AWHONN
PROMOTING THE HEALTH OF WOMEN AND NEWBORNS
1969-2019 50 YEARS

Optimizing Outcomes for Women With Substance Use Disorders in Pregnancy and the Postpartum Period

An official position statement of the Association of Women's Health, Obstetric and Neonatal Nurses.

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Position

The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) opposes laws and other reporting requirements that result in incarceration or other punitive legal actions against women because of a substance use disorder (SUD) in pregnancy and the postpartum period. AWHONN supports universal verbal screening for substance use during pregnancy using a validated tool that should begin at entry into prenatal care and continue periodically throughout pregnancy. Early identification and treatment of women with SUD and/or dependence is a critical component of preconception and prenatal care and is important to support healthy birth outcomes. Treatment for SUD should be family focused and non-stigmatizing. Nurses and other health care professionals should be familiar with laws on mandatory reporting and/or referral in their states and comply as applicable.

Background

Substance misuse, the use of illegal drugs and the inappropriate use of legal substances, is influenced by sociocultural and economic conditions. Substance misuse frequently leads to SUD, a chronic relapsing disease with unique risk factors for women. Women experience substance misuse differently from men and are at higher risk for SUD because of biological, psychological, and social factors (National Institute on Drug Abuse, 2018). Women with SUD also experience health disparities at rates greater than the general population (Herbst et al., 2016). Exposure to sexually transmitted infections and victimization; lack of or inconsistent use of contraception and knowledge of safe sex practices; and inadequate mental health, dental, and well-woman care place women with SUD at greater risk for significant, long-term health concerns. Lack of health insurance further disadvantages women with SUD for adverse health outcomes (Herbst et al., 2016).

Substance use disorder and associated behaviors have far reaching implications for pregnant women, including poor nutrition, lack of prenatal care, and exposure to violence, which contribute to the likelihood of pregnancy complications, fetal growth restriction, and neonatal abstinence syndrome. Needle sharing, common in SUD, increases the risks of bacterial endocarditis, cellulitis, hepatitis B and C, and human immunodeficiency virus infection, and these conditions further contribute to complications in pregnancy (American College of Obstetricians and Gynecologists [ACOG], 2017). Punitive responses to drug use have contributed to the dramatic increase in the number of incarcerated women in the United States (Kruttschnitt, 2010). Fear of criminal prosecution and prior interactions with child protective services deter women from seeking prenatal care and treatment that could improve pregnancy outcomes (Thomas, Treffers, Berglas, Drabble, & Roberts, 2018).

Fetal alcohol spectrum disorder is a range of physical, mental, behavioral, and/or learning disabilities with potential lifelong implications that occur after exposure to alcohol in utero. No safe amount of alcohol intake in pregnancy has been established. In a data set from 2015 to 2017, 11.5% of pregnant women reported current drinking and 3.9% reported binge drinking during the past 30 days (Denny, Acero, Naimi, & Kim, 2019). Women who were not married were more likely to drink alcohol and binge drink during pregnancy than married women (Denny et al., 2019).

Legal implications for prenatal substance use vary among states. Most commonly, state civil statutes regulate issues such as mandatory reporting and what constitutes child abuse or neglect. For example, 24 states and the District of Columbia mandate that health care providers report suspected prenatal substance use, and eight states require that health care providers test for prenatal drug use when they suspect it is occurring (Guttmacher Institute, 2019). Since 2016, federal law requires states to mandate reporting

of newborns determined to be "affected by substance abuse or withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder" in order to receive federal child abuse prevention funds (Comprehensive Addiction and Recovery Act of 2016, 2016). This act does not force states to mandate newborn testing for drug exposure or equate prenatal substance exposure with child abuse, although civil laws in 23 states and the District of Columbia do so (Guttmacher Institute, 2019). Prenatal substance use is less frequently included in criminal laws. As of preparation of this document, only Alabama has a law interpreted to make prenatal substance use a crime (Amnesty International, 2017). While prenatal substance use is not a crime in most states, its inclusion in child welfare laws can have serious consequences such as removal of custody upon the child's birth.

Proponents of laws related to substance use in pregnancy claim that the threat of arrest, prosecution, incarceration, or removal of custody deter pregnant women from using drugs or alcohol and thus promote safer pregnancies and better birth outcomes. However, the inability to control drug use regardless of consequences is a key feature of substance and alcohol use disorders. Comprehensive treatment can be effective, and some women may be more amenable to seeking treatment during pregnancy (Flavin & Paltrow, 2010). Prenatal care coupled with substance use treatment has been found to result in both improved access to care and continuity of services (Goodman, 2015) and less low birth weight, preterm labor, and prematurity (Goler, Armstrong, Taillac, & Osejo, 2008). Offering treatment instead of threats is preferable.

Threatening women with civil or criminal penalties for prenatal substance use can deter them from accessing needed health care services. Pregnant women reported that fear of incarceration and the involvement of child welfare services led them to delay seeking prenatal care (Amnesty International, 2017) or to defer or avoid substance use treatment (Stone, 2015). Criminal laws that call for the incarceration of women for prenatal substance use do not address the resulting harm of maternal–newborn separation if the mother remains incarcerated after the child's birth (Goshin, Arditti, Dallaire, Shlafer, & Hollihan, 2017).

Role of the Nurse

AWHONN (2019) maintains that nurses should provide respectful, equitable, and nonjudgmental care to all, including women with SUD. Nurses are positioned to promote non-judgmental, non-stigmatizing care. Acknowledging SUD as a chronic disease that uniquely affects women and families can raise awareness of biases commonly held about individuals who use substances during pregnancy.

Nurses should be competent in screening approaches to identify the use of legal and illegal substances and SUD in pregnant women and women who may become pregnant. Early and universal, verbal screening is recommended in pregnancy (ACOG, 2017). The purpose of screening is to identify substance use and initiate a referral to treatment, if indicated, that will benefit the woman and fetus rather than to report use. A shift in perception from SUD as a woman's intentional harm to her fetus to a chronic illness is key (Kohsman, 2016). Validated screening tools for assessment of alcohol, tobacco, and other drugs should be used (ACOG, 2017). Evidence-based approaches include motivational interviewing and the Screening, Brief Intervention and Referral to Treatment model (American Society of Addiction Medicine, 2017).

Nurses should ensure that urine drug testing is performed with a woman's informed consent in compliance with state laws. Women should be informed of the consequences of mandatory reporting requirements in the presence of positive results (ACOG, 2017). Nurses who work with pregnant and reproductive-age woman should be knowledgeable about the spectrum of treatment options and how to make referrals in their facilities and communities. Treatment programs specifically for pregnant women are optimal.

Women with SUD need risk-reduction interventions to address safe sex practices, contraception, needle sharing, and environments with violence and/or victimization (Herbst et al., 2016). Nurses should be aware of strategies for safe and effective pain management during pregnancy, labor, and the postpartum for women with SUD and work with women and their maternity care providers to create multi-modal, pain management plans across the pregnancy continuum (Safley & Swietlikowski, 2017). Nurses must advocate for women with SUD to receive adequate pain control in labor with epidural anesthesia; non-narcotic analgesia; and evidence-based, non-pharmacologic therapies.

Policy Recommendations

Institutional Policy

Policy at the institutional level can and will vary considerably across and within organizations; however, there remains an over-arching obligation to ensure that decisions are consistently driven by patient-centered goals and intentions. Examples of policies that must be examined and potentially revised include those related to drug testing, referrals and coordination of services, and allocation of scarce resources to critical programs such as substance misuse consult services and hospital-based interventions. This also encompasses an institutional commitment to person-first and recovery-focused language, which signals the organization's assurance that patient dignity is a priority. Ultimately, the primary concern should be that institutional policies reflect a commitment to health care as the primary function and avoid any explicit or implied role related to moral authority or service as an extension of law enforcement.

Local and State Policy

At local and state levels, AWHONN recommends investment in community-based, substance use treatment to increase the accessibility and availability of treatment services for pregnant women with SUD. When intervention is required, AWHONN recommends treatment versus incarceration and that local and state policies reflect commitment to diverting pregnant women away from the criminal justice system. The surge in opioid use and related, negative consequences on the woman, neonate, and health care system have prompted some state legislatures to pass laws that treat pregnant women with SUDs differently than other individuals who misuse drugs and alcohol. AWHONN does not support laws that single out pregnant women or that

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create penalties for them that differ from other individuals with SUD. Instead, AWHONN recommends that states adopt policies that are evidence-based and consistent with desired patient outcomes.

Federal Policy

Criminal justice reform is a bipartisan issue that is garnering increased attention nationally. Nurses must advocate for increased attention to health care issues within those reform efforts. The current focus on sentencing and alternatives to incarceration must include equal attention to funding for evidence-based drug treatment, community-based options for pregnant and parenting mothers, and analysis of sentencing trends for women who are pregnant. Key partnerships are recommended between federal agencies tasked with public health surveillance related to maternal substance use and the justice system. AWHONN recommends federal policies that provide support for additional research on the etiology, prevention, and intervention strategies for substance use in pregnancy and the elimination of barriers that limit the ability of the advanced-practice registered nurse to prescribe medication-assisted treatment for women with SUDs.

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