

Substance Abuse Treatment Services for Pregnant Women

Psychosocial and Behavioral Approaches

Nancy A. Haug, PhD^{a,*}, Megan Duffy, BA^b, Mary E. McCaul, PhD^b

KEYWORDS

- Pregnancy • Substance use disorders • Alcohol use disorder
- Smoking and tobacco • Psychosocial treatments
- Co-occurring psychiatric disorders

KEY POINTS

- In the United States, licit and illicit drug use during pregnancy is a significant public health problem, with potentially significant maternal and fetal morbidity.
- Universal screening for tobacco, alcohol and drug use should utilize empirically validated approaches to reduce identification bias.
- Comprehensive assessment of pregnant women who use substances is important to identify their diverse treatment needs.
- Psychosocial and behavioral treatments across a range of intensities and approaches have shown effectiveness for reducing substance use and improving fetal outcomes.
- Comprehensive service systems should address the high rates of co-occurring psychiatric symptoms, trauma, and other maternal and fetal health needs of this high-risk population.

Women who abuse tobacco, alcohol, and illicit substances during pregnancy are best served by comprehensive substance abuse treatment services to address their complex psychosocial needs and comorbid psychiatric conditions. Substance abuse treatment of pregnant women is more effective than legal action and highly preferred over criminalization and incarceration to optimize maternal physical and psychological health and to improve long-term outcomes.^{1,2}

In the United States, licit and illicit drug use during pregnancy continues to be a significant public health concern. Based on combined data reported in 2011 and 2012 by

Disclosures: The authors have identified no professional or financial affiliations for themselves or their spouse/partner.

^a The Gronowski Center, Palo Alto University, 5150 El Camino Real, C-22, Los Altos, CA 94022, USA; ^b Department of Psychiatry and Behavioral Sciences, Johns Hopkins University School of Medicine, 550 North Broadway, Baltimore, MD 21205, USA

* Corresponding author.

E-mail address: nhaug@paloaltou.edu

Obstet Gynecol Clin N Am 41 (2014) 267–296

<http://dx.doi.org/10.1016/j.ogc.2014.03.001>

0889-8545/14/\$ – see front matter © 2014 Elsevier Inc. All rights reserved.

obgyn.theclinics.com

pregnant women between the ages of 15 and 44 years, an estimated 15.9% smoked cigarettes, 8.5% drank alcohol, and 5.9% used illicit drugs.³ Among perinatal women, marijuana is the most frequently used illicit drug in the United States,^{4,5} with medicinal cannabis representing a new and relatively unrecognized problem during pregnancy.⁶ Abuse of prescription and nonprescription opioid analgesic medication during pregnancy as well as methamphetamine has also increased significantly over the past decade.⁷⁻⁹ Substance use disorders (SUDs) among women of child-bearing age typically precede the onset of pregnancy and are highly associated with co-occurring mental health problems, such as depression and anxiety disorders, eating disorders, trauma, and posttraumatic stress disorder (PTSD) resulting from childhood sexual abuse and intimate partner violence.¹⁰⁻¹²

Perinatal substance use can have a substantial impact on the woman and her developing fetus. In a *Public Policy Statement on Women, Alcohol, Other Drugs and Pregnancy*, the American Society on Addiction Medicine (ASAM) outlined the potential harm from alcohol and other drugs during pregnancy: (1) teratogenesis; (2) obstetric complications; (3) intoxication risk; (4) behavioral effects; (5) drug culture involvement; and (6) withdrawal syndromes.¹ Because of the risk of adverse effects on fetal development, the drug exposure threshold for harm is lower during pregnancy. Prevention, education, and effective treatments for tobacco, alcohol, and substance use during pregnancy are essential.

In this article, nonpharmacologic components of substance abuse treatment services for pregnant women are reviewed, with a focus on salient psychosocial needs. First, screening and assessment procedures with demonstrated usefulness for women and specifically pregnant women are highlighted. Next, a range of psychosocial and behavioral treatment approaches of increasing service breadth and intensity is described. Empirically supported treatments that address the behavioral effects of SUDs during pregnancy are highlighted, such as difficulty with interpersonal, occupational, or social functioning; limited coping skills; poor self-care and inadequate nutrition; lack of early and regular prenatal care; family dysfunction and compromised parent-infant bonding. Treatment methods are also advocated that address mental health issues, including trauma history, and reduce exposure to dangerous situations associated with drug culture involvement, including criminal activity (eg, prostitution, theft, selling drugs); sexual, physical, and emotional abuse; violence; and sexually transmitted diseases.

OVERVIEW OF SCREENING AND ASSESSMENT PROCEDURES

ASAM policy recommendations state that high-quality, affordable, and culturally competent SUD treatment services should be made readily available to pregnant and parenting women and their families.¹ Pregnant women and their partners should be offered the highest priority for admission to available treatment slots. The treatment components of the ASAM recommendations include:

- Opioid agonist therapy for women dependent on illicit opioids
- Family-centered treatment, including education and treatment of domestic partners
- Evaluation and case management for substance-exposed children
- Childcare and transportation
- Adequate and appropriate facilities for the outpatient and continuing care phases of treatment
- Perinatal care that is nonjudgmental and sensitive to special needs
- Facilitation of maintaining the family unit and mother-child unit, with consideration of alternative arrangements as needed

Download English Version:

<https://daneshyari.com/en/article/3967708>

Download Persian Version:

<https://daneshyari.com/article/3967708>

[Daneshyari.com](https://daneshyari.com)