



MESSAGES FOR THE
**MOTHER
AND BABY
SUBSTANCE
EXPOSURE
INITIATIVE**

**Every pregnant woman
should be screened**

**Every pregnant woman with
OUD should be on MAT**

**Use non-pharmacologic
treatment for NAS**

**Moms and Babies
should receive support
to keep them together**

SCREENING

If you don't look for it, you won't find it

Identification of pregnant women with or at risk for opioid or other substance use disorders is undertaken to optimize pregnancy outcomes and facilitate initiation into treatment, and is best accomplished through universal screening at multiple points during pregnancy utilizing validated questionnaires such as the 4Ps+, T-ACE, TWEAK and the NIDA quick screen. Biological testing utilizing toxicologic assays of bodily fluids and other biomaterials, such as urine, blood or hair, is best used to confirm or augment information first obtained through questionnaire screening.

MEDICATION ASSISTED TREATMENT

Like most other medical diseases, evidence-based medical treatments exist and must be offered; MAT is the standard of care

Medication assisted treatment (MAT) – principally Methadone, a historically-tested, but pharmacologically challenging medication to administer, and Buprenorphine, about which growing evidence is demonstrating its effectiveness – is the gold standard of treatment for pregnant women with opioid use disorder, owing to improved pregnancy outcomes, better treatment retention, and reduced overdose deaths.

NEONATAL ABSTINENCE SYNDROME

If you don't look for it, you won't find it. When you find it, non-pharmacologic treatment probably works for the majority of infants with NAS

An increasing evidence-base demonstrates the superiority of environmental interventions – rooming-in, skin-to-skin contact, swaddling, and reducing external stimuli – for the treatment of neonatal abstinence syndrome, which results in better support of the mom-baby dyad, reduced need for pharmacologic treatment, and shorter hospital stays.

TRANSITIONS OF CARE

Systems of care for women with OUD or SUD, as for any other medical disorder, should always address transitions from one location of care to another

An optimal continuum of care for pregnant women with opioid and other substance use disorders includes pre-partum education and planning regarding labor, delivery, management of pain and neonatal abstinence syndrome, as well as comprehensive discharge planning through development of a plan of safe care that ensures maternal continuation of treatment and recovery, and appropriate medical, developmental and safety follow-up for the newborn.

EFFECTIVELY ENGAGING WOMEN WITH OR AT RISK FOR OUD AND OTHER SUDs

Start with humanity as the deepest element of your initial contact with women who have SUD

Conversations with pregnant and parenting women about opioid and other substance use disorders should utilize non-judgmental, non-stigmatizing, compassionate, trauma informed, motivational interviewing techniques to build trust and effectively engage women in discussions about affirmative behaviors to optimize their wellbeing and pregnancy outcomes.

PRESERVE THE MOM AND BABY DYAD

Provide supports to enable moms, babies and families to stay together

Keeping moms, babies and families together is ideal under all but the most high-risk situations, and requires support services to build necessary protective factors such as parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and growing children with social and emotional competence. These skills, strengths, resources, supports and coping strategies help parents deal more effectively with stressful events and mitigate or eliminate risk in families and communities.