

## APA Official Actions

# Position Statement on Assuring the Appropriate Care of Pregnant and Newly-Delivered Women with Substance Use Disorders

Approved by the Board of Trustees, December 2019

Approved by the Assembly, November 2019

“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

### Issue:

Substance use in pregnant women is a major public health concern in the United States. The Substance Abuse and Mental Health Services Administration estimated that approximately 400,000 infants each year are exposed to alcohol or illicit drugs in utero. Data on fetal consequences from in utero substance exposure vary by substance. Maternal and fetal risks may include increased obstetric complications, neonatal abstinence syndrome, premature birth and low birth weight, miscarriage, and fetal alcohol spectrum disorders. It is imperative that medical and psychiatric providers engage pregnant women using substances in evidence-based treatments in order to reduce these harms. In an effort to protect the fetus, state governments have attempted to address the issue of maternal substance use through legal and legislative means. Several state governments have prosecuted and incarcerated women for using substances during their pregnancy under the grounds of “prenatal child abuse.” This legal approach has no proven benefits for maternal or infant health. Furthermore, it likely confers additional harms to both women and their infants by interfering with their willingness to seek obstetric care and substance use treatment, increasing the rate of maternal-child separation, and broadly increasing stigma related to this issue. A public health response, rather than a punitive legal approach to substance use during pregnancy is critical. This should include universal evidence-based screening and voluntary maternal drug testing with informed consent, improved access to substance use treatment, and comprehensive care approaches that include behavioral therapy, appropriate social services, and evidence-based pharmacotherapy.

### APA Position:

#### Screening and Prevention

- **Providers treating pregnant and lactating women should institute universal evidence-based screening models for substance use and co-occurring mental disorders and conduct them in a consistent and non-discriminatory manner.**
- **Screening for substance use disorders during pregnancy should be conducted with the intent of increasing access to evidence-based substance use treatment and optimizing medical, obstetric, and psychiatric care. Screening should not be conducted for punitive purposes.**
- **A positive screen for substance use, which may or may not include a positive drug test, is not equivalent to the diagnosis of an active substance use disorder. A positive screen should lead to a culturally sensitive diagnostic assessment by a qualified healthcare provider.**

- **Maternal drug testing in healthcare settings and by healthcare providers should be voluntary. Except in emergency circumstances, healthcare providers should conduct drug testing only after engaging their patient in a formal informed consent conversation that includes possible adverse consequences of a positive test.**
- **A positive substance screen alone should not trigger automatic separation of newly delivered or lactating patients and their infants, including denying standard hospital rooming-in procedures.**
- **It is strongly advised that prevention initiatives avert stigmatization, discrimination and marginalization, negative legal and social consequences, and promote social supports and inclusion.**

#### **Education**

- **Patients have a right to receive medically accurate information regarding known risks of substance use during pregnancy and lactation as well as information about evidence-based treatments for substance use disorders.**
- **Healthcare providers have a professional responsibility to provide unbiased and medically accurate information about risks of substance use and treatment for substance use disorders during pregnancy and lactation to patients upon request or as appropriate for that individual.**
- **Education about substance use disorders should include information about frequently co-occurring medical and psychiatric conditions as well as their treatment options.**
- **All healthcare providers should be trained in delivering substance use treatment to pregnant and breastfeeding women.**

#### **Treatment**

- **Upon diagnosis of a substance use disorder in a pregnant or lactating patient by a qualified healthcare professional, appropriate and affordable treatment should be offered expeditiously.**
- **Healthcare providers should work collaboratively with their patients and in conjunction with professional guidelines to determine appropriate goals of treatment for that individual. Comprehensive treatment should be tailored to the affected individual according to that individual's medical and psychosocial needs and may include medication, psychotherapy, case management, and social support services.**
- **Initiation or continuation of evidence-based pharmacotherapy is an essential component of comprehensive treatment, particularly in opioid use disorders, and should not be withheld from or denied to patients due to pregnancy or lactation.**
- **Access to treatment should be equitable and not contingent on race, ethnicity, sexual identity, gender identity, social class, or educational background.**
- **Engaging in treatment for substance use disorders should not increase legal exposure or threaten family unity for pregnant, lactating, or postpartum patients.**
- **APA recommends further development of comprehensive services available to pregnant and breastfeeding women with substance use disorders that provide effective, culturally congruent, and collaborative care.**
- **Hospital policies should promote maternal-infant bonding with room-in procedures, breastfeeding, and appropriately adapt care based on the needs of each mother and infant.**
- **APA opposes discriminatory implementation of involuntary commitment laws that are unduly applied to pregnant patients in a manner that differs from its application in the evaluation of their non-pregnant counterparts.**

- **APA supports ongoing collaboration with other medical professional associations such as those representing pediatrics, internal medicine, obstetric, and adolescent medicine, to advocate for a comprehensive and integrated care to pre-partum, pregnant, and postpartum women with substance use disorders and other co-occurring psychiatric disorders.**

#### **Regulatory and Legal Considerations**

- **The use of the legal system to address perinatal alcohol, tobacco, and other substance use disorders is inappropriate. APA opposes civil charges and criminal prosecution of pregnant and postpartum women based on substance use during pregnancy.**
- **Substance use during pregnancy should not be considered child abuse or neglect leading to civil charges.**
- **Legislation that mandates reporting of substance use by pregnant or newly delivered women by healthcare providers must be repealed.**
- **A pregnant woman's substance use should not automatically trigger healthcare providers' referral to child welfare agencies.**
- **Maternal infant separation is associated with significant developmental risks to the child and should only be done in circumstances where harmful parental behavior or neglect outweigh these separation risks.**

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