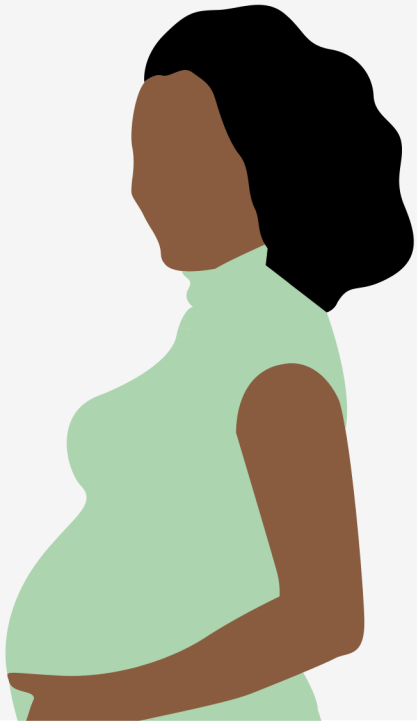
SECTION 1

QUALITY PERINATAL CARE IS YOUR RIGHT



Pregnant and parenting people who use substances face tremendous stigma and judgement when they seek medical care.

Experience with bias, judgement, and scrutiny - especially from healthcare workers, loved ones, family, and friends - **can isolate people and make it harder to get prenatal care, mental health counseling, social services,** and **community support.** [1, 2]

People don't like to go to places where they don't feel welcomed. They may fear for their safety or the safety of their children. **That's why having having even just one kind, smart, nonjudgmental, trustworthy person to support them and advocate with them can make all the difference in the world.**

Please understand that while **many people are able to quit or cut back on their use during pregnancy**, those who want to stop, but can't stop need support. They may have a substance use disorder.

SUBSTANCE USE

is not the same as a

SUBSTANCE USE DISORDER

*When we talk about substance use disorder we mean,"use that causes **clinically significant impairment**, including health problems, disability, and failure to meet our responsibilities at work, school, or home."*

www.samhsa.gov

COMMON, RECURRENT, TREATABLE

MOTIVATIONAL INTERVIEWING

Motivational Interviewing (MI) is **a tool that can help you navigate tough conversations**. To be effective, MI requires that you have empathy, self-awareness, and the ability to partner with someone in your care.

When you use MI techniques **you ask questions** and **listen to the answers.** Instead of giving directions or making accusations, you focus on **identifying choices** and **looking for solutions**. With a little practice, this is a technique that can be easily used by anyone in any setting.

As you use motivational interviewing you will start to understand that **it takes time to build trust** and that people may wait to talk to you about the details of their substance use until they know that you are a reliable ally.

TRY THIS

Instead of saying...
Now that you're pregnant you need to stop smoking.

Say... What do you think about your smoking now that you're pregnant?

Instead of saying...
If you loved your children you'd stop using.

Say... I know you love your children. What can we do to help you parent them the way you want to?

See SAMHSA's resources and guide.

Instead of saying...
You'll probably lose custody of this baby too.

Say... What was it like when you lost your child?

MOTIVATIONAL INTERVIEW METHODS

ASK	PERMISSION	*Can we talk about...*
	OPEN QUESTION	*What do you think about...*
	CLOSED QUESTION	*Would you want to...*
TELL	EDUCATION	*We know that...*
	INFORMATION	*Some of the choices are...*
	RECCOMENDATIONS	*You might want to...*
LISTEN	APPRECIATE	*You know what you...*
	REFLECT	*You want to, but...*
	SUMMARIZE	*So your plan is...*

RESPECTFUL LANGUAGE

Many of the words we use to describe substances, their use, and the people who use them are stigmatizing. It is our responsibility to our partners, family, and friends to do our best to **avoid judgmental and stigmatizing language**.

When talking about their own substance use, people can choose the language that feels right to them. But we should never use stigmatizing terms or labels when we talk about others. Because the **words we use to describe people who use drugs, their children, and substance use shape our beliefs**. The words we choose demonstrate whether or not we value and respect people who use drugs - and the people who care for them.

Another strategy is adopting "**person first language**." This means **recognizing the humanity of a person - and not defining them solely by a condition.** Adjusting to person first language can be awkward at first, but it is worth it if it helps us **better serve and support** people who may have been subjected to shaming and stigmatizing language by others.

BEST PRACTICES TO AVOID USING STIGMATIZING LANGUAGE

Don't Use	Do Use	Why
“addict” *“abuser”* *“junkie”*	*“person who uses heroin”* *“person with cocaine use disorder”*	*Using “person-first” language demonstrates that you value the person, and are not defining them by their drug use.*
“got clean”	*“no longer uses drugs”*	*”Clean,” although a positive word, implies that when someone is using they are “dirty.”*
“addicted newborn” *“born addicted”*	*"newborn opioid withdrawal (NOW)”* *“baby with prenatal cannabis exposure"*	*Infants are not addicted; they have prenatal substance exposure and/or physiological dependence.*
"medication replacement therapy (MRT)" *"medication assisted therapy (MAT)"*	*"opioid agonist therapy (OAT)"* *"medication for opioid use disorder (MOUD)"* *"medication for alcohol use disorder"*	*These categories are value-neutral and precise.* *When discussing a specific medication, refer to it by both its generic and brand names.*

CAUTION: Micro-aggressions are forms of discrimination that are common and subtle insults toward marginalized groups and people.

STIGMA AND PRIDE

Stigma is a process that discriminates against people who use drugs and pushes them to the margins of society. There are several forms of stigma, such as:

- **stigma from individuals** using the word *“junkie” or "pillhead"*
- **institutional stigma** firing people based on a positive drug screen
- **stigma through association** when pharmacists or medical providers say,“That’s not the population that I want in my office”
- **self-stigma** believing you deserve pain or suffering because you use drugs

Stigma toward people who use drugs is written into our laws, child protective service and social service systems. Despite widespread acceptance that substance use is a health condition and not a character flaw, stigma against people who use drugs is still **socially acceptable and commonplace**.

Widespread stigma creates significant barriers to accessing what people need to survive and thrive, such as care, housing, income and social services.

Self-stigma means that sometimes you might feel like you ought to be ashamed of yourself, based on what substances you use or the circumstances in which you use them.

When people who use drugs accept and internalize this stigma, it can lead to **anxiety, isolation, and loss of self-love**.[3, 4]

Stigma **robs people of their dignity and autonomy**. It punishes and it creates barriers. People accustomed to **mistreatment and abandonment** learn to live in fear. If someone is told enough times that they are worthless, **it changes how they make decisions about their health and their safety**.

When people can’t tell anyone who loves them what they use, when they use, and where where they use, they are **more likely to use alone**, increasing their risk of overdose. We recommend these resources:
Never Use Alone (800) 484-3731
The Brave App

Stigma is amplified if a person who uses drugs becomes pregnant.[1,2] They may even become isolated from people who knew about and accepted their substance use before they got pregnant.

DIGNITY + PRIDE

It is important that you and your support system build up your self-esteem and hope for your future.

You have many positive qualities and deserve to be your best self.

You deserve to be treated with dignity and respect, as someone capable of making the best choices for yourself.

You deserve to be surrounded with people that help you **identify, grow, and celebrate your strengths**.

You deserve to talk with people not only about how to work on your current problems, but how to **imagine and plan for a happy future**.

Parents of all genders can be pregnant, give birth, feed their babies. Everyone deserves respectful, gender-affirming care.

See Trans and Gender Diverse Parents Guide from Rainbow Families and Birth for Everybody

Part of respectful health care is **trauma-informed care**. Trauma-informed care is health care that recognizes the impact of negative life experiences such as poverty, racism, scarcity, incarceration, loss of loved ones, as well as emotional, verbal, sexual abuse, and unhealthy intimate relationships.

Ask your care providers if they know about - and provide - "trauma-informed care."

LEARN MORE...

ACOG Committee Opinion:
Caring for Patients Who Have Experienced Trauma

TRAUMA-INFORMED CARE

Consider sharing this toolkit with your providers.

Some basic strategies for providing trauma-informed care across the perinatal and postpartum continuum are:

- Understand that **it is not necessary for someone to disclose the nature of their trauma** in order to provide trauma-informed care.
- Display positive and welcoming signage that **sets a friendly tone** when families access services, with an integrated and consistent response from all team members - from the front desk staff to direct care workers.
- Establish a **comforting, welcoming, and accessible** physical environment.
- Use **strengths-based, person-first language.** Don't describe people as being controlling, manipulative, non-compliant, unreliable, uncooperative, immature, attention-seeking, drug-seeking, or a bad parent. Especially in their medical record or any documentation shared with others.
- **Recognize that behaviors** that providers might interpret as being difficult (such as expressing anger or frustration) **are often attempts to cope** with negative past experiences or current stressors.
- Recognize that care must be individualized and person-centered. **Some people will need more support** and **different types of support** than others.
- **Know yourself.** If you are a service provider **recognize what you bring to the interaction.** Confront your own beliefs and biases about substance use and pregnancy. Acknowledge your own story, history, and beliefs.
- **Learn how to effectively engage in therapeutic conversations.** Practice how to open conversations and de-escalate when people are escalating in emotions. Know your own triggers and vulnerabilities. Help clients constructively interact with health care providers who are not trauma-informed.
- **Give choices** to participants and clients **that empower** them to set boundaries and determine the pace of physical assessments in the clinical setting.

TRAUMA-INFORMED CARE PRACTICES

When	Intervention or Action
Prenatally: before birth, during pregnancy	• Support clients to access organizations that can address immediate practical needs such as safe housing, food, clothing, medical concerns, leaving violent relationships, transportation.[5,6] • Develop approaches to providing prenatal services that are integrated and coordinated across health and social systems, including child welfare.[7]
Peripartum: during childbirth	• Consider the impact of sexual abuse and trauma on childbirth. Clients can also experience traumatic childbirth if they feel disrespected, shamed and a lack of dignity during this time.[8] • Support immediate attachment between mother and baby. People with histories of substance use, mental health issues, trauma and violence are at higher risk of impaired attachment.[9]
Postpartum: during your stay	• Keep families together as much as possible during hospital stay, including combined mother-baby care/rooming-in models[10], promoting early frequent skin-to-skin for bonding and other mother-baby neuropsychological benefits.[11] • Consider the relationship between trauma and breast/chest-feeding (some people prefer to call their mammary tissue as their chest rather than their breast). The physical contact of chestfeeding can be uncomfortable for trauma survivors. There are a number of strategies to address this issue.[12]
Postpartum: in the community, first 6 weeks after birth	• Include a focus on parent-child relationships in all interventions. Clients with a history of abuse or trauma have a higher likelihood of attachment impairment. However, they are able to increase attachment over time.[1] • Assess for postpartum depression. Women and childbearing people with a history of trauma are more likely to develop postpartum depression.[11, 12, 13, 14]

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- Never disregard professional medical advice or delay in seeking it because of something you have read in this toolkit.

NATIONAL HARM REDUCTION COALITION

Harm Reduction Coalition is a national advocacy and capacity-building organization that works to promote the health and dignity of individuals and communities who are impacted by drug use - including pregnant and parenting people.

www.harmreduction.org

Academy of Perinatal Harm Reduction

The Academy of Perinatal Harm Reduction provides evidence-based, inclusive, affirming education for parents and providers. Our work is informed by lived experience and is focused of the intersection of substance use and reproductive health.

www.perinatalharmreduction.org