Substance Use and Pregnancy: Prevalence and Prevention

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FASD/DAB Program: Mission

- Prevent alcohol and illicit drug use during pregnancy;
- Increase access to services for pregnant women;
- Improve outcomes for people prenatally affected by drugs and alcohol.
Who’s thinking…

“I’m an HMP. Substance use during pregnancy isn’t one of my objectives. How does this relate to my work?”
Overview

- Terminology
- Prescription Drug Abuse Prevention
- Alcohol Abuse Prevention
- Marijuana Prevention
- Tobacco Prevention
- Resources/Opportunities
Despite what you hear in the news...

BABIES ARE NOT BORN ADDICTED

Not an accurate term

Labeling = Limiting

Language imparts meaning

*Mark Moran, LCSW (Eastern Maine Medical Center)
“Perinatal Addiction: Providing Compassionate and Competent Care”
“Drug Exposed”
- Drug/substance exposure happens when a pregnant woman ingests some licit or illicit substance.

“Drug Affected”
- A baby becomes drug affected when that substance (licit or illicit) creates a condition in the baby that except for the exposure to the substance, would otherwise be absent.

Neonatal Abstinence Syndrome (NAS)
- When a baby experiences a constellation of clinically significant withdrawal symptoms, a diagnosis of Neonatal Abstinence Syndrome is made.

Fetal Alcohol Spectrum Disorders (FASD)
- A term for the group of conditions that can occur in a person whose mother consumed alcohol during pregnancy.

*Mark Moran, LCSW (Eastern Maine Medical Center)*
“Perinatal Addiction: Providing Compassionate and Competent Care”
Creating a Common Language

• In Maine, currently use the term "Drug Affected Baby"

• Shift to use "Substance-Exposed Infants"
“Drug Affected Babies:” Maine

DAB Reports to Office of Child and Family Services (OCFS) by Calendar Year (CY)

Drug Affected Baby Reports 2005 - 2014

“Drug Affected Babies:” Maine

Drug Affected Baby Reports by County, CY2014

<table>
<thead>
<tr>
<th>County</th>
<th>Reports</th>
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<tbody>
<tr>
<td>York</td>
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<tr>
<td>Androscoggin</td>
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</tbody>
</table>

Statewide Total: 961

“Drug Affected Babies:” Maine

What do the numbers really mean?

- Improved identification?
- Improved reporting process/systems?
- More women in medication assisted treatment?
  - (This is a good thing!)
- More opioid prescriptions to pregnant women (to treat pain)?
Direct and Indirect Effects

• Direct effects:
  o Structural development including abnormal growth and/or maturation, alterations in neurotransmitters and their receptors, and brain organization.

• Indirect effects:
  o Poor nutrition, decreased access/compliance with health care, increased exposure to violence, and increased risk of mental illness and infection

(Behnke, 2013)
Percentage of pregnant treatment admissions, by primary substance: 2014

- Alcohol: 42%
- Marijuana: 3%
- Crack/Cocaine: 3%
- Heroin/Morphine: 27%
- Methadone/Buprenorphine: 14%
- Synthetic Opioids: 14%
- Other: 3%

Source: WITS Substance Abuse Treatment System, via SEOW
Percent of pregnant treatment admissions, by primary substance: 2009-2014

Source: WITS Substance Abuse Treatment System, via SEOW
**Opioid Use in Pregnancy**

- Neonatal Abstinence Syndrome (NAS) on the rise

- Effects of intoxication/withdrawal on a fetus

- Compared to illicit users or attempts at abstinence, babies born to women on MAT are born full term, appropriate size, and healthy

- Increased cost of care

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Department of Health and Human Services

*Source: Patrick et al., *JAMA* 2012, Patrick et al., *Journal of Perinatology* 2013*
Underage and High-Risk Alcohol Use Prevention

Among pregnant women 15-44,
- 9.4% report current alcohol use
- 2.6% report binge drinking
- 0.4% report heavy drinking

(NSDUH, 2011)
Any alcohol use within the past month among U.S. pregnant females 15 to 44, by trimester: 2013-14

- First trimester: 20.9%
- Second trimester: 4.9%
- Third trimester: 3.3%

Source: National Drug Use and Health Survey, via SEOW
“Of all the substances of abuse (including cocaine, heroin, and marijuana), alcohol produces by far the most serious neurobehavioral effects in the fetus.”

There is NO safe time,
NO safe kind, and
NO safe amount of alcohol during pregnancy.
What is FASD?

- FASD is NOT a diagnosis.
- Impacts of FASD can include physical, mental, behavioral, and/or learning disabilities.
- FASDs last a lifetime.
- Early detection and referral to services greatly improves the outcomes of people who have an FASD.
40,000 babies born each year with an FASD in US

1 in 100 babies have an FASD (nearly the same rate as Autism)

Difficult to determine prevalence

Symptoms are often not detected until after child starts school
Marijuana Prevention

- Marijuana is the most commonly used illicit drug used during pregnancy.

- Among pregnant women 15-44, 5% report marijuana use in the last 30 days (SAMHSA, 2007).
Marijuana and Pregnancy

• **Pregnancy**
  – Even low concentrations of THC, when administered during the perinatal period, could have profound and long-lasting consequences for both brain and behavior (NIDA, 2008)

• **Medical Marijuana**
  – ACOG Committee Opinion on Marijuana Use During Pregnancy and Lactation, July 2015

• **Parental Use**
  – Altered judgement/sedation
  – Potentially decreased lactation

• **Breastfeeding**

• **Limitations**
Tobacco Use Prevention

- Among pregnant women 15-44, 17.6% report past month cigarette use (NSDUH, 2011).

- Among survey respondents, 21.1% of mothers reported smoking the last three months of pregnancy (Maine PRAMS, 2012).
Tobacco and Pregnancy

- Harder to get pregnant
- More likely to have a miscarriage
- Premature birth or low birthweight
- Harmful effects linked to the amount and duration of smoking
- Environmental exposure is also unhealthy
- Increased risk factor for SIDS
Now what?
Prevention Starts with Asking: Universal Screening

- Routinely at every medical appointment
- At appointments in various systems
- In a nonjudgmental manner
- Use a screening tool for pregnant women, such as:
  - T-ACE
  - TWEAK
  - 4Ps©

Talk about it!

• Talk about the effects of alcohol and other drugs on an individual and on a fetus

• Begin at an early age

• Address barriers to treatment

• Talk with families about safe sleep practices: ABC
  – Always Alone (encourage room-sharing)
  – On their Back
  – In an uncluttered Crib (no blankets, stuffed animals, or bumpers)

• Discuss safe storage of medications and other substances

Fathers and other figures can play an important role in preventing prenatal substance use.
Opportunities to Collaborate

- FASD/DAB Task Force
- Safe sleep and safe storage work
- Outreach efforts
  - Videos
  - Print
  - Radio
  - Resource Guide
- Trainings/educational opportunities
  - Substance Use & Pregnancy Conference
  - FASD Diagnostic Tool Webinar
  - Presentations
Resources

What does a safe sleep environment look like?

Plan Ahead... give your baby a healthy start in life.

Alcohol use during pregnancy is the #1 cause of preventable birth defects.

Substance Use and Pregnancy

Office Information

Drug Help

Programs & Services

Self Help Groups

Maternity

Fetal Alcohol Spectrum Disorder

Gambling

Women’s Services

Mayo Substance Abuse Program for Lawmen & Judges

Medical Professionals Health Program

Drug Free Substance Abuse Program (DFSP)

Data & Research

Immunization (DEEP)

Prevention

Treatment

Recovery

Fiscal & Contracting

211

Social Services Help

Have a healthy baby.

Be an alcohol-free mother-to-be.

There is NO safe time, NO safe kind and NO safe amount of alcohol during pregnancy.

You are not alone. Help is available.

Emergency Medical Information Card

Buprenorphine (Suboxone/Subutex)

Dangerous

Toxicological Information

Substance Abuse and Mental Health Services Administration, SAMHSA

Learn more about the health risks of alcohol and smoking during pregnancy.

Moms and babies deserve to be healthy. Please help us keep them that way.

• 3 days of 100% breast milk until your baby is 6 months old

• Breastfeed your baby on demand

• Let your baby suckle at least 8 times a day

• Never use pacifiers

• Keep your baby’s bed dry and fit

• Make sure your baby’s sleep area is safe

• Check your baby’s diaper before bedtime

• Hold your baby while she or he

• Always check your baby for sleep

• Always check your baby for food

• Don’t smoke or drink

• Wear a diaper

• Make sure your baby’s sleeping area is quiet

• Make sure your baby’s sleeping area is cool

• Make sure your baby’s sleeping area is clean

• Make sure your baby’s sleeping area is comfortable

• Make sure your baby’s sleeping area is secure

Making the Right Choices:

• Avoid smoking

• Avoid drinking

• Avoid drugs

• Avoid breast feeding

• Avoid using any form of tobacco

• Avoid using any form of alcohol

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Public Service Announcements

https://youtu.be/t0_wYHDDZnA?list=PLnboin782XGfnHZo5ooquqNn40Yay24-B
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Sources


Merewood, A. Breastfeeding and Illicit Drug Use. 2015.


