

SUBSTANCE USE & PREGNANCY

Trauma-Informed Care and Responses

Checking In

When you learn that a patient is using substances while pregnant, what are your first thoughts?

Discussion: Why is substance use so prevalent?



Substance Use Can . . .

- Feel like a 'fix' for the effects of traumatic experiences.
- Create additional traumas due to stigma
- Be manipulated by abusive partners
- Create situations involving systems, like law enforcement and CYS
- Make patients resistant to disclosing use to providers
- Be a barrier to care

From the 2024 Pennsylvania Maternal Mortality Review Annual Report

Approximately 41% of cases identified substance use disorder as a contributing factor in the death.

Mental health conditions, which include substance use, was the **LEADING** cause of death for both pregnancy related and pregnancy associated cases.

SUBSTANCE USE, PREGNANCY, AND TRAUMA

High stress

Return to use during pregnancy

“Perfect storm” — increased surveillance, judgment, and fear.

Significant fear of losing custody

Social expectations and stigmas can create barriers to disclose, help seeking, and treatment

A Trauma-Informed Approach to Pregnant Patients who Use Substances

1

Substance use as a trauma response, not 'defiance' of healthcare or disinterest in baby.

2

A trauma-informed view and response can reshape patient experience and outcomes.

Patients Who Use or Are Suspected of Using Substances May Experience

- Discrimination
- Immediate urine analysis
- Dismissive or harsh questioning
- Labeling before they even meet their provider

What are some of the effects these experiences for patients? How does this contribute to trauma?

Providing Trauma-Informed Care to Patients Who Use Substances

Trauma-Informed Guiding Principles

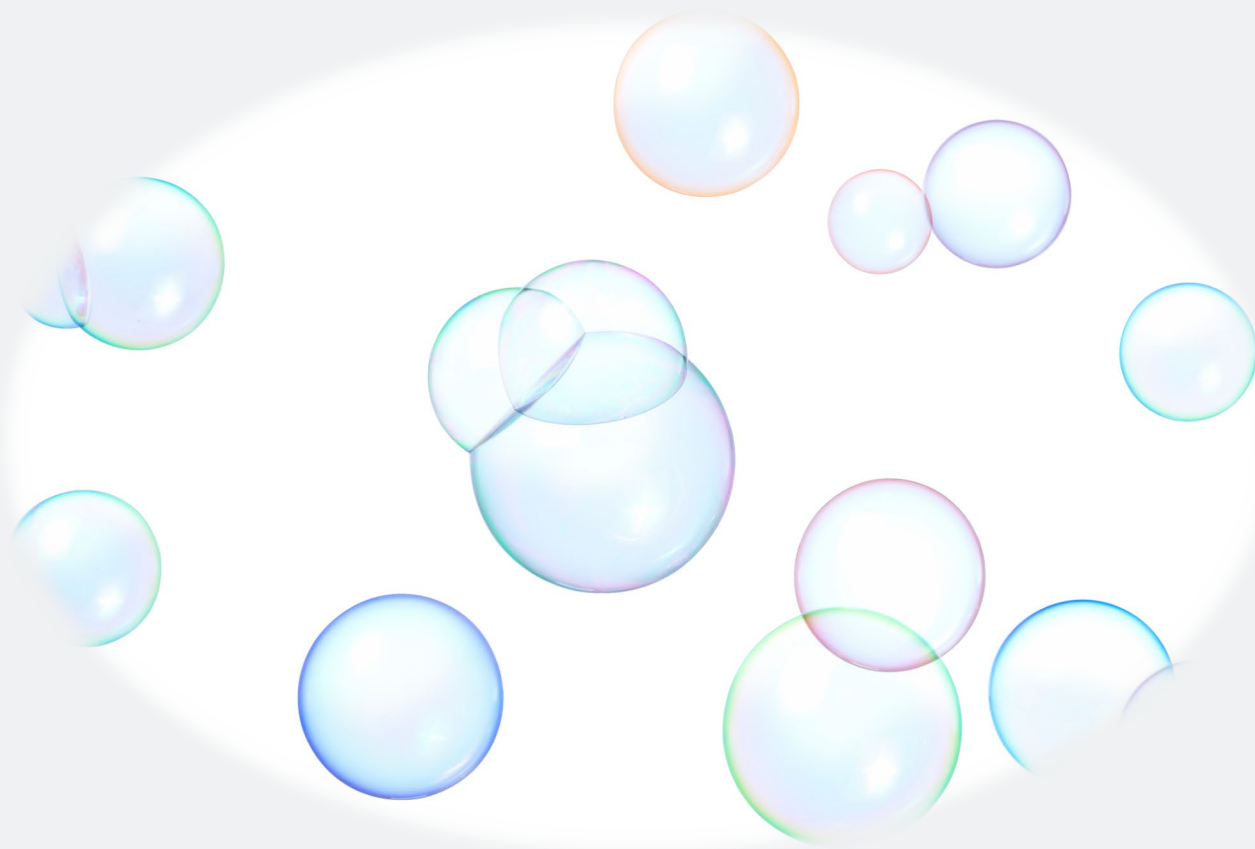


Safety

What types of safety do you work to establish with your patients? What are some safety needs a pregnant patient who uses substances?



Transparency-No Surprises



- What happens if a patient discloses substance use? Who do you tell?
- Under what situations do you have to make a notification to CYS?
- Under what conditions do you have to make a report to CYS?
- Make this clear verbally and have it written down in a lot of places!
- Talk about this as often as possible.

Peer Support

Certified Peer
Recovery
Specialists

Doulas

Support Groups

Harm
Reduction
Organizations

Collaboration and Mutuality

"You know your body and life better than anyone. I have some tools and options that might help, but I want to make sure the steps we take make sense for you. I want to work on a plan that feels doable, support, and safe. This plan might change over time and that's okay--we will keep working on it together."

What can you do to be in collaboration with a patient?

Empowerment, Voice and Choice



Patient as the expert on their body and experiences.



Options! Options! Options! (Even the ones that may not seem like what you would want them to pick.)



Support informed-decision making.



Normalize talking with all patients about the possibility of substance use.

Talk to EVERY Patient PRIVATELY About Substance Use . . .

When you are not aware of substance use: “I am going to ask you some questions that I ask everyone. I ask these questions because I want to make sure I understand your situation and needs.”

When you know your patient is using substances because they have disclosed previously: “I want to talk about how things are going for you. I know the last time we talked you shared that you were [. . .] and we talked about [. . .], how are things going?”

When you know substance use is occurring but your patient hasn’t shared that with you yet: “I always review my patient’s charts before each visit, and I want to talk with you about something I noticed in your tests, history, etc.”

Cultural, Historical, and Gender Issues

- Collective trauma because of experiences like racism, poverty, and violence affect patients trust in systems, including healthcare.
- Significant historical harm experienced by black and indigenous people and the ongoing ripple effects of this.
- High social expectations around pregnancy.
- Center the patient's view of a 'good' parent, 'normal' care, or 'safe' choices.

Individual Action

Apologize and move on	If you make a mistake, apologize and move on.
Be mindful	Be mindful that patients can hear what's being said in other rooms-and they are listening to see if they are safe with you.
Learn	Learn about the substance use supports where you practice.
Ask	Ask every patient who is using substances about domestic violence.



Questions?