
Caring for Women Who Use Substances in Pregnancy and Their Infants:

Recognizing the Structural and Socioeconomic Factors That
Impact Women and Families and Interventions to Improve
Mother-Infant Outcomes

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Learning Objectives:

1. Recognize the complexities of why women may use substances in pregnancy.
 2. Recognize the value of non-judgemental, compassionate, low-barrier care in improving health outcomes for women and their infants.
 3. Describe the outcomes of a novel harm reduction community-based prenatal and postnatal home in Saskatchewan called Sanctum 1.5 with regards to prevention of HIV perinatal transmission, prevention of hospital child apprehension, and management of Neonatal Abstinence Syndrome in a non-acute care setting.
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How 'Best Practices' in Neonatal Care Endanger Mothers Seeking Drug Treatment and Their Babies

Oct 13, 2015, 11:03am Drifted de la Grotaz

Women who give birth to babies with neonatal abstinence syndrome are being criminalized—and their babies are suffering as a result.



For women who use drugs during pregnancy, the stakes are high. Women who give birth to babies with neonatal abstinence syndrome (NAS) are being criminalized—and their babies are suffering as a result. In Tennessee, mothers are being arrested if their baby is born with NAS, even if the dependency is a result of the mother taking medication prescribed and monitored by her doctor. In Alabama, prosecutors are using a law initially intended to keep children away from meth labs to charge women with "chemical endangerment" of their babies. Texas

Some medical professionals, however, feel there is a better way to test for and treat NAS, and they're doing research to back up their claims. Dr. Ron Abrahams, who has been practicing in Vancouver, Canada for 30 years and founded the MIR (Families In Recovery) rooming-in program at B.C. Women's Hospital and Health Centre, believes that "when you put a baby in a special care nursery, you're putting it in an abnormal environment. And when you put a baby in an abnormal environment, it will exhibit abnormal behavior."

The Current

Separating newborn babies from mothers with addiction does more harm than good, says doctor



CBC Radio - Posted: Mar 13, 2018 12:55 PM ET | Last Updated: March 13, 2018



Truth and
Reconciliation
Commission of Canada

Manitoba

Foster care system one of the paths to murdered and missing Indigenous women

CHILD WELFARE

1. We call upon the federal, provincial, territorial, and Aboriginal governments to commit to reducing the number of Aboriginal children in care by:

First Nations family 'blindsided' by how child services takes newborn from mom, posts video to call for change

'I felt robbed': Indigenous mother says baby's apprehension was wrong

Saskatchewan to continue using 'birth alerts' to track Indigenous babies despite MMIW inquiry's call to stop

57% of newborns taken into foster care in B.C. are Indigenous

[Angela Sterritt](#), [Paisley Woodward](#) • CBC News • Posted: Apr 07, 2019 9:00 AM PT | Last Updated: April 7

Objective 1

Recognize the complexities of why women may use substances in pregnancy.

“In my beginning is my end.”
T.S. Eliot “Four Quartets”

Substance Use and Trauma

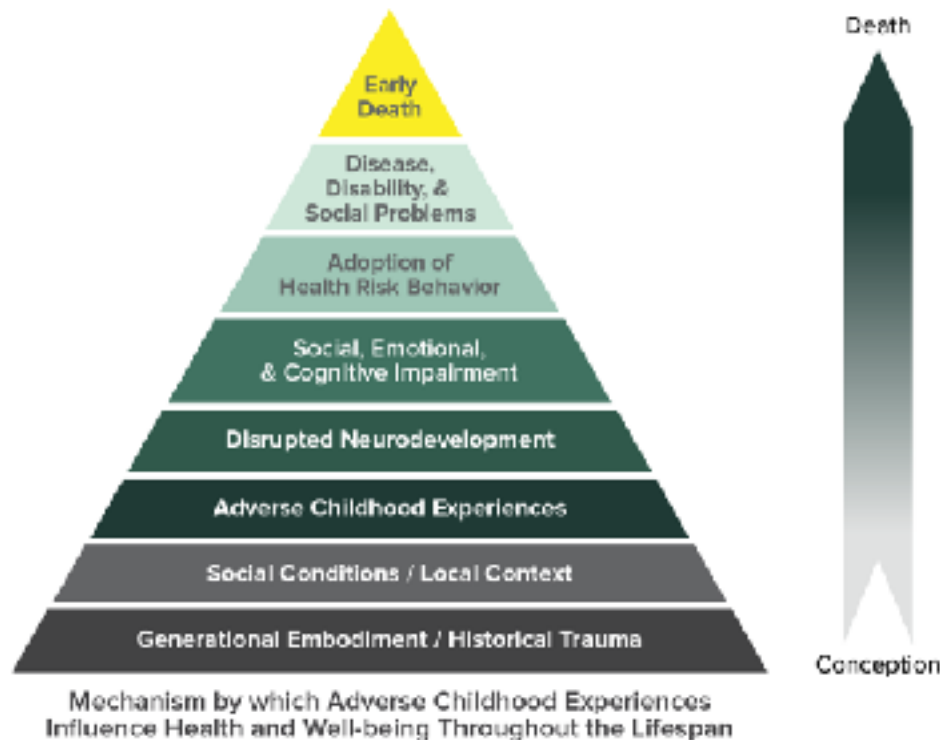
Adverse Childhood Experiences

Kaiser Permanente Adverse Childhood Experiences (ACE) Study

- One or more ACE: 2-4x more likely to start using alcohol or drugs at a younger age
- ACE >4 7x higher risk of alcohol use in adulthood
- ACE >5: 10x increased risk for addiction as an adult
- 78% of injection drug use by women can be attributed to ACE (vs men and women combined was 67%)
- This is constant over birthdates over 1 century
- The concept is that addiction is the seeking of chemical relief for old trauma

The Resiliency Scale

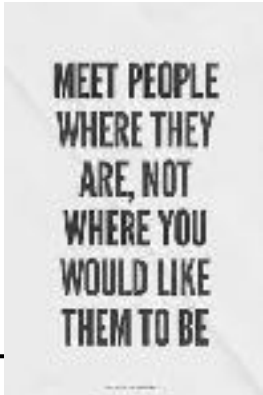
Protective Factors to Build Resilience



Objective 2

Recognize the value of non-judgemental, compassionate, low-barrier care in improving health outcomes for women and their infants.

“Trauma informed wrap around services”



Sanctum 1.5 - Saskatchewan Approach

- Prenatal and Postnatal Home for women and their infants
 - Woman who are HIV+ or at risk of HIV in pregnancy and/or at risk of child protection involvement
 - Located in Saskatoon - referrals accepted from anywhere in SK
 - Mothers and infants stay together
 - Eat, Sleep, Console (ESC)
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What does a Women-Centred, Wrap Around Trauma Informed Approach Look Like?

Mental Health
Supports

Housing & Income

Primary Care

Food Support

NRT

Outreach

Prenatal Care

PN Vitamins

Residential
Treatment

Opioid
Substitution

Ceremony,
Elders &
Culture

Transportation

HIV Care

Legal Advice

Rooming-In

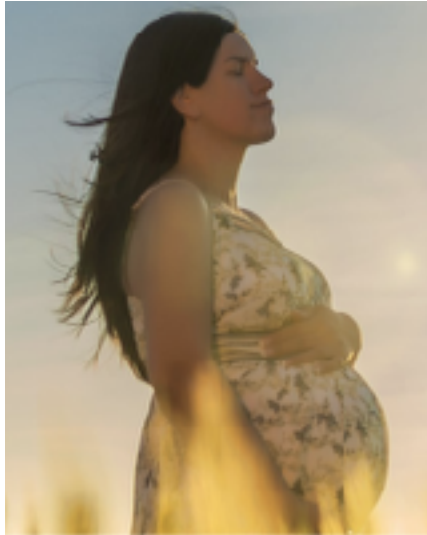
Condoms

Preg Options

Sterile Supplies

Education

Addictions
Counselling



What can you do today? Words Matter...

Instead of...		Try...
"Why didn't you go to the doctor in your pregnancy?"	Possible unspoken thoughts/ concerns:	"Many women find it challenging accessing healthcare services, was this your experience?" "Would you like to discuss some supportive programs I work with (e.g. Healthy Mother Healthy Baby, Family Support Program)?"
"First question - did you use drugs in your pregnancy?" "Your not using any drugs in your pregnancy, are you?"	Previous poor interactions in hospitals and with institutions Fear apprehension by Child and Family Services	"I ask all women I provide prenatal care questions about substance use. Is it ok to ask you these questions?" "Have you been affected by depression, alcohol, or drug use during your pregnancy?"
"We need to test you for HIV because you were using drugs in your pregnancy."	Lack of confidence in mothering/ parenting abilities	"HIV can be spread from person to person by sex or sharing injection equipment and also from mother to infant in pregnancy or delivery if the mother is not on medication. Would you like to repeat your HIV test today?"

Words Matter...Resource Example

TALKING ABOUT SUBSTANCE USE DURING PREGNANCY

Collaborative Approaches for Health Care Providers

Asking questions about the type, frequency, and amount of substance use is often a routine part of prenatal care for physicians, midwives, nurses, pregnancy outreach workers and other prenatal care providers. Here are some ideas for open, supportive, and effective conversations with women.



Normalize

I ask all my patients about substance use as it's an important part of your health and the baby's health.

Lots of women have questions about drinking alcohol during pregnancy. What do you already know?

Many women are interested in making healthier lifestyle choices.



Support Change

Well done. How did you do it?

What do you think might work for you?

How have you managed (when your partner smokes in the evenings/ when you're at a party where others are drinking...)?



Personalize

You mentioned to me some of your concerns about continuing to drink. Can I share with you some information about services that some of my other patients have found helpful?

Some of my clients are reluctant to talk about their substance use because they're worried about information being recorded or shared with others.

Evidence for this model of women-centered care

- Increase engagement and retention in prenatal care and addiction treatment, before and after birth
 - Reduce alcohol and drug use (**even though this is not the primary goal of harm reduction**)
 - Reduce healthcare costs
 - Improve nutrition
 - Better outcomes for women and babies
 - Encourage breastfeeding, early attachment and early childhood development outcomes
 - Reduction HIV Risk (for mothers and babies)
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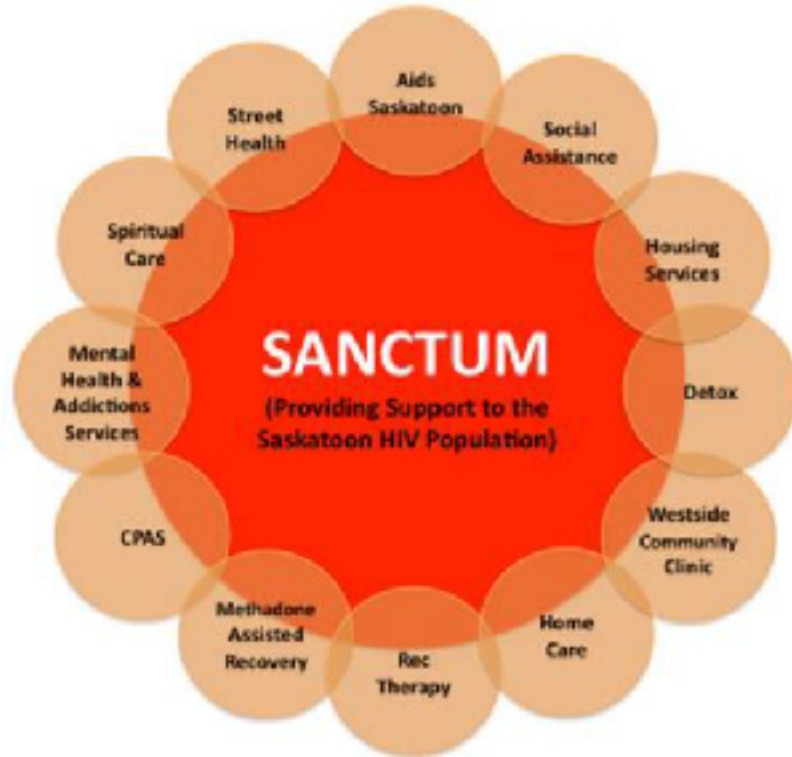
Objective 3

Describe the outcomes of a novel harm reduction community-based prenatal and postnatal home in Saskatchewan called Sanctum 1.5 with regards to *prevention of HIV perinatal transmission, prevention of hospital child apprehension, and management of Neonatal Abstinence Syndrome in a non-acute care setting.*



Peri

Sanctum 1.5



- Prenatal and Postnatal support
- Mothers and infants stay together
- Eat, Sleep, Console (ESC)
- Interdisciplinary Team: Healthcare, Saskatoon Society for Protection of Children, SHA, Ministry Social Services

Outcomes of Sanctum 1.5

- 23 moms admitted
- 21 babies- all healthy, no involvement with foster care
- 13 mom/infants transitioned out of the program
 - 4 living independently with their babies
 - 5 living in supportive living with their babies
 - 4 placed with family
 - = 100% success with outcomes
- No Perinatal HIV Transmissions

Mother + Child/Family = Success

Sanctum 1.5

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Westside Community Clinic

Summary

- Mother + Infant = Success
- Drugs Use \neq Poor Parenting
- Sanctum 1.5 model is a promising practice to prevent newborn apprehension, reduce NAS
- Integrated, low barrier, harm reduction care is evidence based

Sanctum 1.5 

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Trauma Informed Language...Words Matter

From	To
Unmotivated, non-compliant, resistant	Opted not to, choosing not to, prefers not to, seems unsure about
Manipulative	Resourceful, seeking support, trying to get help
Refused	Declined, repeatedly said no
Borderline	Doing the best they can given their early experiences
Suffering from, victim of	Has a history of, working to recover from, living with, experiences
Dirty or clean test results	Positive or negative test results
Born addicted, addicted babies	Experiencing withdrawal symptoms, exposed to substances in utero
Drug abuser, substance abuser, addict, junkie	Person who uses opioids, person experiencing problems with substance use