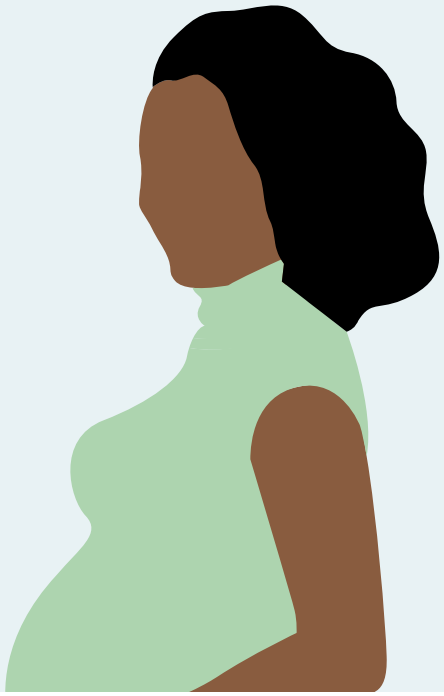
QUALITY PERINATAL CARE IS YOUR RIGHT



Pregnant and parenting people who use substances are often one of the most stigmatized groups of people in our communities.

Our experiences with bias, judgement, and scrutiny - especially from healthcare workers, loved ones, family, and friends - **can isolate us and make it harder to seek prenatal care, mental health counseling, social services,** and **community support.**

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, or their pregnancy. **That's why having even just one kind, smart, nonjudgmental, trustworthy person to support them can make all the difference in the world.**

harmreduction.org
perinatalharmreduction.org

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

IMPORTANT:

USING SUBSTANCES
is not the same as having 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

Substance use disorders (SUDs) are **common**, **recurrent**, **treatable**.

YOUR RIGHTS AS A PREGNANT PATIENT AND PERSON WHO USES DRUGS

How do you know if you're getting quality care?
These are some of the attitudes and beliefs that quality healthcare providers and other community members demonstrate.

- *You have the right to make decisions about your body and your health care - including when and how to become a parent.*
- *You have the right to respectful, individualized care that addresses all your healthcare needs.*

- *You deserve culturally-respectful care.*
- *You deserve to have your questions answered so that you have all the information you need to make informed decisions.*
- *You deserve to be treated with dignity and have your privacy protected.*
- *You deserve care that reflects your values, goals, priorities, and preference.*

People of all genders can get pregnant, have healthy births, and produce milk for their babies.

- *You deserve care that affirms your gender identity.*
- *You deserve providers who understand your unique reproductive healthcare needs.*

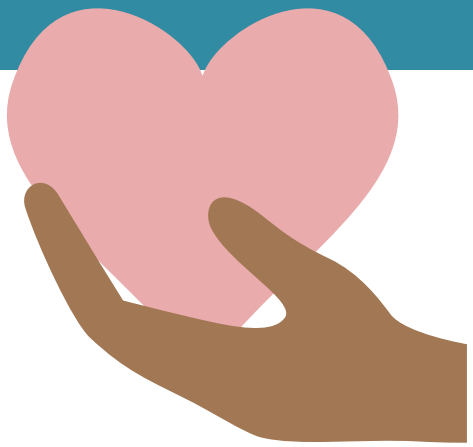
www.birthforeverybody.org

www.transcare.ucsf.edu/guidelines

perinatalharmreduction.org

Academy of Perinatal Harm Reduction

TOOLS FOR QUALITY CARE



POSITIVE REGARD

Unconditional positive regard can be a great tool for boosting people's self-esteem and showing them you believe that they can be good parents.

The concept of unconditional positive regard assumes that **people are inherently good**.

It means that when you talk to someone you address the **whole person**, instead of just focusing on their substance use.

When you have unconditional positive regard for someone:

- **You respect their right to make important decisions** about their body and their health.
- **You want what is best for them.**
- **You believe that they are competent and capable** of choosing what is right for them based on their unique circumstances.

WHY IT MATTERS

Unconditional positive regard is useful both in the **clinical setting** and in **everyday life**. And it is an essential tool in **Harm Reduction**.

It appreciates that we all make choices **based on our own unique needs, experiences, and circumstances**. It acknowledges that everyone is different; what is right for you may not be right for me.

Positive regard helps us to make new **choices that are different from the ones we've made before**. When we know that people respect us as someone who is capable of making their own choices, **we feel safer** discussing the choices we are making. We know that even if we change or minds or make a mistake, **we will still be able to get the support we need**.

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 their 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**.

MI recognizes that **it takes time to build trust** and that people may wait to talk to you about the details of their substance use. With a little practice, this is a technique that can be **easily used by anyone**.

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 and your child were separated?

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...*
	RECCOMENATIONS	*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 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 help shape our beliefs and our actions**. Words can signal whether or not we value and respect people who use drugs and the people who care for them.

Using **"person first language"** can help. Person first language communicates that people aren't defined by one part of their behavior or condition - but as a whole person. Adjusting to **“person first” language** can be awkward at first, but it is worth it if it helps us be **better at serving and supporting** people who may be subjected to shaming and stigmatizing language by others.

BEST PRACTICES TO AVOID USING STIGMATIZING LANGUAGE

Don't Use	Do Use	Why
“addict” *“abuser”* *“junkie”* *"pothead"*	*“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”* *“is not using substances”*	*”Clean,” although a positive word, implies that when someone is using they are “dirty.”*
“addicted newborn” *“born addicted”* *“drug baby”*	*"baby showing signs of neonatal 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.*

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** someone using the word *“junkie”*
- **institutional stigma** firing people based on a positive drug screen
- **stigma through association** when pharmacists or medical providers stigmatize people with OUDs by stating,*“That’s not the population I want in my office.”*
- **self-stigma** when we believe the cruel and dismissive things that people say

Despite widespread acceptance that substance use is a health condition and not a personal character flaw, stigma against people who use drugs is still **socially acceptable - and commonplace**.

When people internalize the negative messages they hear from peers, providers, their community, and our leaders they feel shame. We need to build a culture that is free of stigma.

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.
Never Use Alone (800) 484-3731

Stigma is only amplified if a person who uses drugs becomes pregnant. You may become isolated even from people who knew about and accepted your substance use before you got pregnant.

DIGNITY + PRIDE

Pride is satisfaction with one's own accomplishments and positive qualities; it is a sense of one's own inherent dignity. **Pride is the opposite of shame.** Pride inspires people to take care of themselves and present their best selves to the world.

You deserve to be treated with 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 problem areas, but how **to imagine and plan for a happy future**.

Talk with them about **your health goals** and what you want for your family. Talk with them about treatment for substance use disorders as well as **whether you plan to breastfeed or chestfeed**. Talk with them about **finding employment** as well as your hopes and dreams for your child and yourself.

Part of respectful health care is **trauma-informed care**. Trauma-informed care is health care that recognizes the impact of negative life experiences, including adverse childhood experiences (ACEs) on our health and wellbeing. It recognizes that unhealthy relationships, loss of loved ones, neglect, poverty and incarceration hurt our health. It acknowledges the lasting trauma of emotional, verbal, and sexual abuse.

Your providers should understand the lasting impact of trauma, should **offer support,** and **make accommodations** for you.

You deserve care that protects against trauma and reduces the risk of re-traumatization.

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. [10, 11, 12, 13]

TO BIRTH OR NOT TO BIRTH

Deciding whether or not to carry a pregnancy to term and deliver a baby is a very personal decision. For some people, the decision is easy, and for others people it can be difficult.

For many, the realization that they're pregnant can be surprising and overwhelming. It's normal to have conflicting emotions. For example, you might be scared and excited at the same time. Any of the feelings you have about the news of your pregnancy are ok. Take time to sort them out.

Some people find it helpful to talk to their partners, friends and family - but only you can make this personal decision. There are also free resources to help you talk through this decision non-judgmentally, such as All Options www.all-options.org 1-888-493-0092.

Your healthcare providers should never pressure you to have a baby or to have an abortion.

CONTINUING A PREGNANCY

If you choose to continue your pregnancy, the next steps are to:

- Start taking prenatal vitamins.
- Find a prenatal care provider.
- Identify and build your support system.

It is important to remember that using substances before you realized you were pregnant or during your pregnancy does not necessarily mean that your baby will be substance dependent or unhealthy.

PREGNANCY PROVIDERS

- **Family Medicine Physicians** and **Primary Care Providers** offer comprehensive health care services for people of all ages. They also provide care for low-risk pregnancies and births.
- **Obstetrician/Gynecologists (OB/GYNs)** provide comprehensive reproductive health care, whether someone is pregnant or not.
- **Maternal-Metal Medicine Specialists (MFMs),** also called **Perinatologists**, have special training in handling complicated and high-risk pregnancies.
- Obstetrics and Gynecology **Nurse Practitioners** (NPs or OGNPs) have special training in providing reproductive, pregnancy, and women's health care.
- **Midwives** provide sexual, reproductive, and women's health care. Midwives generally care for healthy, low-risk pregnancies but they can consult with specialists if there are any problems. **Certified Nurse Midwives (CNMs)** are licensed to provide care everywhere in the country. There are other types of midwives who are not required to be licensed, but their services may not be covered in your state or by your insurance. Check with your provider.

THE ROLE OF DOULAS

A doula is a professional support person who can be with you during pregnancy, birth, termination, or the postpartum period (also called the 4th trimester). They can be licensed or unlicensed. **Doulas advocate for you, help you make decisions,** and **provide general support.** Some provide their services at low to no-cost.

Doulas will typically meet with you once or twice during your pregnancy to develop a relationship with you and your support person. **During pregnancy, a doula can help you learn about your options and help you make plans** for child birth and early parenting. **During labor and birth, it is their job to care for you and advocate for you** in a non-judgmental, non-medical way - especially during stressful situations.

When searching for a doula, get as much information about them as possible. Ask them if they provide **trauma-informed care** or have **experience with people who use drugs**. If you have relationships with trusted social service providers, community health care workers, case managers, or substance use treatment providers you may ask them to help you find an experienced doula.

ENDING A PREGNANCY

If you decide to end your pregnancy you will need to find a provider who can talk with you about your options. You can ask your doctor for a referral, but unfortunately only a small percentage of medical providers have training in providing abortion care. Because of this, it may take time to find a provider. And because you may run into other restrictions, it's good to start looking as soon as you start considering abortion.

MEDICAL ABORTION

A medical abortion is an option during the first 11 weeks of pregnancy.

It is a self-managed, clinician-assisted process where you take medications that prevent a pregnancy from growing and cause your uterus to empty.

You can get these medications from a healthcare provider and take them at home - although some providers and clinics may want you take the first medication during your visit.

You can even find care online.

Plan C: A Safe Abortion with Pills
www.plancpills.org

Abortion Pill from Planned Parenthood
www.plannedparenthood.org/learn/abortion/the-abortion-pill

Ibuprofen is recommended for pain control, and is generally safe to take with other substances or medications you may take.

IN-CLINIC PROCEDURES

A healthcare provider can perform a simple procedure that removes a pregnancy from your uterus.

This procedure must be done in a clinic or hospital.

Suction Curettage Abortion

- done between 6-14 weeks since your last period
- visit lasts about 3 hours
- 98% effective - 2% require a second procedure
- may include sedation and medication for pain management

In-Clinic Abortion from Planned Parenthood
www.plannedparenthood.org/learn/abortion/in-clinic-abortion-procedures

FINDING RELIABLE ABORTION PROVIDERS

We recommend these resources for finding care:

Planned Parenthood 1-800-230-PLAN plannedparenthood.org

The National Abortion Federation 1-800-772-9100 prochoice.org

WARNING: *A word about crisis pregnancy centers*

These programs are usually run by anti-abortion organizations and do not provide termination care.

NEW: Planned Parenthood Direct app

If you live in a rural area, don't have access to reproductive care, or practicing social distancing and can't make it to your doctor, you can now get the care you need. Planned Parenthood Direct, a FREE app, allows you to get a wide range of sexual and reproductive health services through virtual appointment all from your phone. You can chat with a doctor or nurse to get birth control pills delivered.

www.plannedparenthooddirect.org

OVERCOMING BARRIERS TO CARE

COVERAGE: If you have insurance, call the number on the back of your insurance card to ask what's covered. If you don't have insurance, be sure to ask about payment when you call for a consultation

COSTS: There are several costs associated with getting abortion care, including time, travel, and child care. Assistance may be available.

- National Network of Abortion Funds abortionfunds.org
- Women's Reproductive Rights Assistance Project wrrap.org

REGULATIONS: Find out what laws might affect you by state at www.plannedparenthoodaction.org/abortion-access-tool/US

Contact the Repro Legal Helpline to reach a free, confidential information about your legal rights regarding self-managed abortion. They can give you clear, understandable answers about legal rights, what the law is, and how it has been used.

www.ifwhenhow.org

if when how

PAIN MANAGEMENT DURING ABORTIONS

For medication abortions, people will experience bleeding, and may have intense cramping and gastrointestinal discomfort (vomiting and diarrhea). For procedural abortions, most people who are awake for the procedure describe the discomfort as intense period cramps. In most cases, the procedure lasts less than five minutes. Since pain can be made more intensified by fear and anxiety, consider having a plan for breathing exercises, bringing calming music to listen to, or using pressure points.

If you take a medication for opioid use disorder, you may not receive accurate information about pain control or adequate pain control. If you are taking buprenorphine (Suboxone) or methadone, take your regular dose. If you are considering mild or deep sedation and feel safe enough to tell the team of folks performing your abortion about your medications, they may be able to increase the dose of opioids they give during the procedure to help with the discomfort.

Some abortion providers are not comfortable with managing pain in patients who take buprenorphine, so you can ask them to reach out to your buprenorphine provider for information if that feels safe to you. Many abortion providers would be willing to be vague about the type of procedure you will be having if you suggest language like “they are at my facility today for a minor procedure for which we’d like to offer minimal sedation...”

If you have any concerns about urine drug screens at your buprenorphine or methadone provider’s office, feel free to ask your abortion provider for a note about the medications you were administered or prescribed. Again, most abortion providers are willing to be vague about the type of procedure you had if you would like your buprenorphine or methadone provider to not know about your abortion.

RECOMMENDED RESOURCES:

- Abortion Care Network www.abortioncarenetwork.org
- National Abortion Federation www.prochoice.org
- Reproductive Health Access Project www.reproductiveaccess.org
- Planned Parenthood www.plannedparenthood.org