

Responding to the Special Needs of Substance Abusing Pregnant Women

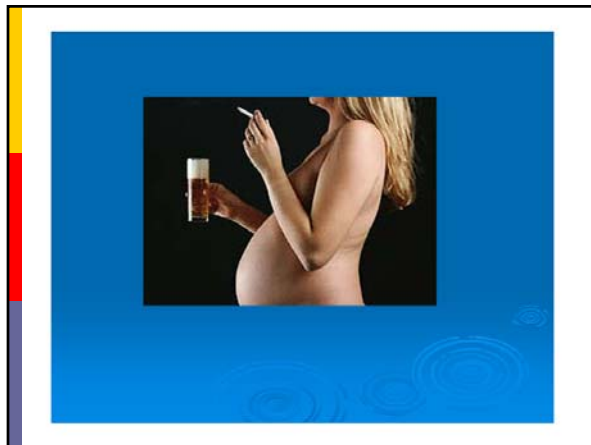
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 Wisconsin Bureau of Substance Abuse and Mental Health
 Services Teleconference Series
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Agenda

- Explore substance use patterns in pregnant women
- Identify the signs and symptoms of withdrawal in pregnant women
- Recognize barriers to treatment for pregnant and parenting women
- Discuss a comprehensive model of treatment for pregnant and parenting women

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Understanding Women's Lives

- "If women do not perceive that the service provider does not have a good understanding of the context their lives, then they are less likely to act on the suggestions or advice and are more likely to perceive the interaction as negative and not helpful." (Best Start, 2001)

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WOMEN CONSUMERS HAVE SPECIAL NEEDS

- Many women who seek treatment for their alcohol and other drug problems:
 - Lack child care options
 - May have mental health problems
 - Depression
 - Anxiety
 - Other Mental Health Disorders
 - Have special therapeutic needs
 - Incest
 - Abuse
 - Have special medical and ob/gyn needs
 - Medical Complications

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Women's Issues Include

- Shame and Stigma**
- Physical and Sexual Abuse**
- Relationship Issues**
 - fear of losing children
 - fear of losing a partner
 - needing partner's permission to obtain treatment

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Women's Issues

- **Treatment Issues**
 - lack of services for women
 - not understanding women's treatment
 - long waiting lists
 - lack of childcare services
- **Systemic Issues**
 - lack of financial resources
 - lack of clean/sober housing
 - poorly coordinated services

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Gender Matters!

Impacts the effectiveness of the services we create and deliver

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Gender Matters....

The treatment process for women is relevant to *why* women enter treatment, *how* they process treatment, and the *barriers* that exist for them.

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Substance Use in Pregnancy

- Overall rates of alcohol use among pregnant women have declined since 1995. But rates of frequent and binge drinking remain at high levels.
- More than 130,000 pregnant women per year in the US consume alcohol at risk levels.
- 1 in 30 women who know they are pregnant reports "risk drinking"
- 1 in 7 women of childbearing age engage in "risk drinking"
 - Birth defects associated with alcohol exposure can occur before a woman knows she is pregnant
 - Nearly 50% pregnancies are unplanned

Why Women Use D & A

<ul style="list-style-type: none"> □ Appease a partner □ Cope with abuse or other stresses □ Make sex easier □ Way to feel in control □ Pain relief 	<ul style="list-style-type: none"> □ For FUN! □ To be accepted □ Experiment □ Out of habit □ Prescription □ Lose Weight □ Be social
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Most frequently used substances: tobacco and alcohol

Early pregnancy as greatest risk for damage

- Brain and organs develop in first several weeks of pregnancy, often before the mother is aware that she is pregnant
- Impact of substance use related to:
 - time of use during fetal development
 - dose
 - duration
 - substance

Alcohol Use During Pregnancy

- No known safe level of use
- Affects the fetus during all 3 trimesters
- 20% of pregnant women drink alcohol
- 3.5% drink two or more drinks per day or five or more drinks per occasion
- Exposure estimate (U.S. 1995): 140,000 newborns exposed to potentially teratogenic doses
- FAS estimate: 0.5 - 3 children per 1000 live births

ALCOHOL

- Alcohol crosses the placenta and is broken down more slowly in the fetus than in the mother therefore there are higher blood alcohol levels for longer periods of time.
- Alcohol related birth defects
 - Mental Retardation
 - Learning and Emotional problems
 - Defects in heart fact & other organs
- Risks – Miscarriage, Low Birth Wt., Still Birth

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Tobacco

- Smoking slows fetal growth, so full term infants are more likely to be low birth weight
- Smoking is associated with premature births (placental problems and premature rupture of membranes)
- Low birth weight and premature babies have higher rates of chronic health problems (cerebral palsy, learning problems, etc.)

NICOTINE AND TOBACCO

- Overwhelming documentation that smoking during pregnancy causes numerous adverse fetal consequences
 - Spontaneous abortion
 - Abruptio placentae
 - Placenta previa
 - Uterine bleeding
 - Sids (4.4 x's increase if mother is a smoker during pregnancy)

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NICOTINE AND TOBACCO

- If the pregnant woman cannot stop smoking using behavioral interventions, then nicotine replacement products can be used
- As with all meds, woman must be told risks and benefits
 - Lesser of two evils
 - Gum or intermittent use formulations suggested over continuous formulations (patch)

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FETAL EFFECTS OF COCAINE

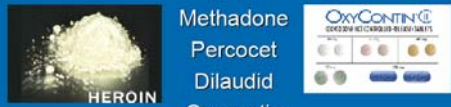
- SIDS
- LOWER AROUSAL AT 2 MONTHS
- LESS COORDINATED MOVEMENTS AT 2 MONTHS

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Opiods

➤ Examples:


- Heroin
- Methadone
- Percocet
- Dilaudid
- Oxycontin
- Darvocet



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Opiods

- Opiods cross the placenta.
- Depending on dose, frequency, and duration of maternal opiod use, fetus may become dependent.



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MATERNAL EFFECTS OF OPIOIDS*

- TOXEMIA
- MISCARRIAGE
- PREMATURE RUPTURE OF MEMBRANES
- INFECTIONS
- BREECH PRESENTATION
- PRETERM LABOR
- *MAY BE DUE TO LIFESTYLE FACTORS AND NOT DIRECT DRUG TOXICITY

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FETAL EFFECTS OF OPIOIDS

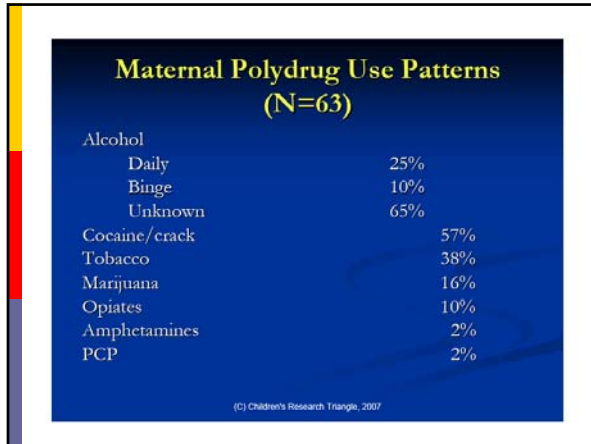
- LOW BIRTH WEIGHT
- FETAL DISTRESS
- PREMATURITY
- NEONATAL ABSTINENCE SYNDROME
- STILLBIRTH
- SUDDEN INFANT DEATH SYNDROME
- MECONIUM ASPIRATION

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Methamphetamine

- There are few studies available thus far
- Full Term Babies act like Premies
 - Swallowing and sucking problems
 - Sensitive to touch – shaky – risk for stroke
 - Abnormal reflexes and extreme irritability
- Currently using what we know regarding previous research on other stimulants especially cocaine

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TIME TO ONSET OF MATERNAL WITHDRAWAL SIGNS

DRUG	TIME
■ ALCOHOL	■ 6 - 60 HOURS
■ BARBITUATE	■ 4 - 10 DAYS
■ DIAZEPAM	■ 1 - 12 DAY
■ OPIOID	■ 12 - 72 HOURS

*MATERNAL WITHDRAWAL DEPENDS ON THE DRUG, FREQUENCY OF USE, AND DURATION OF USE. TIMES CAN VARY SIGNIFICANTLY.

TIME TO ONSET OF NEONATAL WITHDRAWAL SIGNS

DRUG	TIME
■ ALCOHOL	■ 3 - 12 HOURS
■ BARBITUATE	■ 4 - 7 DAYS
■ DIAZEPAM	■ 1 - 12 DAY
■ OPIOID	■ 48 - 72 HOURS

USUALLY THE ONLY WITHDRAWAL SYNDROME THAT REQUIRES TREATMENT IS OPIOID WITHDRAWAL

MATERNAL WITHDRAWAL

■ The rate of alcohol metabolism may be faster during pregnancy, so be aware that withdrawal can start sooner than expected.

- ### Guiding Principles
- **Gender:** Acknowledge that gender makes a difference.
 - **Environment:** Create an environment based on safety, respect, and dignity.

- ### Guiding Principles (cont.)
- **Relationships:** Develop policies, practices and programs that are relational and promote healthy connections to children, family, significant others, and the community.
 - **Services:** Address substance abuse, trauma, and mental health issues through comprehensive, integrated, and culturally relevant services.

Guiding Principles (cont.)

- **Socioeconomic status:** Provide women with opportunities to improve their socioeconomic conditions.
- **Community:** Establish a system of comprehensive and collaborative community services.

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The Importance of Brief Intervention

- Research shows that a pregnant woman's concern for her unborn child strongly motivates her to medical provider's advice to abstain from alcohol and drugs
- Women often are willing to reduce or abstain from tobacco use during pregnancy
- It is essential that relapse prevention for both tobacco and other substances be established and maintained

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THE IDEAL TREATMENT PROGRAM

□ TREATMENT PROGRAMS SERVING PREGNANT SUBSTANCE USING WOMEN SHOULD HAVE THE FOLLOWING SERVICES OR LINKAGES AVAILABLE EMBEDDED IN THE COMMUNITY

- Comprehensive inpatient and outpatient treatment
- Comprehensive medical services
- Gender specific groups
- Trauma informed care
- Transportation services
 - Taxi vouchers
 - Bus tokens
- Child care
- Vocational services
- Educational services
- Housing

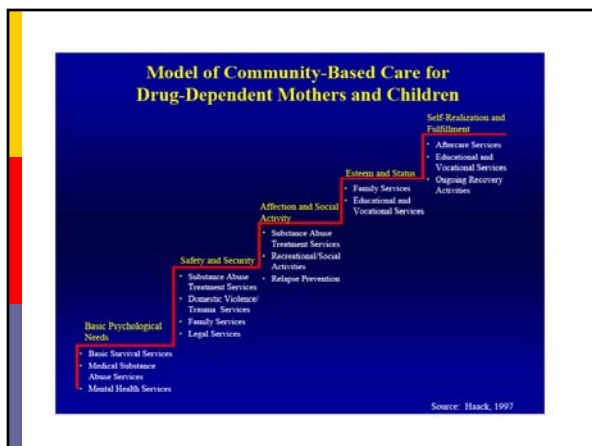
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THE IDEAL TREATMENT PROGRAM

□ TREATMENT PROGRAMS SERVING PREGNANT SUBSTANCE USING WOMEN SHOULD HAVE THE FOLLOWING SERVICES OR LINKAGES AVAILABLE

- Drug free safe housing
- Financial support services
- Case management services
- Pediatric follow up
- Services that recognize the unique needs of pregnant, adolescent substance users

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Women identify the same barriers to addiction treatment that were identified over 20 years ago:

- 39% said the inability to admit the problem is severe enough to warrant treatment
- 32% said the lack of emotional support for treatment from family members
- 28% inability to provide adequate care for children

2002 Caron Foundation www.womenhealing.org



REFERENCES

- TREATMENT OF WOMEN WITH SUBSTANCE USE DISORDERS – ASAP CONFERENCE 1/25/04 D.DUBOVSKY MSW
- PRINCIPLES OF ADDICTION MEDICINE 3RD EDITION
- Stephanie S. Covington, Ph.D., LCSW
- Women and Addiction: A Trauma-Informed Approach
- March of Dimes – Pregnancy Matters
- Ira J. Chasnoff, I. J. Wells, A. M., Jandasek, B. (2007). Co-occurring Disorders in Foster and Adopted Children with Prenatal Substance Exposure
- Felitti, V. J., (1998). Adverse Childhood Experiences. *American Journal of Preventive Medicine*. 14, 245-258.

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