



POSTPARTUM PERIOD WITH SUBSTANCE USE DISORDER

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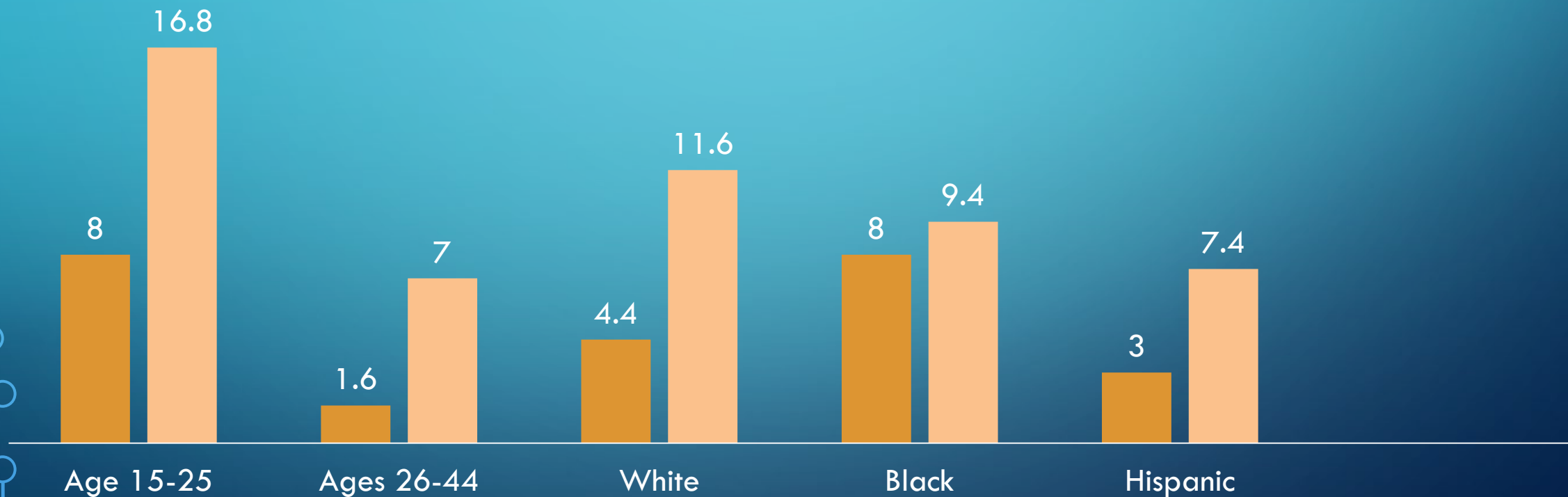
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POSTPARTUM MENTAL HEALTH PROBLEMS AND RELAPSE ARE COMMON

PERCENTAGES OF PAST-MONTH ILLICIT DRUG USE IN PREGNANT AND NON-PREGNANT WOMEN

Past month rates of illicit drug use

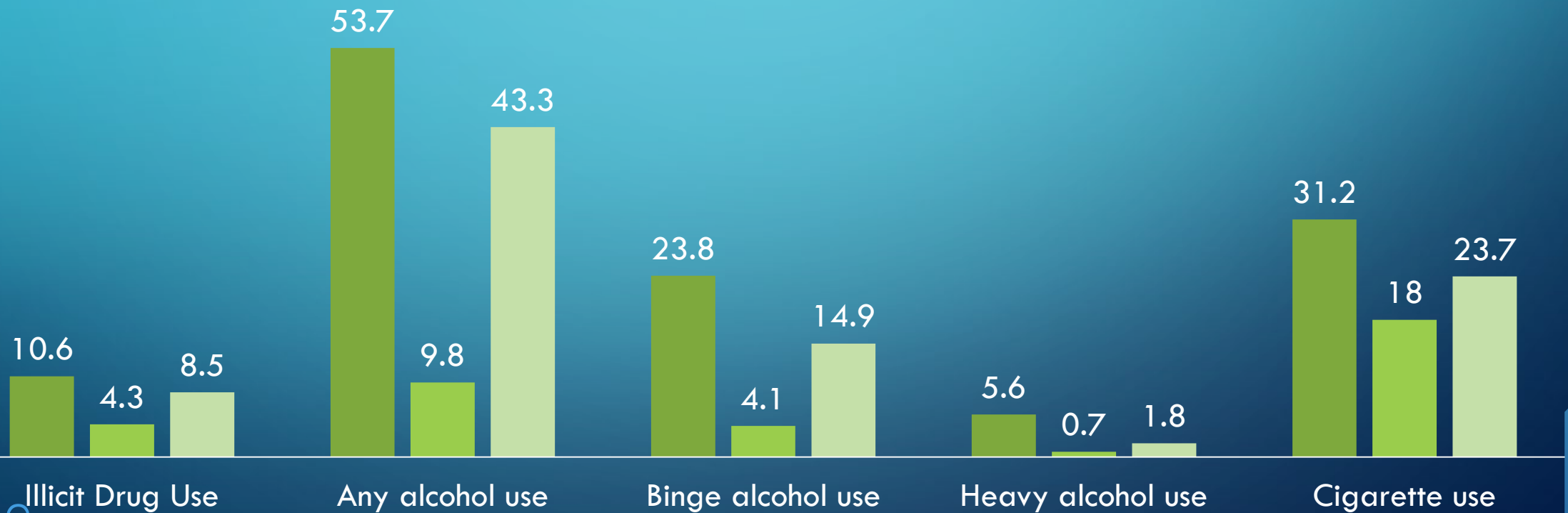
■ Pregnant ■ Non-pregnant



PERCENTAGES AMONG WOMEN AGED 15-44 YEARS WHO REPORTED PAST-MONTH SUBSTANCE USE BY PREGNANCY AND RECENT MOTHERHOOD STATUS

Past-month rates of substance use

■ Nonpregnant, not recent mother ■ Pregnant ■ Nonpregnant, recent mother



COMORBID MEDICAL CONDITIONS

CASE STUDY: PREGNANCY AND OPIOID DEPENDENCE

34 yo G2P1 had been on buprenorphine-naloxone for heroin use disorder. She moved away and got pregnant and weaned herself off the buprenorphine. Moved back and declined to restart buprenorphine because “I am not going to ever go back to drugs.” NSVD of healthy baby with negative urine drug screens throughout pregnancy. Died of an overdose about 1 year post-partum.



MATERNAL MORTALITY AND OPIOID USE DISORDER

- ◆ Studies from Maryland, Tennessee, Colorado, Utah, Ohio, and Massachusetts have found that postpartum overdose is one of the top causes of maternal mortality, causing 15-33% of deaths.

¹ Maryland Maternal Mortality Review 2020 Annual Report Health – General Article §§13-1207—13-1208 and §13-1212. MD Dept of Health and Mental Hygiene. Prevention and Health Promotion Administration.

² Tennessee Maternal Mortality Review. 2014 Annual Report.

³ Metz et al. Maternal Deaths from Suicide and Overdose in Colorado, 2004-2012. *Ob Gyn*. Vol 128. No. 6. December 2016. pp 1233-1240

⁴ Smid et al. Pregnancy-Associated Death in Utah: Contribution of Drug-Induced Deaths. *Obstet Gynecol*. 2019 Jun; 133(6): 1131-1140

⁵ Hall et al. Pregnancy-Associated Mortality Due to Accidental Drug Overdose and Suicide in Ohio, 2009-2018. *Obstetrics and Gynecology*. Vol 136, No 4 October 2020

⁵ Schiff et al. Fatal and Nonfatal Overdose Among Pregnant and Postpartum Women in Massachusetts. *Obstet Gynecol*. 2018

MATERNAL MORTALITY AND OPIOID USE DISORDER

- Suicide is also a substantial contributor to postpartum mortality.¹
- Risk factors for postpartum opioid overdose and postpartum suicide have significant overlap.²
- Three of the most common include depression, intimate partner violence, and substance use disorder.

¹Campbell et al. Pregnancy- Associated Deaths from Homicide, Suicide, and Drug Overdose: Review of Research and the Intersection with Intimate Partner Violence. *Journal of Women's Health*. Volume 30, Number 2, 2021.

²Mangla et al. Maternal self-harm deaths: an unrecognized and preventable outcome. *American Journal of Obstetrics and Gynecology*. October 2019.

MATERNAL MORTALITY AND SUBSTANCE USE DISORDER IN NEW MEXICO

- New Mexico found that 47 % of maternal deaths were connected to substance use.

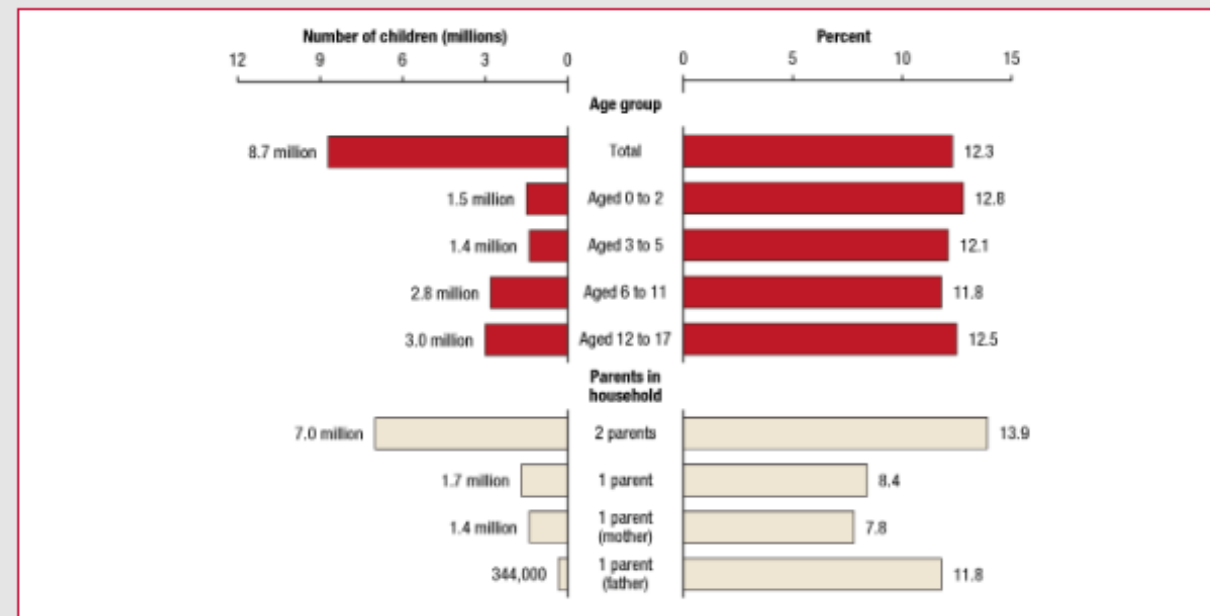


WHAT CAN BE DONE

- Screen for depression postpartum. Use Edinburgh Postpartum Depression Screen or another tool.
- Screen for relapse.
- Talk about seatbelts.

PARENTING WITH SUBSTANCE USE DISORDER IS EXTREMELY COMMON

Figure 1. Number and percentage of children aged 17 or younger living with at least one parent with a past year substance use disorder, by age group and household composition: annual average, 2009 to 2014



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2009 to 2014.

PARENTING WITH SUBSTANCE USE DISORDER IS EXTREMELY COMMON

- Based on combined 2009 to 2014 NSDUH data, an annual average of 8.7 million children aged 17 or younger live in households in the United States with at least one parent who had an SUD.
 - This represents about 12.3 percent of children aged 17 or younger who resided with at least one parent with an SUD.
 - An annual average of 1.5 million children aged 0 to 2 (12.8 percent of this age group) lived with at least one parent who had an SUD.



THERE IS AN INCREASED RISK OF ADVERSE OUTCOMES FOR CHILDREN WITH PARENTAL SUBSTANCE USE DISORDER

- Risks for negative outcomes are highly variable.
- There are many co-morbidities associated with SUD that also increase the risk for negative outcomes.
 - Mental illness, especially depression and antisocial personality disorder
 - Increased family stressors
 - Marital discord
 - Residential instability
 - Caretaker instability
 - Poverty

Solis JM, Shadur JM, Burns AR, Hussong AM. Understanding the diverse needs of children whose parents abuse substances. *Curr Drug Abuse Rev.* 2012 Jun;5(2):135-47. doi: 10.2174/1874473711205020135. PMID: 22455509; PMCID: PMC3676900.



THERE IS AN INCREASED RISK OF ADVERSE OUTCOMES FOR CHILDREN WITH PARENTAL SUBSTANCE USE DISORDER

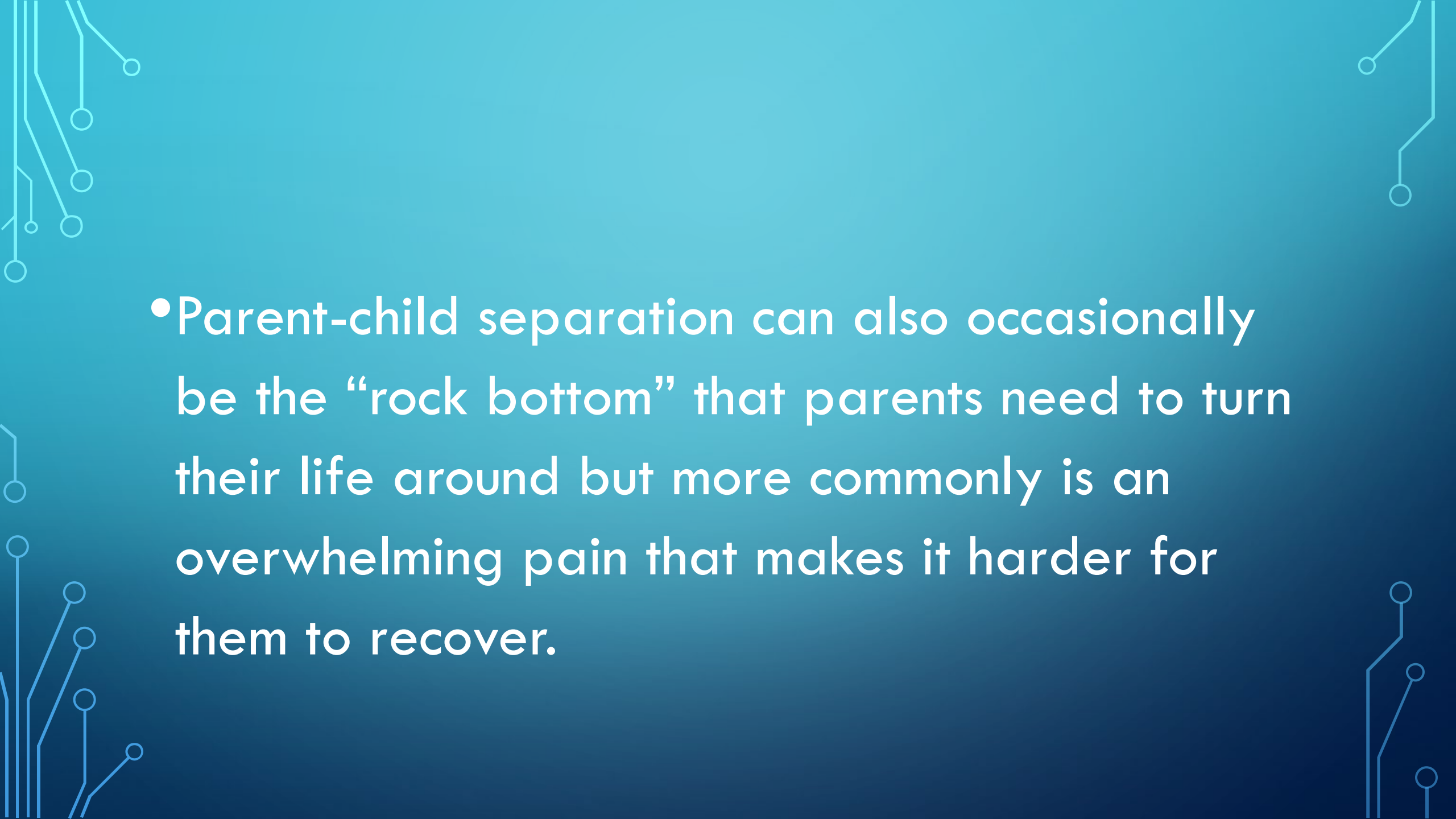
- Risks for adverse outcomes are higher with alcohol than with drug use and higher if the parent also has depression.
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WHAT WE DO KNOW

- The number of children being removed into foster care has gone way up because of the opioid epidemic.

WHAT WE DON'T KNOW

- We don't know if the number of children going up is because:
 - 1) The rate of abuse and neglect is going up with the opioid epidemic.
 - 2) The opioid epidemic has made us more aware of substance use disorder, and we are finding abusive and neglectful parents with SUD more.
 - 3) There is stigma around parents with SUD, and children are often removed from otherwise appropriate households solely because of parental SUD.

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- The background is a dark teal gradient. In the corners, there are decorative white line-art patterns resembling circuit boards or neural networks, with lines connecting to small circles.
- Parent-child separation can also occasionally be the “rock bottom” that parents need to turn their life around but more commonly is an overwhelming pain that makes it harder for them to recover.

CHILD PROTECTIVE SERVICES AND MENTAL HEALTH

Study in Manitoba showed that losing custody of a child to child protective services is associated with significantly worse maternal mental health outcomes than experiencing the death of a child

Risk of depression was 1.90 times greater for women who had lost a child to child protective services.


Risk of substance use was 8.54 times greater for women who had lost a child to child protective services.

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WAYS TO HELP PARENTS WITH SUD BE BETTER PARENTS

PARENTING AND SUBSTANCE USE DISORDER TREATMENTS

- Make sure parents are actively engaged in treatment program for substance use disorder.
 - In an ideal world, parents would never have to choose between spending time with their child, especially an infant, and treating their substance use disorder. Unfortunately, this is a reality for many parents, and helping them to balance this is important.
- Encourage them to get treatment for any co-occurring mental illness.



LOOK FOR OTHER FACTORS THAT CAN BE ADDRESSED

- Housing instability
 - Mental illness, in particular, depression
 - Food insecurity
 - Intimate partner violence
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PARENTING AND SUBSTANCE USE DISORDER TREATMENTS

- The addition of parenting intervention in conjunction with SUD treatments might have benefits beyond SUD treatment.
 - It has benefits both in terms of parenting and in terms of decreased SUD.
 - Parenting classes should include information on normal development.
- Providing small incentives for attendance at SUD treatment increases retention rates.

PARENTING AND SUBSTANCE USE DISORDER TREATMENTS

- Practical day-to-day support is important.
 - Make sure the children are going to school and attending medical appointments.
 - Ensure that the children are getting regular meals and appropriate clothing.
- Assist with safe housing if needed.

PARENTING AND SUBSTANCE USE DISORDER TREATMENTS

- Make sure children are getting the psychological support that they need.
 - Children often blame themselves for parents' substance use disorder.
- Children with parents with substance use disorder are at high risk for substance use disorder, both genetically and because of social environment.
 - Encourage them to delay substance use
 - Make sure they are getting treatment for any underlying mental illness.

WAYS TO HELP PARENTS WITH SUD BE BETTER PARENTS

- Bonding
 - Encourage breastfeeding if safe
 - Help parents find treatments where they can be with their children
 - Teach parents about normal development
- Boundaries
 - Encourage parents to form healthy boundaries with children
 - Teach them positive methods of discipline

WHEN TO CALL CHILD PROTECTIVE SERVICES

- If you have maximized the above supports and you are still concerned about the parent's ability to take care of the child due to substance use, consider the following:
 - Severity of substance use disorder
 - Are they using alcohol?
 - Is there another caregiver in the home or readily available who help with the child?
 - Is the child present when they use?
 - Have they ever driven while under the influence?
 - Do they have the ability to lock up their drugs safely or to never bring them into the house or car?

TAKE-HOME MESSAGES

- Postpartum depression and relapse are common. Make sure postpartum patients are being screened and referred for treatment if needed.
- Parenting with substance use disorder is common. Support for many common co-morbidities, including intimate partner violence, housing insecurity, food insecurity, and depression can make a big difference.