

**DATE:** July 1, 2019  
**TO:** All Well Sense Health Plan Providers  
**FROM:** Well Sense Health Plan  
**SUBJECT:** **Prenatal Care for Women with Substance Use Disorder**

## **Prenatal Care for Women with Substance Use Disorder**

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### **General Information**

As a medical provider, you may treat pregnant women (or women considering pregnancy) who have a substance use disorder (SUD). Your role in their treatment is vital. Encouraging women to engage in their prenatal care and keep all prenatal visits supports maximum outcomes. The 2019 [Massachusetts Health Quality Partners \(MHQP\) Perinatal Care Guidelines](#), endorsed by BMC HealthNet Plan, outline the frequency of prenatal visits, and treatment and counseling that should occur at each prenatal visit and during the postpartum period. The [American Society of Addiction Medicine \(ASAM\)](#) outlines additional information regarding treating pregnant women who have a SUD.

### **Why Prenatal Care is Important for Women Receiving SUD Treatment**

Routine prenatal care is important for all expectant mothers and especially for those with SUD. Pregnancy complication for both mother and fetus can occur as a result of taking a variety of different substances including alcohol, nicotine, cocaine, amphetamines, opioids, and benzodiazepines. Be sure to stress the importance of keeping each prenatal visit every time you have an encounter with the expectant mother. According to ASAM, pregnant women with an SUD diagnosis are at a higher risk for or higher rates of:

- Maternal and fetal sexually transmitted infections
- Co-occurring psychiatric illness
- Postpartum depression
- Exposure to potentially traumatic childhood events (including sexual and/or physical abuse)
- Being in a violent relationship

## Recommended Steps for Clinicians

### Step 1) Screening and Prevention

- Address compliance with prenatal visits at each encounter with the patient.
- Screen for depression and other mental illnesses at all prenatal and postpartum visits.
- Encourage pregnant woman to quit or reduce their substance use.
- Encourage pregnant women to participate in treatment throughout their pregnancies and postpartum periods.

### Step 2) Treatment

- Pregnant women with SUD or a positive perinatal behavioral health screen should be given priority treatment with appointment access.
- For pregnant women who are physically dependent on opioids, methadone, or buprenorphine, medication-assisted treatment (MAT) along with counseling and support services are the best treatment options.
- The clinician and patient should clearly discuss drug testing and how the information gained from drug testing is used. This conversation should be supplemented with a written consent for testing.

### Step 3) Education

- Promote in a non-judgmental fashion information about the harmful effects of substance use.
- Explain as clearly as possible the benefits of quitting or reducing substance use.

### Step 4) Mothers with Opiate Use Disorder (OUD)

- Refer to a methadone or buprenorphine provider for medication-assisted treatment (MAT).
- Assure that mothers have a Plan of Safe Care (POSC).  
See <http://www.healthrecovery.org/safecare/>.

## Useful Resources

- [Edinburgh Postnatal Depression Scales \(EPDS\)](#)
- [MCPAP for Moms](#)
- [Massachusetts Health Quality Partners \(MHQP\) Perinatal Care Guidelines](#)

- [American Society of Addiction Medicine \(ASAM\) Substance Abuse and Pregnancy](#)
- [Beacon Health Options Provider Dashboard \(Plan resources including SUD info & BH provider directory\)](#)