

# Perinatal Substance Use

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# Perinatal Substance Use

- ANY amount of substance use during pregnancy is harmful to the unborn child !
- Mother's health and lifestyle also affect birth outcomes e.g. transmission HIV / other sexually transmitted diseases, low birth weight

## Estimated Substance Exposed (SE) Births in Virginia 2007 (total births = 107,261)

<b>Substance</b>	<b>% of Pregnant women (15 – 44 yrs) who use</b>	<b>Estimated # SE infants exposed</b>
Alcohol	11.6 %	12,442
Tobacco	17.3 %	18,556
Non-medical Use of Prescription Meds	6 %	6,436
Illicit Drugs	4.3%	4,612

## SE Newborns are at high risk for:

- Premature delivery
- Low birth weight
- Neurological and /or congenital problems
- Increased risk sudden infant death syndrome (SIDS)
- Developmental delays
- Neglect or abuse
- Mental health and substance abuse problems as they age

# Why don't substance using pregnant women...

- Stop using?
  - Lack information
  - Misinformed
  - Denial
  - Addicted
- Seek help?
  - Stigma, Shame
  - Fear loss of custody & / or other legal repercussions
  - Unable locate or access appropriate services

## **Substance using pregnant women may have complex, multifaceted problems**

- Addiction progresses more rapidly in women
- Co-occurring mental illness
- History of trauma
- Criminal justice involvement
- Child welfare involvement
- Financial & social problems
- Experience greater barriers to treatment

# Pregnancy = Window of Opportunity

- Women want what's best for their baby
- Willing to change risky behaviors
- Not everyone needs the same level of intervention

## Legislation Alone Doesn't Get Women to Treatment

- § 54.1-2403.1 Prenatal care providers must screen all women regarding their use of substances (1992)
- § 63.2-1509 Physicians must report SE Newborns to CPS (1998)
- § 32.1-127 Hospitals must refer postpartum substance using women to CSB (1998)
- 2006: 690 substance exposed births reported to CPS; CSBs served 334 hospital referred postpartum women



## **Women remain in treatment & do better when services are:**

- Gender specific
- Family focused
- Allow women keep their children in treatment with them
- Include clinical & support services tailored to women's needs & concerns

# Continuum of Care

<b>Level of Intervention</b>	<b>Type of Service</b>
Prevention	Public awareness campaign,
Low intensity	Routine screening & brief intervention; generalized home visiting e.g. Healthy Start
Moderate intensity	Specialized SA case management/ home visiting programs e.g. Project LINK; outpatient treatment (Tx)
Moderate/High	Gender specific SA intensive outpt / day Tx
High Intensity	Gender specific residential mother + child

## Limited Specialized Services

- Project LINK provides aggressive outreach in 8 communities
- 5 of the 6 residential programs that accept pregnant women allow the infant to remain. Total state bed capacity pregnant women < 50
- Medicaid coverage available for residential but only 4 programs meet special criteria to bill

# Residential programs that accept pregnant women & their newborns

Program	Beds*	State Funds	Medicaid
<b>Pregnant &amp; postpartum</b>			
Southeastern Family (HNN CSB)	16W	x	x
<b>Pregnant &amp; women with children</b>			
<i>Rubicon</i> (Richmond)	14 W	x	
<i>Bethany Hall</i> (Roanoke)	8W	x	x
<i>Vanguard Demeter House</i>	20		x
<b>Pregnant &amp; women with children – restricted to Fairfax residents</b>			
New Generations (Fairfax CSB)	12		x

# Potential Expenses for a Substance Exposed Child

- Neonatal Intensive Care Unit (NICU) services
- CPS investigation for mandated hospital referral
- Other child welfare services / foster care placement
- Ongoing special medical care e.g. HIV / STDs; congenital problems etc
- Early intervention services for developmental delay
- Special Education services
- Treatment for mental health and substance abuse problems as child ages

# Virginia Expenditures for Pregnant / Parenting Women: 2007

- **Federal SAPT BG Women's Setaside: (\$4,715,501)**
  - Gender specific treatment at each CSB
  - Residential beds for women w/ dependent (\$500,000)
  - 6 Project LINK (\$100,000 each site)
- **State General Funds: \$1,400,000**
  - 2 Project LINK collaborative sites (\$125,000 each site)
  - Funds residential beds @ 3 sites (\$1,000,000)
  - Outreach case management post partum referrals ( \$150,000)
- **Medicaid Expenditures: \$ 774,258**
  - Perinatal Day Treatment: (3 programs) \$47,058
  - Perinatal Residential: \$727,200 ( 4 programs)

# Efforts to Improve Services

- **DMHMRSAS' provides technical assistance to CSBs and state agencies regarding services for pregnant and parenting women and their children.**
- **Commonwealth Partnership for Women and Children Affected by Substance Use (Provider Group)**
- **Interagency Substance Exposed Newborn Workgroup**
- **Strong partnerships and collaboration with the Departments of Health, Social Services and Medical Assistance**
- **Governor's Home Visiting Consortium – addressing SA screening & referral services across Virginia's home visiting programs**
- **Virginia Summer Institute for Addiction Studies**

# References

- *Alcohol Use Among Pregnant Women & Recent Mothers 2002-2007* [National Survey Drug Use and Health (NSDUH ): 9/2/2008]
- *Cigarette Use Among Pregnant Women and Recent Mothers* (NSDUH: 2/9/2007)
- Chapter “Misuse of prescription drugs by pregnancy status” at <http://oas.samhsa.gov/Women.htm>
- *FASD: What Policy Makers Should Know* [www.nofas.org](http://www.nofas.org)
- *Substance Exposed Infants: State Responses to the Problem*, National Center for Substance Abuse and Child Welfare (2007)