Quick Guide

For Clinicians

Based on TIP 2

Pregnant, Substance-Using Women

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
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Contents

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This Quick Guide is based almost entirely on information contained in TIP 2, published in 1993 and based on information updated through approximately 1991. No additional research has been conducted to update this topic since publication of the original TIP.

WHY A QUICK GUIDE?

This Quick Guide was developed to accompany *Pregnant, Substance-Using Women*, Number 2 in the Treatment Improvement Protocol (TIP) Series published by the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration. This Quick Guide is based entirely on TIP 2 and is designed to meet the needs of the busy clinician for concise, easily accessed "how-to" information.

The Guide is divided into 12 sections (see ***Contents***).

For more information on the topics in this Quick Guide, readers are referred to TIP 2.

WHAT IS A TIP?

The TIP series has been in production since 1991. This series provides the substance abuse treatment and related fields with consensus-based, field-reviewed guidelines on substance abuse treatment topics of vital current interest.

TIP 2, *Pregnant, Substance-Using Women*

- Addresses concerns of a broad range of readers including clinicians, social workers, medical personnel, mental health workers, program administrators, and policymakers
- Includes extensive research through 1992
- Lists numerous resources for further information
- Is a comprehensive reference for clinicians on substance abuse treatment for pregnant women

See the inside back cover for information on how to order TIPs and other related products.

INTRODUCTION

Evidence continues to accumulate that children exposed to drugs or alcohol in utero are at risk for developmental problems. Environmental risk factors, including homelessness, pregnancy, and domestic abuse, may interact with substance abuse to impact women and their families. The woman who is linked to appropriate resources can be effectively supported to recover and to manage her multiple roles.

- Service providers need to be sensitive to the feelings and the cultural background of pregnant, substance abusing women and to offer care in an environment that is supportive, nurturing, and nonjudgmental.
- Early intervention during the prenatal period is encouraged to improve the health of mothers and fetuses and to ensure that alcohol and other drug treatment is initiated.
- Case management services are needed to ensure that a comprehensive and optimal level of care is available to and accessed by pregnant, substance abusing women and their families.

Women in Public Programs

Many women who seek treatment for their alcohol or illicit drug problems through publicly funded programs share the following characteristics:

- Function as single parents and receive little or no financial support from the birth fathers
- Lack employment skills and education and are unemployed or underemployed
- Live in unstable or unsafe environments, including households where others use alcohol and other drugs
- Lack transportation and face extreme difficulty getting to and from treatment
- Lack child care and baby-sitting options and are unable to enroll in treatment
- Experience special therapeutic needs, including problems with codependency, incest, abuse, victimization, sexuality, and relationships involving significant others
- Experience special medical needs, including gynecological problems

Preconception Counseling

All women who receive alcohol or illicit drug treatment services should receive counseling on the full range of reproductive options, including pre-

conception counseling. Issues that should be thoroughly discussed include

- The various methods of contraception and the attitudes of the woman, her significant others, and her community regarding their use
- The impact on the woman and the fetus of alcohol and illicit drug use during pregnancy
- The teratogenic (pertaining to a drug or other agent that causes abnormal fetal development) impact of prescribed medications, such as various anticonvulsants and alternative medications with reduced or no teratogenic potential

For more detailed information, see TIP 2, pp. 1–7.

MEDICAL STABILIZATION

The initial stabilization as well as the medical withdrawal of pregnant women from their alcohol or drug(s) of abuse are recognized means of reducing the acute illness associated with the use of alcohol and illicit drugs.

Medical and Obstetrical Assessment

- Follow universal precautions for blood and body fluids.
- Obtain a detailed history and comprehensive physical examination that includes an obstetrical evaluation.
- Conduct a laboratory evaluation, including serological test for syphilis, and urine analysis.
- Discuss HIV and document the discussion on the chart.
- Obtain urine toxicologies or blood alcohol level tests as necessary.
- Perform fetal assessment, including a baseline sonogram, non-stress tests, or biophysical profiles appropriate for gestational age, as necessary.

Alcohol and Illicit Drug Use Assessment

1. Obtain a history of alcohol and illicit drug use, covering legal and illegal drugs (prescription

drugs, over-the-counter drugs, cigarettes), that includes

- Duration of use, including age of first use
- Frequency, type, amount, and periods of abstinence
- Routes of administration
- Social context of use (when, where, and with whom the patient uses)
- Past treatment history
- Support group involvement

2. Determine the consequences of alcohol and illicit drug use for the patient (self-perceived and objective).
3. Identify relapse factors for the patient.
4. Obtain a family history of alcohol and illicit drug use.
5. Assess the patient's motivation for treatment, including self-perceived and objective difficulties in entering treatment.
6. Assess the patient's motivation for continued use of alcohol and illicit drugs.
7. Obtain urine and/or blood toxicologies as needed.

Psychosocial Assessment

- Assess the patient's support systems, including her role in family and neighborhood support systems, and the stresses created by these systems.
- Assess the patient's perception of her pregnancy and pregnancy options.
- Assess the patient's educational level.
- Assess the patient's employment skills.
- Assess abuse and neglect experienced by the patient as an adult and as a child, including sexual abuse, physical abuse and neglect, and emotional abuse.
- Assess legal considerations and problems.
- Assess current crisis.
- Assess the patient's current life and environmental situation, including housing, transportation, child care, and monetary support and assistance.
- Assess the patient's relationship to her other children.

Mental disorders in pregnant, substance abusing women often go undetected by health care providers and alcohol and illicit drug treatment staff. It is essential that a dual diagnosis be made, when appropriate, and addressed in subse-

quent treatment planning. The complex combination of pregnancy, addiction, and mental illness requires a carefully coordinated approach.

Mental Health Assessment

Conduct a mental health evaluation that includes

- Mental status examination
- Psychiatric symptomatology
- Past psychiatric history and treatment
- Suicide risk
- Family psychiatric history
- Treatment recommendations

Use standardized psychiatric evaluation tools in diagnosis and followup. Maintain liaison and ongoing contact with other members of the assessment and treatment team.

For more detailed information, see TIP 2, pp. 13–26.

PREGNANT WOMEN USING ALCOHOL

The sudden cessation of drinking can result in withdrawal symptoms, some of which may be threatening to the mother and the fetus. It is imperative that medical withdrawal of an alcohol-dependent, pregnant woman be conducted in an inpatient setting and under medical supervision that includes collaboration with an obstetrician. These conditions will ensure–

- Close observation and monitoring of maternal alcohol withdrawal status
- Continual monitoring of fetal well-being

Maternal and Fetal Effects of Alcohol

Alcohol use during pregnancy may be associated with a variety of serious health consequences for the woman, fetus, and subsequent infant. Possible maternal complications of excessive alcohol consumption

- Nutritional deficiencies
- Pancreatitis
- Alcoholic ketoacidosis
- Precipitate labor
- Alcoholic hepatitis
- Deficient milk ejection
- Cirrhosis

Possible effects on the fetus

- Fetal Alcohol Syndrome (prenatal/postnatal growth retardation, central nervous system deficits, facial feature abnormalities)
- Fetal Alcohol Effects (cardiac abnormalities, neonatal irritability and hypotonia, hyperactivity, genitourinary abnormalities, skeletal and muscular abnormalities, ocular problems, hemangiomas)

For more detailed information, see TIP 2, pp. 15–16.

OPIOID STABILIZATION

Maternal and Fetal Effects of Opioids

These effects may be the result of concomitant (occurring together) maternal lifestyle factors rather than the direct result of drug use. Possible effects on the pregnancy

- Toxemia
- Intrauterine growth retardation
- Miscarriage
- Premature rupture of membranes
- Infections
- Breech presentation (abnormal presentation due to premature delivery)
- Preterm labor

Possible effects on the mother include

- Poor nourishment, with vitamin deficiencies, iron deficiency anemia, and folic acid deficiency anemia
- Medical complications from frequent use of dirty needles (abscesses, ulcers, thrombophlebitis, bacterial endocarditis, hepatitis, and urinary tract infection)
- Sexually transmitted diseases

- Hypertensive disorder

Possible effects on the fetus and newborn infant

- Low birth weight
- Prematurity
- Neonatal abstinence syndrome
- Stillbirth

Guidelines for Methadone Maintenance

Methadone maintenance is strongly encouraged for all pregnant, opioid-dependent women. It provides the following advantages:

- Reduces illegal opioid use as well as use of other drugs
- Helps to remove the opioid-dependent woman from the drug-seeking environment and eliminates the necessary illegal behavior
- Prevents fluctuations of the maternal drug level that may occur throughout the day
- Improves maternal nutrition, increasing the weight of the newborn
- Improves the woman's ability to participate in prenatal care and other rehabilitation efforts
- Enhances the woman's ability to prepare for the birth of the infant and begin homemaking
- Reduces obstetrical complications

Guidelines for Medical Withdrawal from Methadone

Medical withdrawal of the pregnant, opioid-dependent woman from methadone is not indicated or recommended. Few women will have the motivation or the psychosocial supports to accomplish and maintain total abstinence. The goal, therefore, is to achieve the best therapeutic dose with which the woman feels comfortable. The neonatal abstinence syndrome can be treated with minimal complications.

For more detailed information, see TIP 2, pp. 19–21.

PREGNANT WOMEN AND COCAINE

Maternal and Fetal/Infant Effects of Cocaine

Possible effects of maternal cocaine use during pregnancy include

- Intrauterine growth retardation (IUGR)
- Abruptio placentae
- Premature labor
- Spontaneous abortion

Possible effects on the fetus and newborn infant that have been reported

- Increased congenital anomalies
- Mild neurodysfunction
- Transient electroencephalogram abnormalities
- Cerebral infarction and seizures
- Vascular disruption syndrome
- Sudden infant death syndrome
- Smaller head circumference

For more detailed information, see TIP 2, p. 22.

SEDATIVE-HYPNOTICS

Inpatient medical withdrawal from barbiturates, benzodiazepines, and other sedative-hypnotic drugs is recommended because continual monitoring of the mother and the fetus is required. Drug doses must be tapered so that mother and fetus arrive at a drug-free state without experiencing an uncontrolled withdrawal.

Some considerations for withdrawal from sedative-hypnotic drugs during pregnancy

- Severe withdrawal from barbiturates can produce status epilepticus and maternal and fetal respiratory arrest. Immediate obstetrical intervention and hospitalization are warranted.
- Use of dilantin and other anticonvulsants have been considered for a patient with a history of withdrawal seizures. However, these drugs have been associated with congenital anomalies. Therefore, their use in pregnancy must be based on an assessment of the risks versus the benefits. Although there are concerns of teratogenicity regarding benzodiazepines and barbiturates, these appear to have a lower risk versus benefit ratio.

For more detailed information, see TIP 2, pp. 24–25.

POSTPARTUM CARE

Permit Breast Feeding in Methadone-Maintained Patients

A number of substance abusing women express a desire to breast feed their infants. Breast feeding is not contraindicated in a methadone-maintained patient if she is known to be free of other drug use and is known to be HIV-seronegative. If the mother is abusing multiple drugs that would expose the infant to diverse agents in varying levels, then breast feeding may be contraindicated. Breast feeding is not recommended if the mother is HIV-infected.

For more detailed information, see TIP 2, p. 42.

NUTRITIONAL CONSIDERATIONS

Cigarette Smoking

Cigarette smoking may affect maternal nutrition and, consequently, fetal nutrition, in two important ways:

- The increased metabolic rate in smokers can lead to lower availability of calories.
- The exposure to tobacco may increase iron requirements and decrease the availability of certain nutrients such as vitamin B12, amino acids, vitamin C, folate, and zinc.

In smokers, uteroplacental blood flow restricts nutrient and oxygen flow to the fetus.

Alcohol

Alcohol consumption may be related to decreased dietary intake, impaired metabolism and absorption of nutrients, and altered nutrient activation and utilization. Interactions between alcohol and deficiencies of such nutrients as protein and zinc may also play a role in the etiology of alcohol-related effects on the fetus.

Although there is no convincing evidence that nutritional supplementation will counteract the adverse effects of alcohol, standard prenatal vitamins plus folate, B12, and iron supplementation

should be prescribed. However, since alcohol abuse has clearly been shown to be detrimental to the fetus, nutritional supplementation should not replace efforts to encourage women to limit or eliminate alcohol intake during pregnancy.

Heroin

The possible nutrition-related effects of heroin use include poor nourishment, with vitamin deficiencies, iron deficiency anemia, and folic acid deficiency anemia. Many of the effects on pregnancy and the fetus can be mitigated in a comprehensive methadone maintenance treatment program.

Cocaine

Cocaine's vasoconstrictive ability may lead to fetal hypoxia and reduced nutritional supply to the fetus. Since cocaine, like amphetamines, acts as an appetite suppressant, an inadequate maternal diet may play a role in retarding growth in fetuses of cocaine abusers.

For more detailed information, see TIP 2, pp. 50–51.

LEGAL AND ETHICAL GUIDELINES

Caring for pregnant, substance abusing women and their infants can present complex legal and ethical issues concerning confidentiality, reporting, and the custody and protection of children. Service providers must understand and be prepared to address all aspects of these issues.

Impact of Confidentiality and Reporting Laws on Women

State and local laws that require maternal alcohol and illicit drug use and fetal drug exposure to be reported to authorities have a significant impact on women and their children. These reports can be the impetus to remove children from their mothers' care and have them placed in protective custody or foster care.

Knowing that such a report is in the offing, some women may forego their prenatal care or the followup services they need. The closer communities move toward measures that detain pregnant, substance abusing women, the more punitive, detrimental, and potentially dangerous it becomes for these women and their children.

State Laws on Confidentiality of Alcohol and Illicit Drug Treatment Records

A variety of State confidentiality laws may affect how services are provided to pregnant, substance abusing women. These laws may control the release of medical records; limit the ability of persons to testify in court based on information obtained when providing professional services (testimonial privilege); or prohibit disclosure of information regarding specific diseases, such as HIV and drug use.

Service providers and alcohol and illicit drug treatment staff should consult with local counsel to determine which State confidentiality laws affect their practices, and protocols and training programs to help ensure that these laws are followed should be developed.

For more detailed information, see TIP 2, pp. 54–56.

CHILD PROTECTIVE SERVICES

Child protective services agencies are mandated to help keep families together. Some women who enter alcohol or drug treatment programs will be in contact with their local child protective services agency. These women may not view this involvement positively. In turn, many alcohol and drug treatment programs find it difficult to deal with child custody and placement issues.

As a result, some treatment programs exclude women who are or could potentially be involved with a child protective services agency. Until this circumstance changes, the doors to alcohol and illicit drug treatment will continue to close on pregnant, substance abusing women—the very women who need to be admitted.

Women should not be barred from treatment or discriminated against because they are pregnant. It must be recognized that the family circumstances for women may be fluid, rather than static. Children may be periodically absent and subsequently return to the home. Furthermore, alcohol and illicit drug use are chronic relapsing diseases. Relapse prevention must be an important part of any treatment approach.

For more detailed information, see TIP 2, p. 58.

TRAINING AREAS

Training for medical staff, alcohol and illicit drug treatment providers, and others serving pregnant, substance abusing women and their children should address these topics:

Diagnosis and treatment

- Medical guidelines
- Treatment readiness in substance abusing women
- Assessment instruments
- Dual diagnosis
- Women with positive toxicology screens in alcohol and illicit drug treatment programs
- Followup care

Federal/State guidelines and requirements

- Federal and State guidelines for alcohol and illicit drug treatment
- Confidentiality and reporting
- Urine toxicology screening
- Legal issues

Population-specific issues

- Child abuse and neglect
- Noncompliant patients
- Gender-specific treatment
- Sociocultural sensitivity
- Incest, adult, and child sexual abuse
- Domestic violence
- Habilitation and rehabilitation
- Child development

Case management

- Coordinating medical and social services
- Documentation
- Ethics

Community networking

- Developing cooperative agreements among medical, alcohol and illicit drug treatment, and social service programs
- Community services
- Outreach

Staff development

- Multidisciplinary team approach
- Staff development and burnout

Infectious diseases

- HIV antibody counseling and testing
- Infectious diseases of drug users

For more detailed information, see TIP 2, pp. 64–65.

ASSESSMENT INSTRUMENTS

Addiction Severity Index Pregnancy Status

- This 22-question instrument was developed as an adjunct to the ASI. Available from SAMHSA's NCADI.

Maternal Substance Use Survey

- This 22-item survey covers a woman's health status, alcohol and illicit drug use, and family circumstances. A separate form captures the pattern of alcohol or illicit drug use prior to and during pregnancy. Available from SAMHSA's NCADI.

Interagency Agreements

In order for interagency collaboration and linkage to be successful, there must be a written document that clearly delineates the responsibilities of the cooperating agencies. Interagency agreements, at a minimum, should have these characteristics:

- Describe the services to be provided by each agency.
- Describe the referral process to be used and the documentation requirements of each agency.
- Establish a time frame for the review and possible revision of the agreement.

Examples of quality assurance monitoring activities are as follows

- Monitor to ensure that the referring agency provided all appropriate and necessary patient information to the referral agency.
- Monitor to ensure that there is documentation that the referral agency provided all agreed-upon services in a timely manner.
- Monitor to ensure that the referral agency provided documentation to the referring agency of patient progress, continued need for services, or readiness for termination of services.

For more detailed information, see TIP 2, pp. 66–75.

For information on resources for pregnant and substance abusing women, refer to TIP 2, pp. 66–68.

Ordering Information

TIP 2 ***Pregnant, Substance-Using Women***

TIP 2-Related Products

KAP Keys for Clinicians based on TIP 2

Easy Ways to Obtain Free Copies of All TIP Products

1. Call SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at **800-729-6686**, TDD (hearing impaired) **800-487-4889**
2. Visit CSAT's Website at **www.csat.samhsa.gov**

Other Treatment Improvement Protocols (TIPs) that are relevant to this Quick Guide:

TIP 5, *Improving Treatment for Drug-Exposed Infants (1993)* **BKD110**

TIP 25, *Substance Abuse Treatment and Domestic Violence (1997)* **BKD239**

TIP 27, *Comprehensive Case Management for Substance Abuse Treatment (1998)* **BKD251**

TIP 36, *Substance Abuse Treatment for Persons With Child Abuse and Neglect Issues (2000)* **BKD343**

See the inside back cover for ordering information for all TIPs and related products.

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