Strategies for engaging pregnant women who use alcohol and/or drugs in prenatal care

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Bridges to Care Advisory Committee
CCHS/CFS Workgroup
Women who shared their thoughts, experiences, and suggestions
“Heavy or public drinking or drug use has been severely stigmatizing for women and has been indirectly but indelibly associated with maternal unfitness...

This linkage can occur even in the absence of evidence of any direct impact of a woman’s drinking or drug-taking on her actual performance of parental responsibilities such as nurturing, housekeeping, economic support, discipline, and so forth.

Thus it is often difficult to disentangle concerns with actual maternal irresponsibility from moral judgments about a mother’s visibly drinking or taking drugs at all.”

(Noble, Klein, Zahnd, and Holtby 2000 p. 78-79)
Overview

• Background
• Barriers to prenatal care
• Systems-change interventions
Where is Contra Costa County?
Contra Costa County

- 2006 population: 1,024,319
- 19.6% of Contra Costa residents live below 200% of the poverty line

Population Breakdown:
- White: 52%
- Hispanic/Latino: 22%
- Black: 9%
- A/PI: 13%
- Other: 4%

Residential Zip Codes above Contra Costa Poverty Rate in 2000

County Poverty Rate = 18.5%
Perinatal Substance Abuse Partnership
Making Change Happen: A Year in Review

Annual Report
May 2008

This Perinatal Substance Abuse Partnership (PSAP) Annual Report is designed to provide Contra Costa County department directors, key policy makers, and other interested community members with an update on the work of the Perinatal Substance Abuse Partnership during the past year.

The Contra Costa County Perinatal Substance Abuse Partnership was established in January 2003 to build an integrated, coordinated countywide approach to perinatal substance abuse services, including screening, assessment, referral, treatment, training and education, and data collection.

PSAP includes representatives from Contra Costa Health Services (Public Health, Mental Health, Alcohol and Other Drugs Services, Contra Costa Regional Medical Center and Health Centers), Employment and Human Services Department (Children and Family Services, Community Services), Brighter Beginnings, Ujima Family Recovery Services and other community-based organizations that provide alcohol and other drugs treatment and services to pregnant and parenting women.
Background

- County hospital doctors concerned women delivering with no prenatal care were using drugs
- Develop a community-awareness campaign about prenatal care
- Interviews and focus groups with pregnant women using alcohol and drugs
Barriers to prenatal care: Previous research

• Pregnant women who use drugs are over-represented among women who receive late, limited, and no prenatal care

• Women who use drugs and receive adequate prenatal care have better pregnancy outcomes than women who use drugs and do not receive adequate care
  – Not clear whether improvements are due to prenatal care or if lack of prenatal care is proxy for other risk factors
  – Nevertheless, lack of prenatal care clearly limits opportunities for offering other health promoting interventions

• Limited research on barriers to prenatal care

Berenson (1996); Broekhuizen et al. (1992); Burkett (1998); Chazotte (1995); El-Mohandes (2003); Faden (1997); Green et al. (1979); Hankin et al. (2000); Kelly et al. (1999); MacGregor et al. (1989); Maupin et al. (2004); Melnikow J et al. (1991); Pagnini et al. (2000); Racine et al. (1993); Richardson (1999)
**Interview & focus group methods**

- Pregnant women and new mothers who use or used AOD during pregnancy
- Recruited from Substance Abuse Tx, WIC, & county home visiting programs
- 20 semi-structured interviews & 2 focus groups
- Treated women as
  - study participants
  - key informants
- Substances: 61% meth, 16% crack/cocaine, 42% alcohol, but none alcohol only
- Race/ethnicity: 42% White, 18% Black, 26% Hispanic/Latina, 3% API, 11% Other
Factors influencing women’s decisions

- Bureaucratic and logistical barriers
- Having a healthy baby
- Belief that it is necessary to stop using before going to the doctor
- Fear of being reported to Child Protective Services, losing children, and going to jail

"I care[d] more about my son being ok. It sounds weird that I would say that maybe because I was using drugs, but I still cared if my son was ok. I wasn’t into hurting my child, I still wanted him to be ok, so I never missed a [prenatal] appointment." – Jill
Fear of damaged baby

• “The guilt of knowing that you’ve used, ‘cause you know 9 times out of 10 [it] will affect your baby in some way form or another.” - Latoya

• Fear leads women to. . .
  – go to the doctor
  – avoid the doctor
8.

Mommy,

Don't lose,

Get help not to use.

Baby speaking

If you use, you both lose.
“You have to stop using before you go to the doctor”

• “You know what? A lot of women that are going through that don’t go to the doctor because they using. And that is the first step. You have to get some help. I mean, there’s nothing else I can say. They’re not going to go to the doctor if they’re using because they don’t want them to know that they pregnant and using.” - Dawn
“You have to stop using before you go to the doctor”

“I had to leave actually, physically leave to go get clean because I couldn’t have stayed here and gotten clean. It was not an option. I didn’t consider prenatal care until I was home. I probably should’ve. I felt really guilty, but it was like, as long as I was getting clean, in my head, that was like step 1, stop there, stop using, stop doing bad. Then, once you started getting clean, it was like guilt, that’s what’s really funny. I mean, as soon as I felt that I was ready for prenatal care, I got it.” – Giselle
Analysis based on women participating in individual interviews (n=20)

Substance use and prenatal care trajectories in most recent pregnancy

6/9 who stopped using before entry mentioned previous or ongoing CPS issues

“The day I delivered, I was supposed to be moving to [nearby county] to get clean and sober and have him up there...I could have gotten [to prenatal care] but I was not about to go there and be dirty.”

- Renae

- Renae
Fear of CPS/losing the baby

• Women . . .
  – avoid PNC
  – get PNC despite fear
  – go to PNC to build track record to keep their baby/reunify with other children
    • ‘If I don’t go, it counts as abuse or neglect’
Conclusions

Women who use AOD see prenatal care as leading to

Implications

• Missed opportunities
  – Health promoting interventions
  – Supportive interventions
    • Treatment
    • Home visitors

• Similar findings (Poland et al 1993; Murphy & Rosenbaum 1999)
Not specific to drug use

• Behaviors, beliefs, barriers to prenatal care are NOT specific to drug use during pregnancy.
  – Instead, common to other health behaviors.

• Difference is possibility of serious social & legal consequences
LETTER TO THE EDITOR

Commentary: screening as a tool for engagement

We wish to thank Dr Hendree E Jones for her thoughtful commentary regarding our article, “The 4Ps Plus® Screen for Substance Use in Pregnancy: Clinical Application and Outcomes.” Because the article focused on data generated through the use of the 4Ps Plus® to screen for alcohol, tobacco and illicit drug use in pregnancy, there was nothing presented regarding the practical, public health goals served by the use of the screening instrument. In the best of circumstances, the 4Ps Plus® is utilized in the context of a much larger integrated system of screening, referral and treatment – the SMART system. Prior to implementing screening in any community, we establish guidelines and policies that allow for conducting a field assessment in the prenatal setting on any woman who screens “positive.” The screen identifies women who are at risk for Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse.

Screening for Illicit Drug Use

U.S. Preventive Services Task Force Recommendation Statement

- The U.S. Preventive Services Task Force (USPSTF) makes recommendations for preventive services for patients without recognized signs or symptoms of the target condition.
- It bases its recommendations on a systematic review of the evidence of the benefits and harms and an assessment of the net benefit of the service.
- The USPSTF recognizes that clinical or policy decisions involve more considerations than this body of evidence alone. Clinicians and policymakers should understand the evidence but individualize decision-making to the specific patient or situation.

Summary of Recommendations and Evidence

The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening adolescents, adults, and pregnant women for illicit drug use. (This is a grade I statement.)

Perinatal Substance Use Screening in California

Screening and Assessment with the 4Ps Plus® Screen for Substance Use in Pregnancy

In J Chasnoff and R McGearty

Screening for Substance Abuse During Pregnancy: Improving Care, Improving Health

Summary of Recommendations

The U.S. Preventive Services Task Force (USPSTF) recommends screening and behavioral counseling interventions to reduce alcohol misuse (see Clinical Considerations) by adults, including pregnant women, in primary care settings.

ASSESS

ASIST

ARRANGE

ASK

ADVICE
Women’s perspectives on screening

- Expectation of psychological, social, and legal consequences
  - Feelings of maternal failure
  - Judgment
  - Fear of CPS
    - ID in PNC → CPS
    - ID in PNC → Tx

"With me being pregnant, obviously, you can’t trust, you don’t know who you can trust. You’ve heard other people going through their pregnancy and hearing horrible stories about the doctors turning on them.

And then you hear, I’ve had people in my life who’ve been to the doctor while they were using and they’ve had... experiences, where the doctors have helped them.

But us, as users, don’t know who we can trust, and we’re not willing to take that chance."
Conclusions

• When judgment & CPS are a possibility, women:
  – Do not want providers to ID their drug use
  – Take steps to protect themselves, including physically avoiding and emotionally disengaging from prenatal care

• Findings specific to:
  – Drugs
  – Urine testing
Community awareness campaign
The big challenges

- Being trustworthy
- Avoiding threats/increasing fear
- Saying it in a way that women will hear
Trust
Pregnant & Using Campaign

You are not alone.
We want to help you have a healthy baby.

To apply for Medi-Cal or to learn how to schedule an appointment with a doctor in one of Contra Costa’s Health Centers, call the Health Access Line:
1-877-903-9350
8 a.m.—5 p.m.
Monday through Friday

For pregnancy support, resources, and information, call the Prenatal Care Guidance Program:
925-313-6254
8 a.m.—5 p.m.

It is not too late to have a healthy baby.
Even if you have used alcohol or other drugs during your pregnancy, it is not too late to have a healthy baby and for you to be healthy, too.

Want Help?
There are many free or low cost substance abuse treatment programs for pregnant women and new moms in Contra Costa. Some programs may be able to see you right away.

West County
Ujima Recorty
San Pablo
510-236-3134
Ujima West
Richmond
510-215-2380
For East County
Brett Wollam House
Bay Point
925-658-1978
Ujima Pittsburg
925-418-1001

Central County
Born Free
Martinez
925-464-1165
La Casa Ujima
Martinez
925-229-0230
New Connections
Reunion Program
Concord
925-363-5000

Don’t give up.
You are not alone.

Help is out there.

For pregnancy support, resources, and information, call the Prenatal Care Guidance Program:
925-313-6254
8 a.m.—5 p.m.

You do not have to wait until you have your Medi-Cal card or health insurance to start going to the doctor.

Fund by a community award from the March of Dimes
www.cshealth.org/groupfinch
Questions?
More than just a community awareness campaign...

1. Determining policies and practices
2. Building collaborations
3. Systems-change interventions
Problems and the systems to solve them
1. Determining policies and practices

- Prenatal care providers do identify women’s AOD use
- Women do enter treatment during pregnancy, but
  - Few women enter treatment based on a referral from a health care provider
  - Providers have limited knowledge about range of substance abuse treatment options
Providers do make reports to CPS
- Both during pregnancy & at time of delivery
- Many appropriate, some inappropriate
- Inconsistent across provider sites
- Some prenatal care providers use threats of CPS
2. Collaboration

Collaboration isn’t…

IGNORANCE
It’s Amazing How Much Easier it is for a Team to Work Together When No One Has Any Idea Where They’re Going.

www.despair.com
Partners & groups

- Perinatal Substance Abuse Partnership
- Health Services/Children & Family Services Work Group
- Bridges to Care Advisory Committee
“While protecting children is the primary mandate of CFS, we do recognize that many women with substance abuse problems may be fearful of having their children removed by our agency and as a result can be reluctant to access the very services that could help them.”

- Division Manager of Contra Costa Children & Family Services (the local CPS agency) in letter of support for the Bridges to Care Project, now funded by the March of Dimes
We want prenatal care to be a pathway to...
3. Systems change interventions

- Bridges to Care
- Prenatal SBIR
- Mom Baby Care Plan
Bridges to Care

• Funded by the March of Dimes and Contra Costa First 5
• Bridges to Care Advisory Committee
• Objectives:
  – Health care providers have clear guidelines of CPS reporting requirements
  – Ensure providers know where to refer women for support, including substance abuse treatment
  – Assist women who use drugs and alcohol during pregnancy to know what to expect from prenatal care

www.cchealth.org/groups/psap/bridges.php
Bridges to Care activities

• Toolkits for providers
  – Resource guide
  – Substance abuse treatment resources
  – CPS reporting guidelines
• Trainings for providers
• Informational materials for women
Resource Guide

Responding to alcohol and drug use among pregnant women during prenatal care

Substance abuse treatment options for pregnant and parenting women in Contra Costa County

Responding to alcohol and drug use when women deliver

Reporting to Children & Family Services (CFS)

Selected resources in Contra Costa County
4. What should prenatal care providers do if a pregnant woman continues to use alcohol or drugs and does NOT want treatment?

- Engage her in a conversation about the possible health effects of continued use of alcohol or drugs on both her and her baby.

- Talk with her about reducing her use.

- Talk with her about resources other than formal treatment that are available to support her. Resources include self-help groups such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and LifeRing; mental health services; individual counselors; clergy; home visitors; and domestic violence services.

- Work with her to identify actions she can take to increase her chances of having a healthy baby, such as eating healthy, taking vitamins, and attending prenatal care appointments.

- If she is using alcohol or drugs in a pattern that could get in the way of her ability to care for her child, talk with her about her plans for caring for her baby once the baby is born. Encourage her to think about how her ongoing use could influence her ability to care for her baby.

- Follow up on her progress at her next visit.

- If a woman misses an appointment, call her to reschedule.

COMMUNICATE

Express concern for the woman’s health and the health of her baby.

Do NOT make threats about CFS reporting. If she asks, tell her the situations in which you would be obligated to report to CFS.

Encourage women to NOT skip prenatal appointments if they relapse or continue to use.

Note: Some sites have policies that require providers to discontinue prenatal care if a woman continues to use certain substances and does not decrease her use or seek treatment. Follow your site’s policy.
2. Are there any pregnant women who should NOT be encouraged to stop using alcohol or drugs? If so, what is the best approach to use with this population?

- No. Encourage all pregnant women to stop using alcohol and drugs.

- Some women may need additional care from a healthcare provider to be able to safely stop their alcohol or drug use. Stopping use of opiates or painkillers abruptly and without help from a healthcare provider can harm a fetus or threaten a pregnancy.

- Encourage pregnant women who use heroin or are dependent on opioids to switch to methadone with a healthcare providers’ help.

- If women are taking opiates for non-medical reasons, counsel them to enroll in a methadone treatment program. All methadone treatment programs in Contra Costa County have special programs for pregnant women.

- Refer pregnant women who are taking sustained release opioids for pain (e.g. MS Contin, Oromorph, Kadian, OxyContin, etc.) to healthcare providers trained in pain management and obstetrics who can monitor their treatment.

- If a woman becomes sick from not drinking alcohol, tell her to immediately seek medical attention to treat alcohol withdrawal symptoms.

3. What tools exist to help prenatal care providers identify pregnant women who are using alcohol or drugs?

- There are a range of screening tools that providers can use to identify alcohol and drug use among pregnant women in their care.

- See the resources section for information about obtaining screening tools.

“Being able to go to prenatal care took a lot of that stress off of me, ‘cause they told me my baby was ok. That relieved a lot of stress on my part, a lot of stress.” —Imani
Materials for women

Pregnant & Using?
What to Expect from Prenatal Care

Do I need to stop using drugs before I go to the doctor?
• No. Even if you are still using, visiting the doctor regularly is important for your health and your baby’s health.
• Doctors at county health centers will care for you even if you are still using drugs. Doctors at some community health centers such as Planned Parenthood will also care for you even if you are still using drugs.
• It can be hard to stop using on your own. There are programs to help you stop using.
• Some doctors can help you find a treatment program to help you stop using.

Will doctors report me to Children & Family Services (CFS) if they find out I’m using drugs?
• CFS will not accept a report from your doctor while you are still pregnant if you do not have other children.
• If you have other children and your doctor suspects you are abusing or neglecting your other children, your doctor may report you to CFS while you are still pregnant.
• If you are still using when the baby is born and you do NOT accept the help that is offered to you, there is a good chance that doctors will report you to CFS.
• In other counties, CFS is called CPS.
Commentary: screening as a tool for engagement

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Summary of Recommendations and Evidence

The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening adolescents, adults, and pregnant women for illicit drug use. (This is a grade C statement.)
Recommendations re: screening

• Build trust
  – Providers have clear guidelines re: CPS reporting
  – Pregnant women receive info re: reporting policies
  – Ensure women identified through screening receive effective interventions and treatment
  – Confidentiality of AOD information obtained in PNC
  – Clear guidelines for use of urine tests
Contra Costa Prenatal SBIR

- Developed by Contra Costa Alcohol and Other Drugs Services
- Standardized self-report prenatal AOD screening in county prenatal care sites
- AODs counselors
  - Meet with women onsite at county prenatal care sites
  - Prenatal care and prenatal SBIR appointments coordinated
  - Provide interventions and referrals as appropriate

Developed and implemented by Dorie Klein, D.Crim and Elaine Zahnd, PhD
Mom-Baby Care Plan

• Developed by CCHS/CFS Workgroup
• 2nd trimester psychosocial reassessment that enables prenatal care providers to
  – document pregnant woman’s plans for how she will care for her baby after delivery
  – identify formal and informal resources to support her during and after pregnancy
  – communicate this information to Labor & Delivery providers.
• Offers guidance about steps to take at delivery and under what circumstances a report to Child Protective Services might be warranted.

Developed and implemented by Contra Costa Health Services/Children & Family Services WorkGroup
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Questions?