Treating for Two: The Challenges of Managing the Pregnant, Chemically Dependent Patient
Robin Morin, RN, CPHRM

For most women, pregnancy is a time of happiness and excitement, and often serves as a powerful motivator for leading a healthy lifestyle. Many women give up caffeine, stop smoking and drinking alcohol, forego coloring their hair, or even banish their cat when they learn they are pregnant. For others, pregnancy is complicated by an ongoing struggle with substance abuse. The newborns of mothers who misuse alcohol and drugs are at risk of adverse birth outcomes, including alcohol spectrum disorders and neonatal addiction syndrome (NAS). Clearly, substance abuse during pregnancy presents a critical and complex clinical management challenge for clinicians.

Substance abuse is not limited to illicit drugs. Other drugs, including prescribed medications such as opioid-containing pain relievers, may be abused or misused during pregnancy as well. Between 2008 and 2012, 39.4 percent of Medicaid-enrolled, reproductive-aged women and 27.7 percent of privately insured women in the same age group filled opioid prescriptions. Hydrocodone was the most frequently prescribed opioid, followed by codeine and oxycodone. Further, the significant maternal and neonatal risks that are associated with substance abuse are increased by exposure immediately prior to or during the first trimester of pregnancy, when a woman may not yet know that she is pregnant.

Substance use disorders, which include the misuse and abuse of prescribed or illicit substances, are often underdiagnosed and may occur across the spectrum of race, socioeconomic status, and age. The highest risk for developing a substance use disorder for women is when they are between 18 and 44 years of age, notably during their reproductive years, and particularly for women between 18 and 29 years of age.

“Pregnancy can serve as a powerful motivator to pursue healthy behaviors, but the state of pregnancy itself is often not enough to end the use or abuse of substances thought to be dangerous to the fetus.” Intervention during pregnancy is key to helping mitigate the risks to the developing fetus. "The success of any intervention with this population of women largely depends upon the experience at the first point of contact with prenatal services."

Scope of the Substance Use/Substance Abuse Problem:

- “[T]he U.S. Surgeon General issued a report highlighting alcohol and drug misuse and substance use disorders as one of America’s most pressing public health concerns.”
- “Among women, opioid and other substance use disorders are often underdiagnosed, and unintended pregnancy rates for women with opioid dependence are as high as 86%.”
- “Withdrawal from opioid use during pregnancy is associated with poor neonatal outcomes, including early preterm birth or fetal demise, and with higher relapse rates among women.”

Consider the following risk management recommendations:
- Facilitate a therapeutic alliance. Treat patients with substance use disorders with dignity and respect. Be empathetic and supportive rather than critical, to help build rapport and establish trust.
- Gather information by regularly asking all women, using simple language, about tobacco, alcohol, prescription, and illicit drug use.
- Educate patients about the potential effects of substance use on maternal health and the health and development of a fetus.
- Provide preventive education and appropriate referrals for treatment to all patients identified with a substance use disorder, even if the likelihood of their engagement/participation is low.
- Inform patients of any substance abuse testing required by a legal or ethical obligation and make a reasonable effort to obtain informed consent.
- Follow current best practices for prescribing controlled medications when treating patients with acute or chronic pain.
- Be familiar with the laws regarding disclosure of substance use disorders in your state. Protect patient autonomy, confidentiality, and the integrity of the patient-physician relationship to the extent allowable by the laws in your state.
- Avoid breaches of confidentiality and harmful disclosures by including only accurate and medically necessary information in the medical record and informing the patient why and how this information is included.
- Ensure there is a formal, comprehensive hand-off from the primary provider to the labor and delivery provider (if different) and the pediatrician (if not the primary care provider) at the time the mother goes in for delivery.

A pregnant woman with substance abuse and/or substance use behaviors places herself and her unborn child at risk for adverse outcomes. Providers need to remain ever-aware of the risks caused by substance use/abuse in this vulnerable population, as well as the challenges that are associated with managing these patients. Developing trusting relationships, identifying the potential for substance abuse/use, providing preventive education and appropriate treatments, and intervening appropriately can help mitigate some of the risks and challenges.

We hope you found this RisKey helpful. If have questions or would like further resources on this topic, please contact your Coverys Risk Management Consultant.

References

4. Ibid.
9. Ibid.
10. Ibid.
12. Ibid.
13. Ibid.
14. Ibid.
15. Ibid.
16. Brandon AR.
18. Ibid.
19. Ibid.
20. Ibid.

These links are being provided as a convenience and for informational purposes only; they are not intended and should not be construed as legal or medical advice. Coverys Risk Management bears no responsibility for the accuracy, legality or content of the external site or for that of subsequent links. Contact the external site for answers to questions regarding its content.

COPYRIGHTED
RisKey Emails are a publication of Coverys’ Risk Management Department. This information is intended to provide general guidelines for risk management. It is not intended and should not be construed as legal or medical advice.