



How to discuss substance use with patients.

Pregnant and postpartum people who use substances or who are in recovery may feel fear and shame. You can help minimize or eliminate this by taking simple measures when talking with your patients. Compassion and empathy can reduce stigma and result in open and productive conversations. Provide support and address patient needs by using some of these talking tips:

- **Let your patient tell their story.** Ask open-ended questions that allow them to tell their personal story... not just their substance use story.
- **Treat your patient with respect.** Sit at the same level with them and make eye contact.
- **Ask permission and provide options.** Explain to your patient that you care about them and that you want to partner with them in finding the help they need. Reassure them that they don't have to answer any questions that make them uncomfortable.
- **Normalize the conversation.** Tell your patient that it's perfectly normal to feel discomfort talking about this subject.
- **Be transparent.** Explain that you're asking specific questions so you can provide the best care possible for them and their baby.
- **Work collaboratively with your patient.** Remind them that recovery is possible, and that the path to recovery is different for everyone.

- **Address confidentiality concerns honestly.** Assure your patient that you respect their confidentiality and that you comply with the laws that protect it. Patients have the right to know about any limitations you face, so inform them of any instance where you are required by law to report a threat of harm to self or others.
- **Establish trust, show empathy, and listen actively.** Engage with your patient in a non-judgmental way. Treat them with respect and address their substance use condition not as a moral failing but as the medical disease it is.
- **Medication Assisted Treatment:** Medication assisted treatment (MAT) with methadone or buprenorphine is the gold standard of care for pregnant and postpartum people with opioid use disorder. The RI Moms PRN Consultation Line can talk to you about MAT for your patient. Connecting your patient with a certified peer recovery support specialist is another way to help them access MAT.

Explore additional resources and information.

These resources offer more information you might find helpful in your work with your patients.

- Prevent Overdose RI preventoverdoseri.org
- RIDOH health.ri.gov/addiction/for/pediatricians
- Addiction Technology Transfer Center (ATTC) Network attcnetwork.org

The heart of the matter

Tips to help you speak compassionately with pregnant and postpartum patients who may be using substances or who are in recovery





use include mental health conditions and trauma, interpersonal violence, and housing insecurity. Pregnant and postpartum people who use substances may also experience fear and shame due to bias and discrimination.

For the birthing parent with substance use conditions, studies show that the risk of overdose increases in the first postpartum year. Although pregnancy can be a motivational time, the current overwhelming prevalence of fentanyl in the drug supply increases the risk of overdose during pregnancy and the postpartum period. Screening in the prenatal period is an opportunity to intervene early to mitigate or avoid poor outcomes.

You have options for screenings.

Universal screening and referral to treatment for substance use and mental health for pregnant people and birthing parents identifies substance use conditions and high-risk prenatal substance use. It opens the door to interventions aimed at decreasing the risk of overdose in the perinatal and postpartum periods, as well as the risk of negative birth outcomes.

EVIDENCE-BASED SCREENING TOOLS

- **The Alcohol Use Disorders Identification Test (AUDIT)**
Developed by the World Health Organization (WHO), this widely used alcohol screening tool assesses alcohol use and behaviors. Provider-administered and self-report versions are available.
· Visit: auditscreen.org
- **The Drug Abuse Screen Test (DAST-10)**
This drug use screening and treatment evaluation tool for adults and older youth can be conducted via self-report or interview format.
· Visit: sbirt.care
- **Screening, Brief Intervention, and Referral to Treatment (SBIRT)**
This is a comprehensive public health approach to early intervention and treatment services for persons with, or at risk of developing, substance use disorders.
· Visit: samhsa.gov/sbirt | risbirt.org | sbirt.care

It's not an easy conversation.

We've heard anecdotally that Rhode Island providers sometimes feel they do not have the knowledge and/or resources they need to properly address the care of pregnant and postpartum patients who may be using substances or who are in recovery.

This guide will support you in screening and referring for substance use and mental health in your pregnant and postpartum patients. It includes information about the array of recovery, treatment, and maternal and child health resources available for pregnant and postpartum people who use substances, as well as resources for their friends and families.

Some background about the issue.

Substance exposed newborns (SEN) are infants who are prenatally exposed to substances that can affect their health, development, or behavior in the short and/or long term. Substances of exposure can include certain prescribed medications, illicit drugs, alcohol, cannabinoids, and tobacco.

Annually in Rhode Island, at least 5% of the approximately 10,000 babies born are substance exposed. Prenatal substance exposure increases the risk of negative health outcomes including but not limited to preterm birth, low birth weight, stillbirth, neonatal abstinence syndrome (NAS), sudden unexplained infant death syndrome (SUID), fetal alcohol spectrum disorders (FASD), and other birth defects. Other poor outcomes related to prenatal substance

There are resources and supports for you and your patients.

What do you do if one of your patients screens positive for substance use and/or mental health conditions? Rhode Island has resources to help both providers and patients.

FOR PROVIDERS

RI Moms PRN Consultation Line

The Rhode Island Maternal Psychiatry Resource Network (RI MomsPRN) has a free psychiatric telephone consultation service for healthcare providers who have pregnant and postpartum patients with anxiety, depression, and substance use conditions.
Call: 401-430-2800
Visit: womenandinfants.org/ri-momspnrn



FOR PATIENTS

Perinatal Peer Recovery Specialists

Certified peer recovery support specialists, also known as peer recovery coaches, are individuals with lived experience who are trained to provide biopsychosocial support to people who use substances.

- **Parent Support Network of Rhode Island (PSNRI), Healing Mother and Baby**

Call/text: 401-318-9577
Visit: psnri.org/help (English)
psnri.org/ayuda (Spanish)

- **Anchor Recovery**

Call: 401-615-9945 (Warwick)
401-721-5100 (Providence)
Visit: anchorrecovery.org

- **Rhode Island Community for Addiction Recovery Efforts (RICARES)**

Call: 401-475-2960
Visit: ricares.org

Family Visiting

The Rhode Island Department of Health (RIDOH) Family Visiting program provides evidence-based home visiting support and services for pregnant people, children, 2and families.
Call: 401-222-5960
Visit: health.ri.gov/familyvisiting