Pregnant Women, Babies and Substance Use: Prevention of Neonatal Abstinence Syndrome

Arkansas is one of 18 states that views substance use during pregnancy as child neglect punishable by law. The Child Welfare Law (Garrett’s Law) requires mandatory reporting if newborns or mothers test positive for illicit substances upon delivery. Garrett’s Law reports have doubled over the last five years, yet screening is inconsistent and enforcement varies by jurisdiction. Multiple professional associations have issued statements endorsing decriminalization and enhanced access to care for women with substance use disorder (SUD) in pregnancy.

The American Congress of Obstetrics and Gynecology (ACOG) discourages “the separation of parents from their children solely based on SUD, either suspected or confirmed,” emphasizing the neurobiology of addiction. In effect, punishing women perpetuates the stigma that SUD is a moral failing rather than a disease. Punishment is a potential deterrent for women to seek perinatal care, disclose exposures and attain help during pregnancy.

All agencies want to prevent and manage consequences of SUD in pregnancy, inclusive of NAS. The recent Surgeon General’s report emphasizes the need for an evidence-based public health approach to change the way we address substance misuse and SUD. Prevention, screening and treatment of SUD will require a multidisciplinary, collaborative team approach, including mental health, pediatric, obstetric, child protection and criminal justice professionals.

PRE-CONCEPTION SCREENING

The U.S. Preventive Services Task Force recommends clinicians screen all adults for alcohol misuse and tobacco use. Among reproductive-aged women in the United States, 50 percent use alcohol, 20 percent use tobacco and approximately 13 percent use other drugs. Although the prevalence of SUD in this population is unknown, lifetime prevalence of alcohol and drug use disorders in women is 19.5 percent and 7.1 percent, respectively.

In 2015, approximately 55 percent of Arkansas births were unplanned. Discussing the risks of alcohol, tobacco and illicit substance use during pregnancy and pre-conception visits can promote awareness and assist in prevention.

PERINATAL SCREENING

Routine screening for SUD in pregnancy is recommended by ACOG to “all people, regardless of age, sex, race, ethnicity or socioeconomic status.” Treatment of pregnant women with SUD should occur with dignity, respect...
and focus on identifying available resources and treatment. Current standard of care for pregnant women with opioid dependence is “referral for opioid-assisted therapy with methadone, although emerging evidence suggests that buprenorphine should also be considered.”

The University of Arkansas for Medical Sciences’ (UAMS) Antenatal and Neonatal Guidelines, Education and Learning System collaborates with obstetrical and neonatal providers across Arkansas to help identify available treatment options. The Women’s Mental Health Program within UAMS’ Psychiatric Research Institute has developed a substance use in pregnancy program that focuses on all aspects of treatment including psychotherapy, medication-assisted treatment (MAT) and research. These programs offer valuable evidence-based insight on perinatal SUD prevention and management, which can be shared electronically with providers and patients statewide.

POSTPARTUM SCREENING

Arkansas Children’s Hospital and UAMS are the only Arkansas institutions with written policies for the observation and treatment of neonates with suspected NAS. The incidence of NAS associated with MAT in opiate-use disorder is conservatively estimated to be 30-40 percent nationally. Studies comparing maternal methadone maintenance therapy to buprenorphine show a similar incidence of NAS. However, buprenorphine shows a significant decrease in severity, need for treatment and duration of care.

FOCUS ON UNDERSTANDING AND TREATMENT

Substance-dependent pregnant and postpartum women and their infants represent a complex and vulnerable population requiring individualized comprehensive and multidisciplinary treatment, rather than punishment for their disorder. While only a subset of neonates with NAS requires pharmacotherapy, all benefit from nursing/caregiving interventions, environment modifications, and social interactions supporting neurodevelopmental and physiological stability. An essential supplement is education and facilitation of maternal/infant involvement. Substance use may impair the mother’s physical and psychological wellbeing in the perinatal period, and limit her ability to recognize and respond to her baby’s cues. A multidisciplinary care approach for mother, child and the maternal/infant dyad can improve early maternal nurturing interactions critical to the infant’s brain development. Moreover, better understanding of these needs may help to change legislation to focus on treatment and compassion.

The risk of NAS will parallel the increase in SUD in pregnancy without proper screening, identification and treatment of at-risk women. Improvements in Arkansas will require understanding of this disorder, a collaborative team approach, a unified plan for treatment, child protective services, alternatives to punishment and improved access to care.

For referrals or more information about UAMS’ substance use disorder in pregnancy program, call 501-526-8201.

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REFERENCES