

Substance Use and Pregnancy: Prevalence and Prevention

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*Department of Health
and Human Services*

*Maine People Living
Safe, Healthy and Productive Lives*

Paul R. LePage, Governor

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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



Creating a Common Language

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”

Creating a Common Language

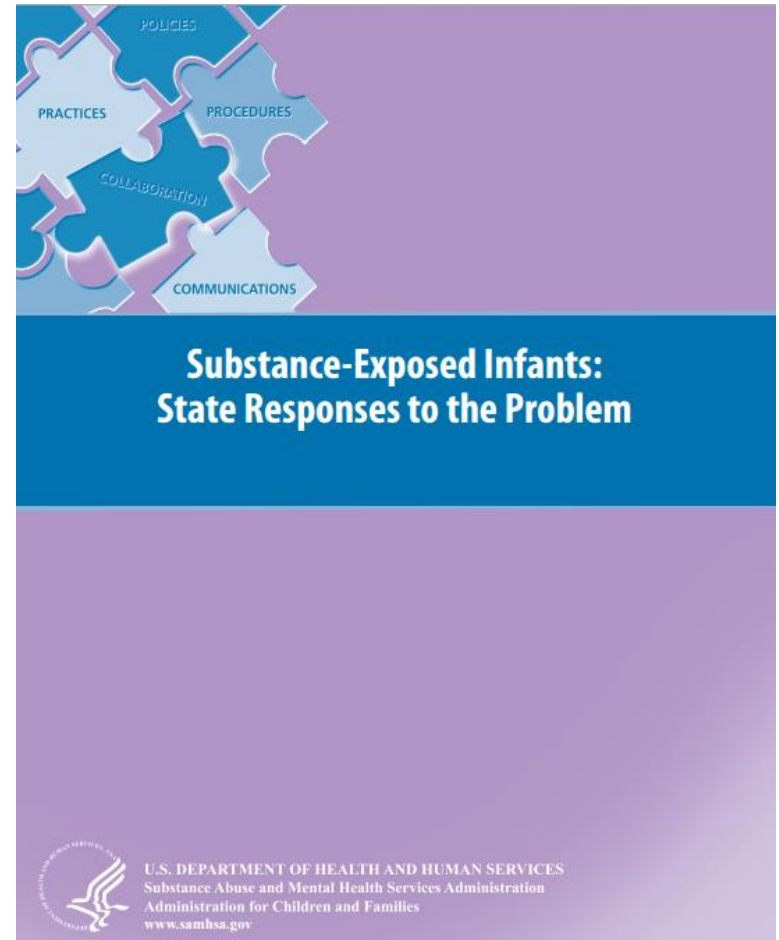
- ▶ “Drug Exposed”
 - ▶ Drug/substance exposure happens when a pregnant woman ingests some licit or illicit substance.
- ▶ “Drug Affected”
 - ▶ A baby becomes drug affected when that substance (licit or illicit) creates a condition in the baby that except for the exposure to the substance, would otherwise 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”

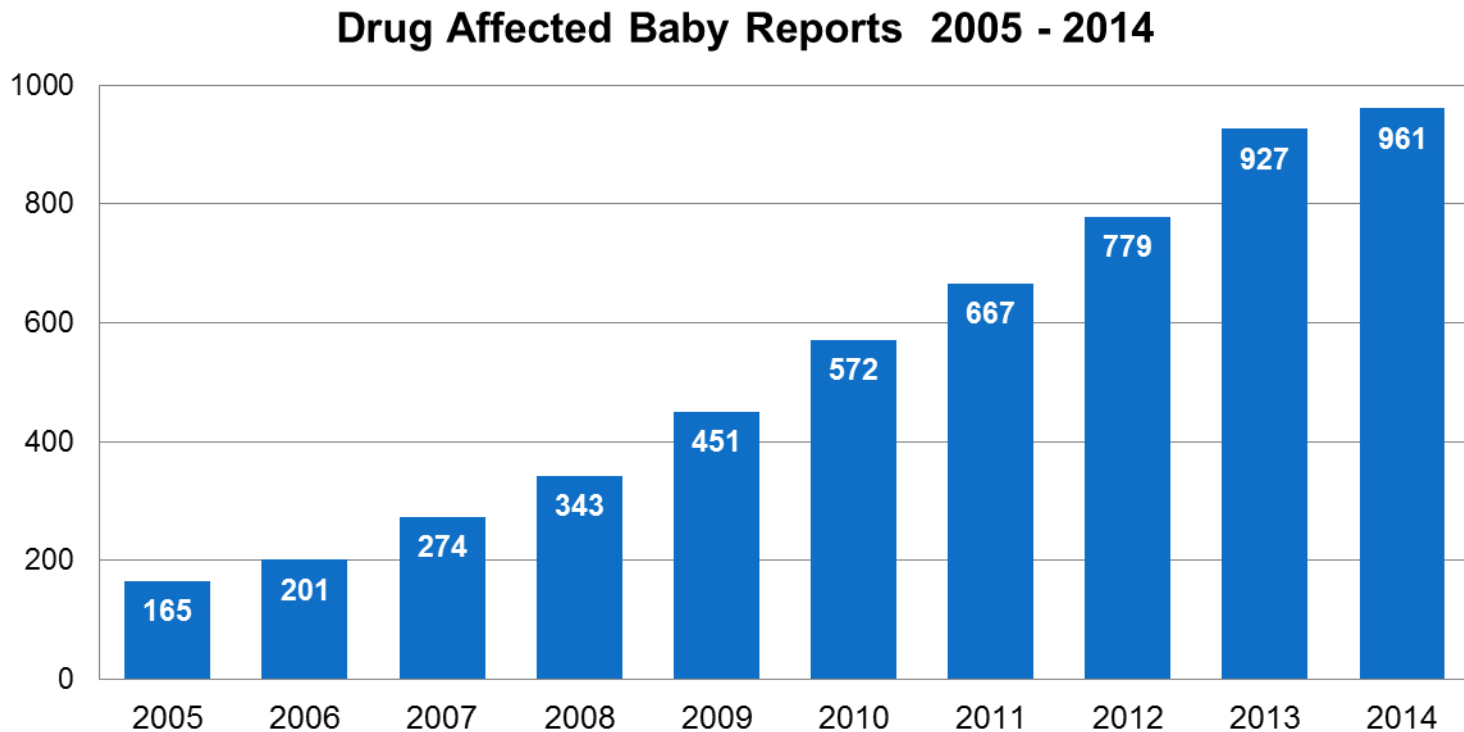
Creating a Common Language

- In Maine, currently use the term
“Drug Affected Baby”
- Shift to use
“Substance- Exposed Infants”



“Drug Affected Babies:” Maine

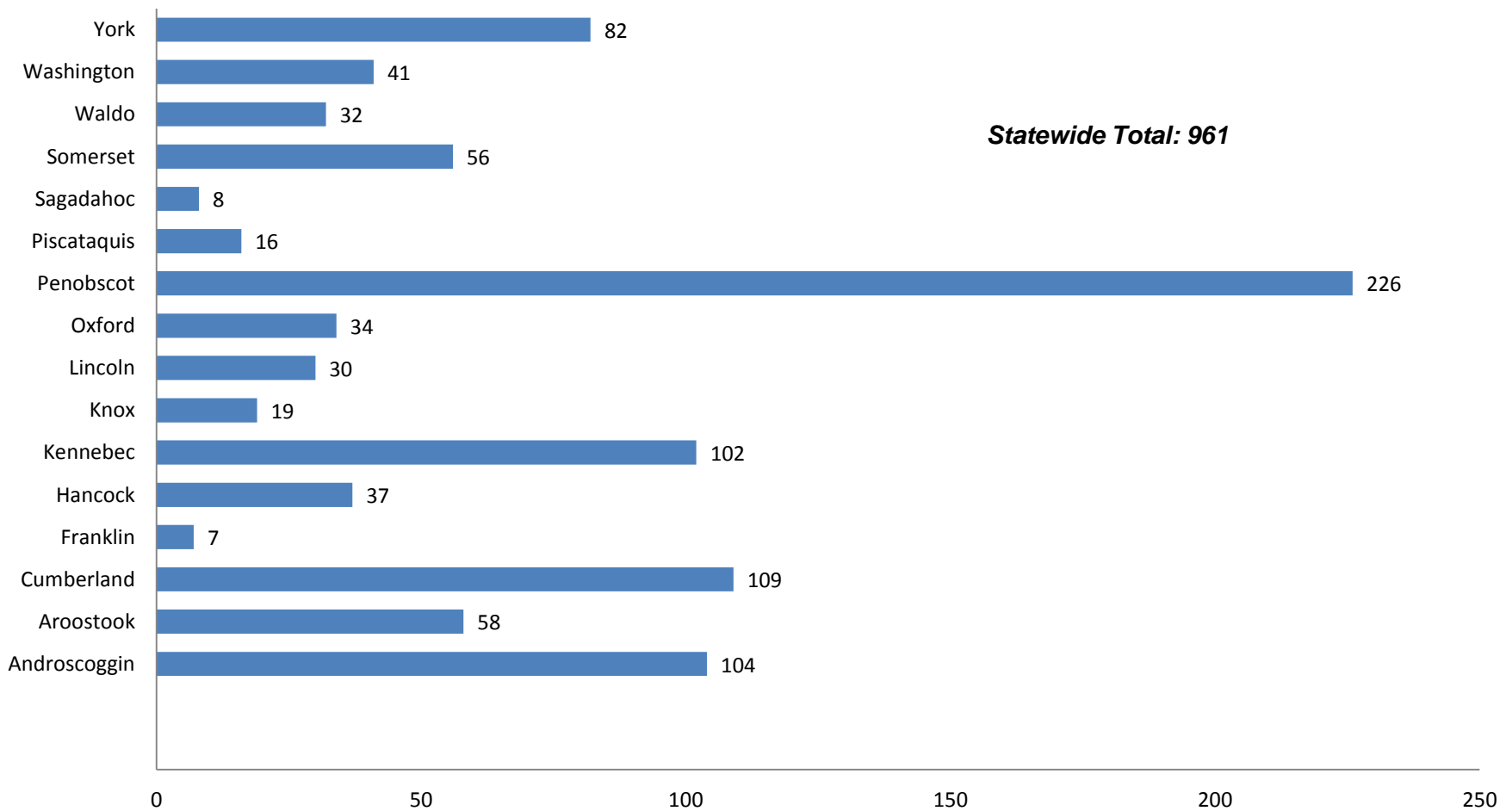
DAB Reports to Office of Child and Family Services (OCFS) by Calendar Year (CY)



Source: Office of Child and Family Services, Maine Automated Child Welfare Information System (MACWIS), 2005-2014

“Drug Affected Babies:” Maine

Drug Affected Baby Reports by County, CY2014



Source: Office of Child and Family Services, Maine Automated Child Welfare Information System (MACWIS), 2014

Department of Health and Human Services

“Drug Affected Babies:” Maine

What do the numbers really mean?

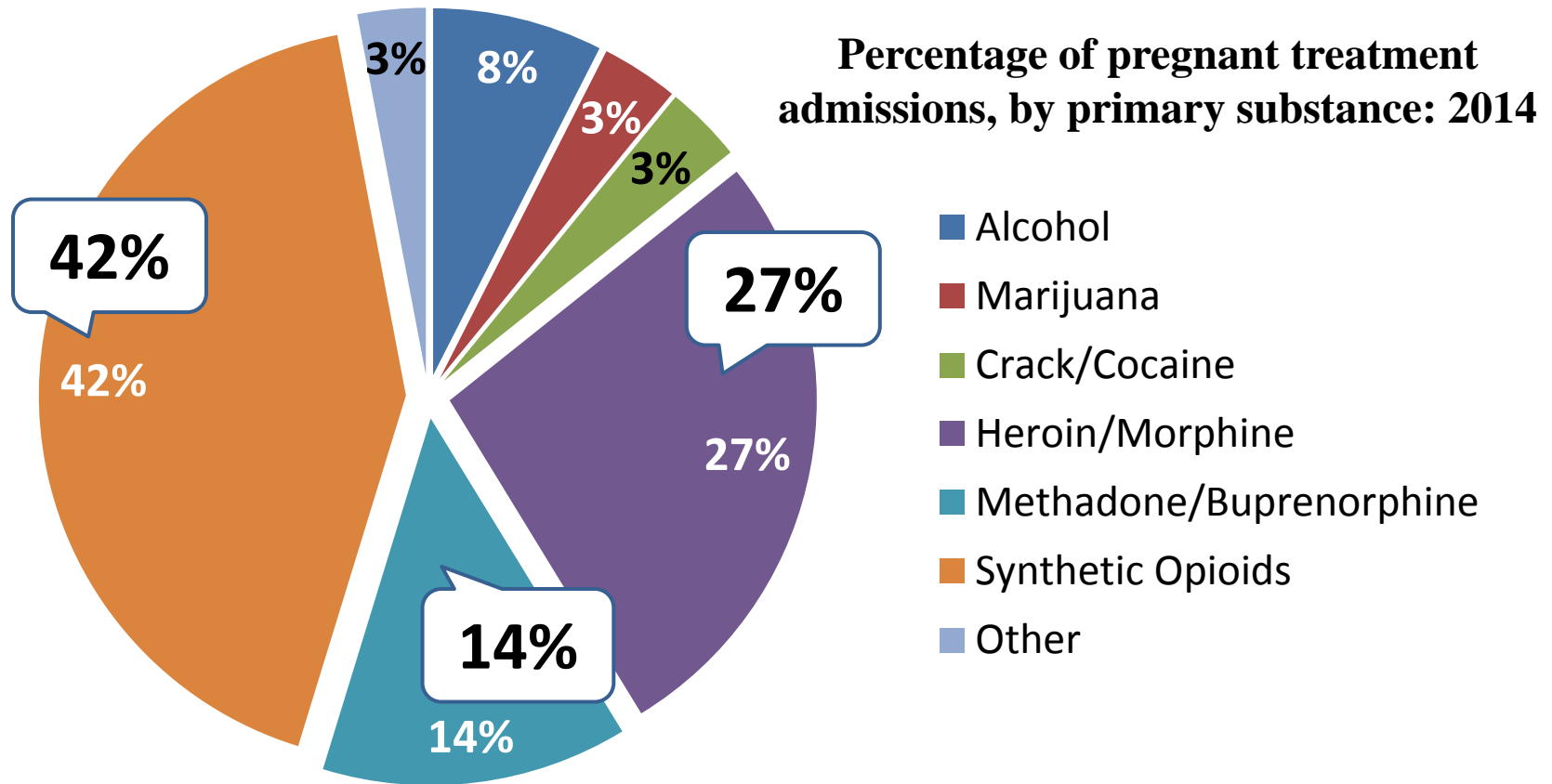
- ▶ Improved identification?
- ▶ Improved reporting process/systems?
- ▶ More women in medication assisted treatment?
 - ▶ (This is a good thing!)
- ▶ More opioid prescriptions to pregnant women (to treat pain)?

Direct and Indirect Effects

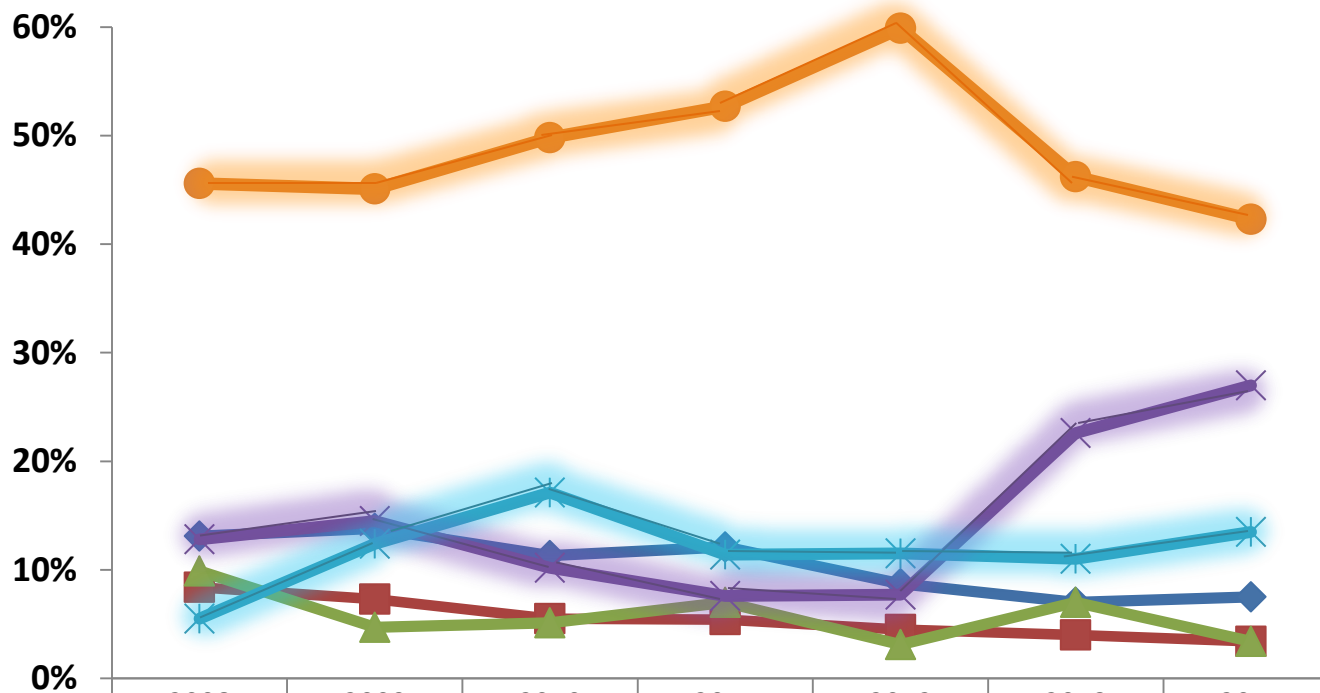
- Direct effects:
 - Structural development including abnormal growth and/or maturation, alterations in neurotransmitters and their receptors, and brain organization.
- Indirect effects:
 - Poor nutrition, decreased access/compliance with health care, increased exposure to violence, and increased risk of mental illness and infection

(Behnke, 2013)

Prescription Drug Abuse Prevention



Percent of pregnant treatment admissions, by primary substance: 2009-2014



	2008	2009	2010	2011	2012	2013	2014
Alcohol	13%	14%	11%	12%	9%	7%	8%
Marijuana	8%	7%	6%	5%	5%	4%	3%
Crack/Cocaine	10%	5%	5%	7%	3%	7%	3%
Heroin/Morphine	13%	15%	10%	8%	8%	23%	27%
Methadone/Buprenorphine	6%	12%	17%	11%	12%	11%	14%
Synthetic Opioids	46%	45%	50%	53%	60%	46%	42%

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

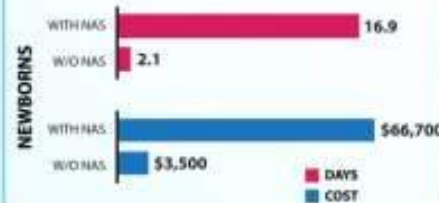
DRAMATIC INCREASES IN MATERNAL OPIOID USE AND NEONATAL ABSTINENCE SYNDROME

THE USE OF OPIOIDS DURING PREGNANCY CAN RESULT IN A DRUG WITHDRAWAL SYNDROME IN NEWBORNS CALLED **NEONATAL ABSTINENCE SYNDROME (NAS)**, WHICH CAUSES **LENGTHY AND COSTLY HOSPITAL STAYS**. ACCORDING TO A NEW STUDY, AN ESTIMATED **21,732 BABIES** WERE BORN WITH THIS SYNDROME IN THE UNITED STATES IN 2012, A **5-FOLD INCREASE** SINCE 2000.

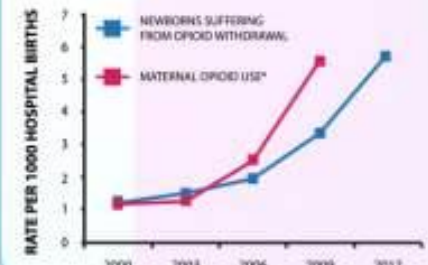


**EVERY 25 MINUTES,
A BABY IS BORN SUFFERING
FROM OPIOID WITHDRAWAL.**

AVERAGE LENGTH OR COST OF HOSPITAL STAY



NAS AND MATERNAL OPIOID USE ON THE RISE



*2011 MATERNAL OPIOID USE DATA NOT CURRENTLY AVAILABLE

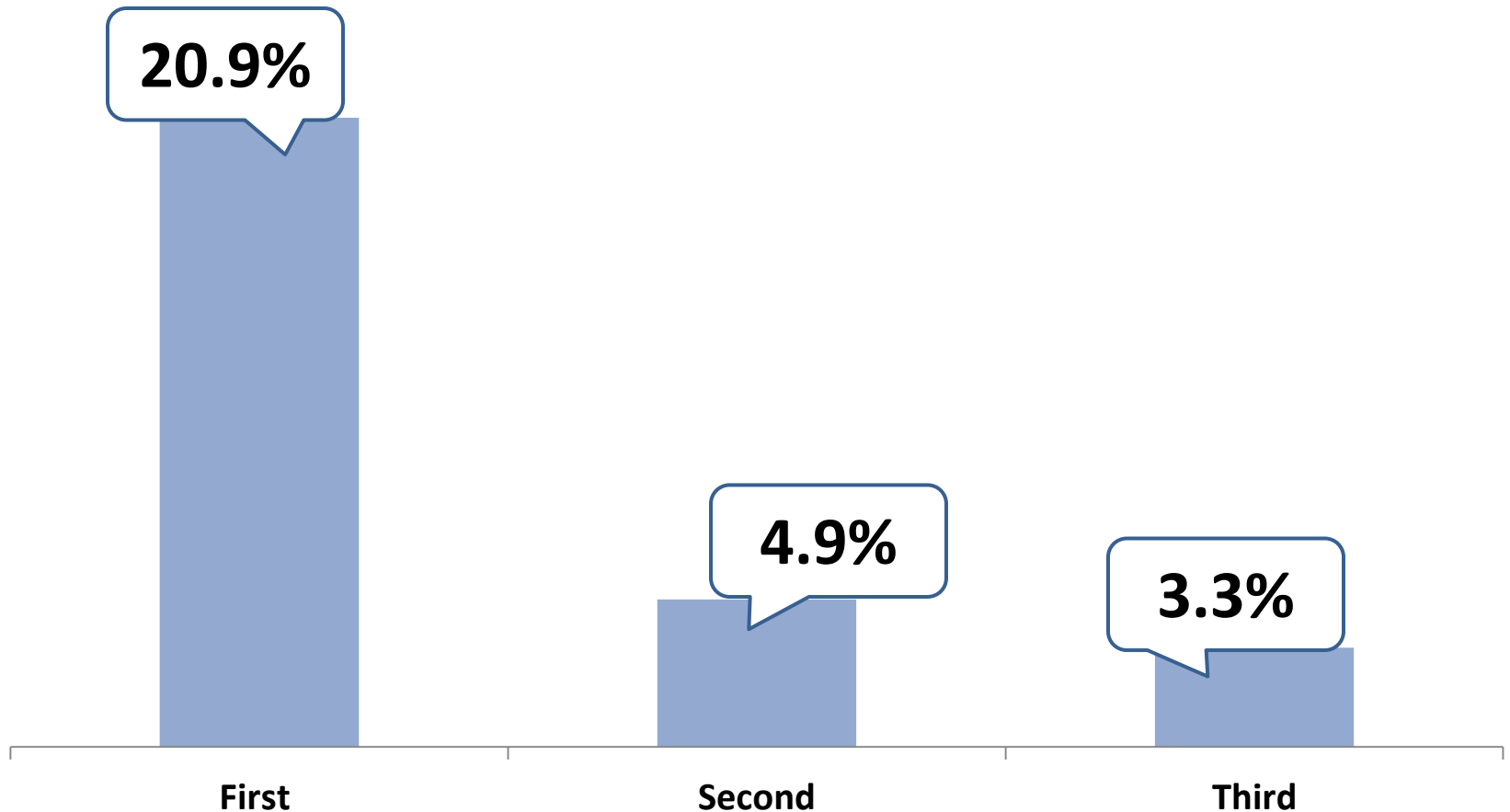


Underage and High-Risk Alcohol Use Prevention

Among pregnant women 15-44,

- 9.4% report current alcohol use
- 2.6% report binge drinking
- 0.4% report heavy drinking
(NSDUH, 2011)

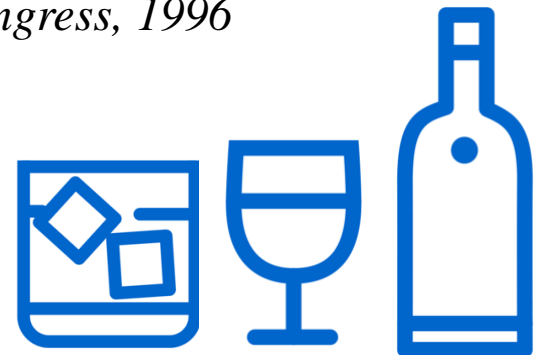
Any alcohol use within the past month among U.S. pregnant females 15 to 44, by trimester: 2013-14



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.”

—Institute Of Medicine (IOM) Report to Congress, 1996



- ⊗ *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.



FASD Prevalence

- 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©

Risk level based on assessment	Therapeutic Strategy
Lower Risk	Provide feedback, education, reinforce abstinence and offer positive reinforcement and support
Moderate Risk	Brief intervention including: feedback, advice, assessment of readiness to change, assistance in changing
High Risk	Brief Intervention AND referral to specialty treatment.

Source: National Center on Addiction and Substance Abuse at Columbia University (2012). An SBIRT Implementation and Process Change Manual for Practitioners.

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 **A**lone (encourage room-sharing)
 - On their **B**ack
 - In an uncluttered **C**rib (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

What does a safe sleep environment look like?

Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death



Use a firm sleep surface, such as a mattress in a safety-approved crib, covered by a fitted sheet.

Do not use pillows, blankets, sleepers, or crib bumpers anywhere in your baby's sleep area.

Keep soft objects, toys, and loose bedding out of your baby's sleep area.

Do not smoke or let anyone smoke around your baby.



Make sure nothing covers the baby's head.

Always place your baby on his or her back to sleep, for naps and at night.

Dress your baby in light sleep clothing, such as a one-piece sleeper, and do not use a blanket.

Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.

*For more information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 or <http://www.cpsc.gov>.



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Are you pregnant? Planning to get pregnant? Take this quiz!

1. Do you drink any alcohol?
Yes No
2. Do you smoke tobacco?
Yes No
3. Do you smoke marijuana?
Yes No
4. Do you use other drugs?
Yes No
5. Are you having unprotected sex?
Yes No
6. Do you think there are safe amounts of alcohol to drink during pregnancy?
Yes No

Did you answer YES to any of these questions? Yes, learn more about the risks of alcohol and other drug use during pregnancy. To find services or materials for you, go to www.maine.gov or call the Maine Office of Substance Abuse and Mental Health Services Information and Resource Center at 1-800-499-0027.

Moms and babies deserve to be healthy. Learn about the health risks of using alcohol and other substances during pregnancy. You are not alone. Help is available! Dial 2-1-1 to find resources in your area.

For educational resources contact:
Maine Office of Substance Abuse and Mental Health Services
Information & Resource Center
1-800-499-0027
TTY: 711 (Maine Relay)
Email: osa.irc@maine.gov

Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
4570 Center for Disease Control and Prevention
Atlanta, GA 30349
www.samhsa.gov

Learn about the health risks of alcohol and drug use during pregnancy.

Plan Ahead... Give your baby a healthy start in life!



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

U.S. Centers for Disease Control



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. Dial 2-1-1 to find resources in your area.

For educational materials, Contact SAMHS Information & Resource Center
Phone: 1-800-499-0027
Email: osa.irc@maine.gov
TTY: 711 (Maine Relay)



Marijuana What can it do to my baby?



When you are pregnant and use marijuana, so does your baby. Marijuana passes through the placenta into a baby's bloodstream. When babies are exposed to marijuana during pregnancy, they can test positive for the drug after they are born.

Early studies suggest that marijuana use during pregnancy can harm a growing baby.

- It may cause your baby to be born before his or her body and brain are ready. This could mean serious health problems at birth and throughout life.
- It could change how your baby's brain develops. These changes may cause life-long behavior problems like trouble paying attention or following rules.
- It might lower your child's IQ, cause problems with learning and memory, and make it harder for him or her to do well in school.

Make the safest choice for you and your baby. **DON'T** use marijuana when pregnant or breastfeeding.

Marijuana Is it safe when breastfeeding?



Using marijuana if you breastfeed is NOT healthy for your baby and it is NOT recommended.

What are the risks?

- THC, the active ingredient in marijuana, gets into your breast milk and your baby.
- When you use marijuana, the THC stays in your body fat, blood, and breast milk for up to 30 days. This means it can build up in your baby's body over time. Your baby could also test positive for THC.
- Using marijuana may create feeding problems. It can lower your milk supply. It can also make your baby less willing to eat. This could lead to slow weight gain or failure to thrive.
- Some studies show that babies exposed to THC in breast milk may have an increased risk for Sudden Infant Death Syndrome (SIDS).

Give your baby the healthiest start in life. Choose to breastfeed and **DON'T** use marijuana.

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Substance Abuse and Mental Health Services
 An Office of Department of Health and Human Services

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Office Information

- Find Help
- Programs & Services
- Self-help Groups
- Hotlines
- Fetal Alcohol Spectrum Disorders
- Gambling
- Women's Services
- Maine Assistance Program for Lawyers & Judges
- Medical Professionals Health Program
- US DOT Substance Abuse Professional (SAP) List
- Data & Research
- Impaired Driving (DEEP)
- Prevention
- Treatment
- Recovery
- Fiscal & Contracting
- Social Services Help

Substance Use and Pregnancy

Did you know, when you are pregnant and use drugs or alcohol, so does your unborn baby?

Using drugs or alcohol during any part of pregnancy is unsafe.

Effects During Pregnancy:

Using alcohol or drugs during pregnancy can result in:

- Miscarriage
- Premature labor (born too soon)
- Problems with the placenta
- Low birth weight
- [Neonatal Abstinence Syndrome](#)
- [Sudden Infant Death Syndrome \(SIDS\)](#)

Effects After Pregnancy:

Your child could also have life-long effects, including:

- Brain damage
- Physical deformities
- Intellectual disability (mental retardation)
- Poor coordination
- Problems with learning
- Behavioral problems/impairivity

Plan ahead... Give your baby a healthy start in life!

LEARN MORE

[PLAYLIST](#) | 1/3 | Have a Healthy Pregnancy: Plan Ahead

RESOURCES

To order any materials, please contact the Information & Resource Center at 1-800-499-0027 or samhs.irc@maine.gov.

- NEW!** [Fetal Alcohol and Drug Effects Brochure](#)
- NEW!** [Fetal Alcohol and Drug Effects Poster](#)
- NEW!** [Marijuana and Pregnancy rack card](#)
- NEW!** [Marijuana and Breastfeeding rack card](#)
- [Fetal Alcohol Spectrum Disorders and Drug Affected Babies Program Fact Sheet](#)
- [Substance Abuse Treatment Services for Pregnant Women](#)

Newsletters:
 December 2014
 September 2014

Public Service Announcements



https://youtu.be/t0_wYHDDZnA?list=PLnboin782XGfnHZoS5oquqNn40Yay24-B

Questions?

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Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

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