cups of coffee). Cocaine and methamphetamine are present in the milk of people who use them, and it is recommended to discard milk for 24 hours (cocaine) and 48 hours (meth) before breast/chestfeeding.

Tobacco + Nicotine

Regular nicotine use can cause tolerance, dependence, and withdrawal in adults. Some of the health problems associated with tobacco are associated with smoking, not nicotine. **Smoking cigarettes during pregnancy is associated with preterm birth, lower birth weight, placenta problems, birth defects, breathing problems throughout childhood, and sudden infant death syndrome (SIDS).** Infants exposed to smoking may experience worsened withdrawal from other substances. Children exposed to smoking may have a higher risk for attention problems. **It is recommended to stop smoking during pregnancy and lactation**, but it is still considered better to breast/chestfeed if you continue to smoke than to formula feed and smoke because of the proven health benefits of providing human milk.

NAVIGATING THE HEALTHCARE AND LEGAL SYSTEMS

This section covers the federal and New York State laws around this issue, as well as the **risks and benefits of disclosing substance use**. Laws, statutes, and practices may be different where you live.

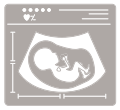
Topics covered in this section include:

- the **basics of toxicology testing**
- the **utilization of Plan of Safe Care** (POSC) for substance exposed infants
- the potential **implications for families under the Child Abuse Prevention and Treatment Act** (CAPTA).

There are also **tools for assisting people who anticipate involvement with child welfare** and family surveillance systems.

Please note that laws will vary widely state by state and **some providers and agencies might interpret statutes differently than they are written**. It is not mandatory for New York State healthcare providers to test pregnant people for drugs or to report pregnant or parenting clients with substance use to child welfare or law enforcement agencies. Learn what is required in your state at www.childwelfare.gov

PRENATAL CARE



Getting prenatal care is the single most important thing someone can do - not only to promote parental, fetal, and infant health, but - to prepare for any challenges to parental rights or criminal charges that threaten families.
You may request that your providers communicate with each other to help coordinate services received from different agencies or offices. This section covers **nutrition**, what to expect from **routine (or typical) prenatal care**, what to expect if you're **using substances**, **warning signs** of complications, and **how to access services** like the Women, Infants, and Children (WIC) program.

LABOR AND CHILDBIRTH

Many people are concerned about the pain related to labor and birth – especially if their substance use is considered to be a factor. There are ample options for pain management for people - no matter what substances they're using.
This section covers pharmacological and nonpharmacological pain relief methods for labor, childbirth, and the postpartum recovery period.

POSTPARTUM

The first year after having a baby can be physically and emotionally challenging. The physiological changes that happen during pregnancy and the postpartum period can affect people's tolerance to some drugs and the dosages that they may need to achieve the desired benefits. Remaining on medications for opioid use disorder (MOUD) after delivery can assist people's healing and protect against overdose and drug poisoning. **Perinatal Mood and Anxiety Disorders (PMADs) - which can affect pregnant people and their partners – are common and treatable.** "Baby Blues" generally come and go, but if signs and symptoms of distress persist for two weeks or more, talking to a provider can dramatically improve short and long-term outcomes for parents and children. **The postpartum and intrapartum periods are important times to talk about your reproductive goals and make decisions** about whether or not to use contraception and what kind of contraception to use. The e**ffects of substance use on lactation** are also covered in this section.

This resource is intended for use by pregnant and parenting people who use drugs, their loved ones, and their service providers. You can use this information to understand your rights, access services, and find high-quality, evidence-based care.

NATIONAL HARM REDUCTION COALITION

National Harm Reduction Coalition creates spaces for dialogue and action that help heal the harms caused by racialized drug policies.

Harm Reduction Coalition is a national advocacy and capacity-building organization that works to promote the health and dignity of individuals and communities who are impacted by drug use - including pregnant and parenting people.

Visit our website for more resources
www.harmreduction.org

Academy of Perinatal Harm Reduction

APHR's mission is to improve the lives of pregnant and parenting people who use substances.

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Our work is informed by lived experience and is focused of the intersection of substance use and reproductive health.

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