

During the Home Visit: Substance Misuse Among Pregnant Women



NATIONAL CENTER ON
Early Childhood Health and Wellness

School Readiness Begins With Health

Addressing substance misuse among pregnant women and their families can be challenging. This document contains

- Key messages about substance misuse among pregnant women.
- Tips for approaching the topic.
- Conversation starters that may be useful in getting pregnant women talking, so you, as the home visitor, can begin to understand the situation and help accordingly.

Key Messages

- Home visitors such as you may be in a unique position to identify substance misuse and help pregnant women make healthier choices because you are seeing families during pregnancy and in the home. Pregnancy is a window of opportunity for many women and their families, during which they are more open to making healthy changes. Home visitors have the ability to gain the trust of families and may sometimes be the only provider that a family trusts.
- Inappropriate drugs (any amount) and prescriptions used incorrectly are not safe during pregnancy. They can cause serious problems for a pregnant woman and for baby, and they can even result in the death of the baby. According to the American College of Obstetrics and Gynecology, approximately 1 in 20 (or 5% of) pregnant women use inappropriate drugs (sometimes called “street drugs”) during pregnancy.
- Substance misuse refers to the inappropriate use of alcohol or drugs, whether the substances are legal or illegal. This includes: 1) using controlled drugs without a prescription; 2) using drugs prescribed for someone else; or 3) if the individual has a doctor’s prescription, using drugs in greater amounts, more often, or longer than prescribed.
- Opioid misuse during pregnancy is on the rise, and it can seriously harm a developing baby.
- Any pregnant woman misusing substances (prescription or nonprescription) should be encouraged to talk with her health care professional immediately.

- A pregnant woman should never stop taking an opioid before talking with her health care professional first. Quitting opioids suddenly, sometimes referred to as cold turkey, can harm a baby and is not recommended.
- Pregnant women should take any medication that their doctor prescribes exactly as directed. Pregnant women should never take a medication prescribed for someone else.
- Pregnant women should always make sure to tell their doctor that they are pregnant if they are being prescribed or starting a new medication.
- Substance misuse after a baby is born may continue to pose a threat to the child, as parents misusing substances may be impaired in the ability to care for children, which may raise protective concerns.
- According to the National Institute on Drug Abuse, every 25 minutes, a baby is born suffering from opioid withdrawal in the United States.

Try the following tips:

Prepare.

- **Build relationships first.** It’s hard, that is, almost impossible, to have open conversations about sensitive topics until you have earned the trust of the family. Look for opportunities to build a relationship from the beginning, notice and comment on the family’s strengths, and ask about their needs, making referrals to community services if warranted. Consider waiting to broach certain topics until you have established a good rapport, if waiting is medically advisable.
- **Consider the timing.** Pregnancy is a time when some women and families are often open to making healthy life changes. Use this important window to support families and share information about getting help in any necessary area, including substance misuse.
- **Plan your language.** Avoid statements that seem to blame the pregnant woman. Instead, talk about the harm that inappropriate drugs or substances can cause the baby. Focus on the positive choices that pregnant women can make: “You can make sure your baby has a safe, healthy place to grow.”

- **Be clear on your program and state policies.** Pregnant women are often fearful that if they share information about their substance misuse, it may trigger events that result in losing custody. Share with expectant parents what their rights and responsibilities are, as well as what yours are.
- **Know your community resources and have a plan.** For families who want to reduce their misuse of substances during pregnancy, it is critical to know what community services might be available to support this life change. Review eligibility requirements for local programs and understand how families can access services. Be informed about referral processes and protocols so you can swiftly and efficiently connect families with the help they need.



Explore.

- **Take a strengths-based approach.** Families want healthy babies! Focus on the family’s efforts to date and notice their strengths, resources, and hopes for the baby. Explore with the pregnant woman the choices she is willing to make to stay away from substances. Look at times in the past when the woman hasn’t used, identify what was different then, and identify possible supports.
- **Learn what families have heard.** Some women might believe that marijuana is okay to use while pregnant for conditions such as morning sickness. Other women believe that if a doctor has prescribed a drug, it must be safe during pregnancy in any quantity. Find out what knowledge base the family is working from by asking questions such as “What remedies have you heard about for morning sickness?” or “Has your doctor suggested any changes in prescription drug use, now that you are pregnant?”
- **Talk about other healthy behaviors.** Make sure the family knows about other ways to support a healthy pregnancy: attending prenatal appointments, eating healthy foods, and exercising if appropriate. If it is known or likely the baby will need medical support after birth, discuss what screening or care they can expect their baby might receive.
- **Look for social support.** Family, friends, baby’s father, and others in the mother’s circle can affect a pregnant woman’s choices. Learn about the people in her support system, and engage them when appropriate.
- **Assess the health literacy of the pregnant woman.** Does she have access to information in a language she knows at a reading level she understands?

If you suspect a substance misuse issue...

- **Ask permission.** Offer families a measure of control by asking whether you can share information about substance misuse during pregnancy. If they say no, come back to the topic later.
- **Share the latest.** If families seem open to discussing substance misuse, share the latest research on the impact of substances on both pregnant women and babies. As opioid misuse remains a hot topic for pregnant women, new information is published often. That holds true for other substances with high rates of use. Keep the information you share short, easy to understand, and actionable.
- **Take action.** Your preparation and knowledge of local programs can help you quickly put your plan into action. Offer to help make the call or talk with a program on the family’s behalf, if desired. As a trusted professional, you may have the opportunity to act as liaison and connect families in need to appropriate services.

Conversation Starters: Talking About Substance Misuse with Expectant Parents

Use the following conversation starters as questions that can begin discussions with expectant parents about any current or past substance misuse and to help give a picture of the support they'll have in place during pregnancy and after baby is born. Open-ended questions about pre-pregnancy substance misuse may be a useful starting point. Parenting stress has been shown to be a trigger for substance relapse, even for women who are medically treated during pregnancy. Check out additional resources on substance misuse, including these [screening questions](#) from the ACOG, to also inform your planning for home visits.

- What (if any) pregnancy aches and pains are you feeling? How do you handle pregnancy aches and pains?
- Are you seeing any health care professionals other than your obstetrician or pregnancy health professional? If so, do they know that you are pregnant?
- Are you currently on any medications? (If so, which ones?) Does the doctor who prescribed these medications know that you're pregnant now?
- Have you ever been prescribed painkillers such as codeine, oxycodone (or "oxy"), morphine, or fentanyl? If yes, what was your experience like with them? Are you taking them now?
- Have you ever been concerned about your use of prescription painkillers or other substances in the past? Do you have any concerns now?
- Do you have concerns about anyone in your household using prescription painkillers or other substances?



- The arrival of a new baby is exciting but can also be stressful! What are some ways you unwind and de-stress now? Do you think you'll be able to use those strategies after baby arrives? What else could you do to reduce that stress when baby is here?
- Do you know about local resources or support groups that can help you when baby arrives? Would you like to hear about some opportunities in our community?
- Who gives you support or help when you need it? Do you have friends, family, or neighbors who can help out with getting to doctor's appointments or giving you a break once baby is here?
- What kinds of things would you like your supporters to help with once baby is here? What tasks do you think you can ask of them?
- It is very common for new parents to feel overwhelmed at times. Let's talk about a plan for what you can do if life gets overwhelming once baby is here.



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