

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

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“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 during pregnancy adversely affects the lives of both the mother and the future child. It can contribute to obstetric complications such as placental abruption, premature birth, low birth weight, and miscarriage, as well as a variety of behavioral and cognitive problems in children exposed such as those seen in fetal alcohol spectrum disorders (1, 2, and 3). As a result of these complications, several jurisdictions initiated policies of prosecuting pregnant and/or postpartum women who have used either alcohol or illegal substances during pregnancy on grounds of "prenatal child abuse". Subsequent incarceration in jails or prisons or in locked psychiatric units deprives the mother of her liberty and disrupts the incipient or nascent maternal-infant bond. This vulnerable patient population needs comprehensive care for both immediate and long-term symptoms in order to restore a healthy maternal-infant relationship and improved functioning in the mother.

POSITION:

- Preventing, reducing, and ceasing the use of alcohol, tobacco, and illicit substances in pregnant, breastfeeding, and newly delivered mothers are essential goals in optimizing the health and wellbeing of women and their children. It is strongly advised that prevention initiatives avert stigmatization, discrimination and marginalization, negative legal and social consequences, and promote family, community, and social supports and social inclusion.
- To facilitate early intervention and treatment, screening for alcohol, tobacco, substance use and co-occurring mental disorders are recommended to be provided as part of routine care to pregnant, breastfeeding, and newly delivered mothers, regardless of ethnicity or social class and without discrimination.
- Universal access, education, and priority are recommended to be given in an adequate, affordable, and timely initiation of evidence-based prenatal care and prevention and treatment services for substance use disorders.
- Initiation or continuation of medication assisted treatment is essential and recommended to be provided for pregnant and breast feeding women with Opioid Use Disorder. Further, we strongly recommend that substance use disorder treatment programs maintain, affiliate, or develop special program initiatives for pregnant, breastfeeding, and newly delivered women that provide effective, culturally congruent, and collaborative care.
- Education is encouraged to be provided regarding the risks associated with pharmacotherapy and medication assisted treatment, as well as the potential complications to the developing fetus of

ongoing substance use (including Neonatal Abstinence Syndrome and of acquiring and transmitting HIV to the fetus), and the possible treatment needs of the infant immediately after delivery.

- The use of the legal system to address perinatal alcohol, tobacco, and other substance use disorders is inappropriate. APA opposes the criminal prosecution and incarceration of pregnant and/or newly delivered women on child abuse charges based on the use of substances during pregnancy. (Social services and legal actions may be appropriate if positive evidence of substance use or neglect is found following the birth of a child).
- Legislation that mandates reporting of substance use by pregnant or newly delivered women must be repealed. The implementation of evidence-based strategies outside the legal system is recommended to address the comprehensive treatment needs of women with substance use disorders and their children.
- APA opposes discriminatory implementation of involuntary commitment laws that are unduly applied to pregnant women in a manner that differs from its application in the evaluation of their male counterparts.
- APA supports ongoing collaborations 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 post-partum women with substance use disorders and other co-occurring psychiatric disorders.

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