

Two Lives, One Opportunity: Supporting Families Affected by Perinatal Substance Use

Head for the Hills CME Conference 2026

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Presenters have no financial relationships to disclose

Learning Targets

- Understand the **prevalence** and **impact** of substance use during pregnancy.
- Recognize and apply **person-first, non-stigmatizing language** when discussing substance use disorders (SUDs) in pregnancy.
- Utilize **evidence-based screening tools** for SUDs in pregnancy.
- Recognize the **principles of motivational interviewing** as a tool for patient-centered communication.
- Explore **treatment approaches** for SUDs in pregnancy.



Important Considerations

- Because substance use is so prevalent and we can't make assumptions about who uses substances and who does not, **we must always ask**
- From the moment a patient walks in the room, they look for information about **your feelings and attitudes;** they listen to your words, watch your mannerisms, and scan for either acceptance or judgment
- You **CAN** make a difference!



Do the best you can until you know better. Then when you know better, do better.

— **Maya Angelou**

Scope & Prevalence

- Substance use during reproductive years is an important clinical concern[1]
- **Pregnancy can motivate reduction or cessation of substance use[1]**
- Persistent use during pregnancy warrants assessment and support[1]
- Overdose is a major contributor to pregnancy-associated deaths in Virginia[15]
  - In 2018–2020, accidental overdose accounted for 50 of 170 Virginia pregnancy-associated deaths (29.4%)[15]

Virginia pregnancy-associated deaths 2018–2020 (n = 170)



Accidental overdose: 29.4% of deaths

Sources: 1, 15. Virginia data: 2018–2020, report published 2023.

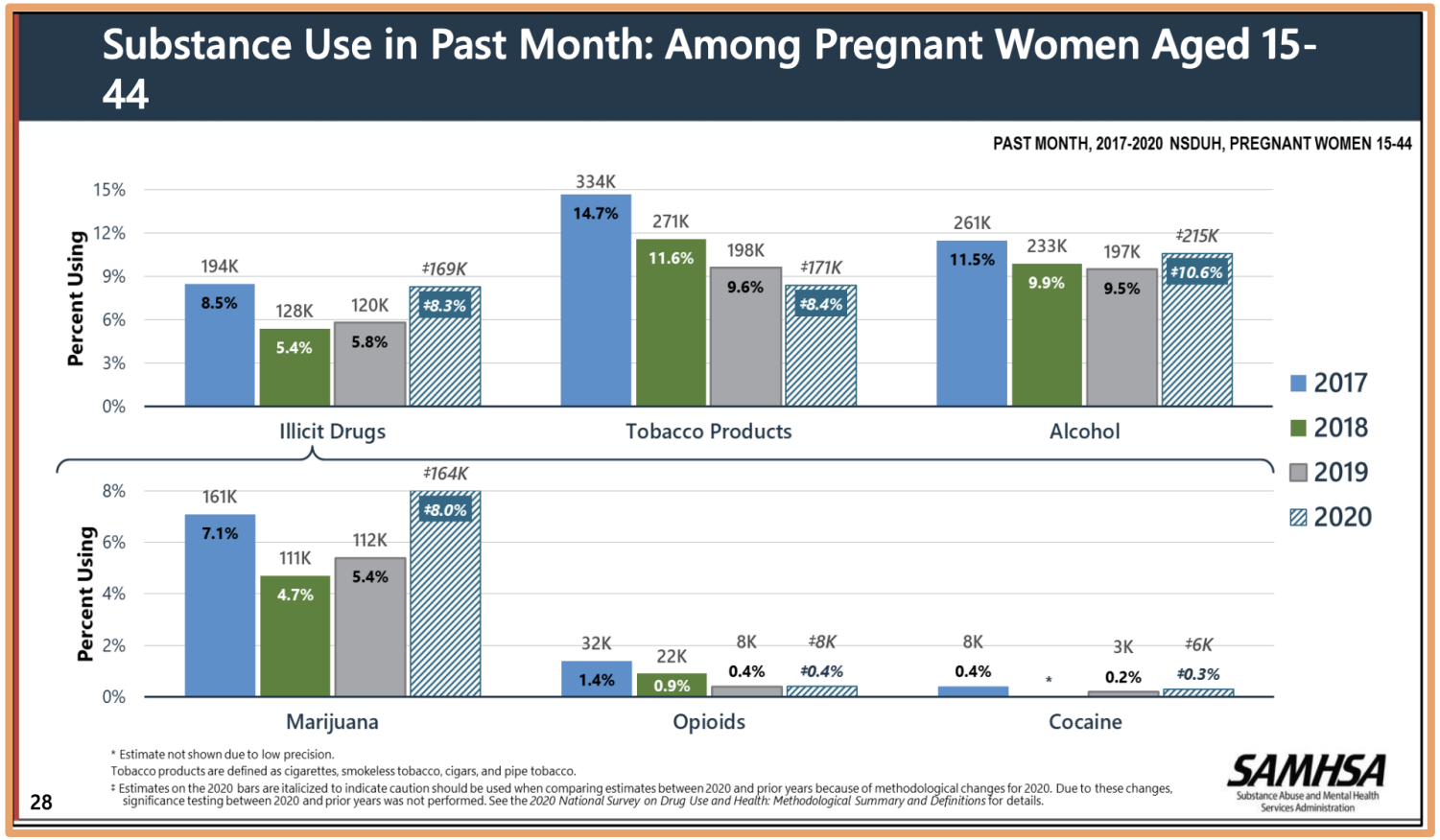
Scope and Prevalence [2]

Most frequently used substances in pregnancy:

- Tobacco
- Alcohol
- Marijuana

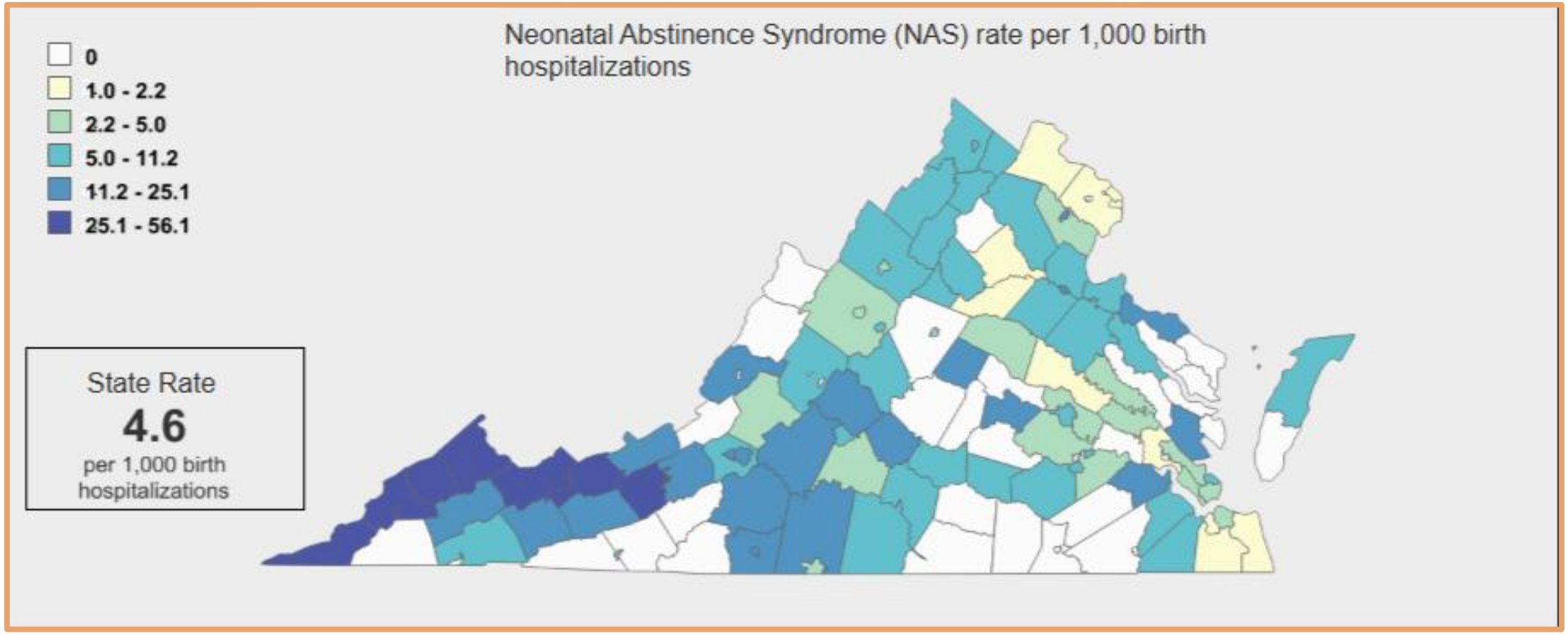
Followed by:

- Opioids
- Cocaine



(Oh et .al; 2017)

Neonatal Abstinence Syndrome (NAS): Virginia Department of Health[3]



Talking About Substance Use Disorders

Talking About SUDs

- Persons who find out they are pregnant often try to cut down or stop using substances. Everyone should be supported in their journey to reduce or stop substance use. That starts with the language we use!
- Both *How and What*



Sources: 1, 14. Person-first language and supportive engagement.

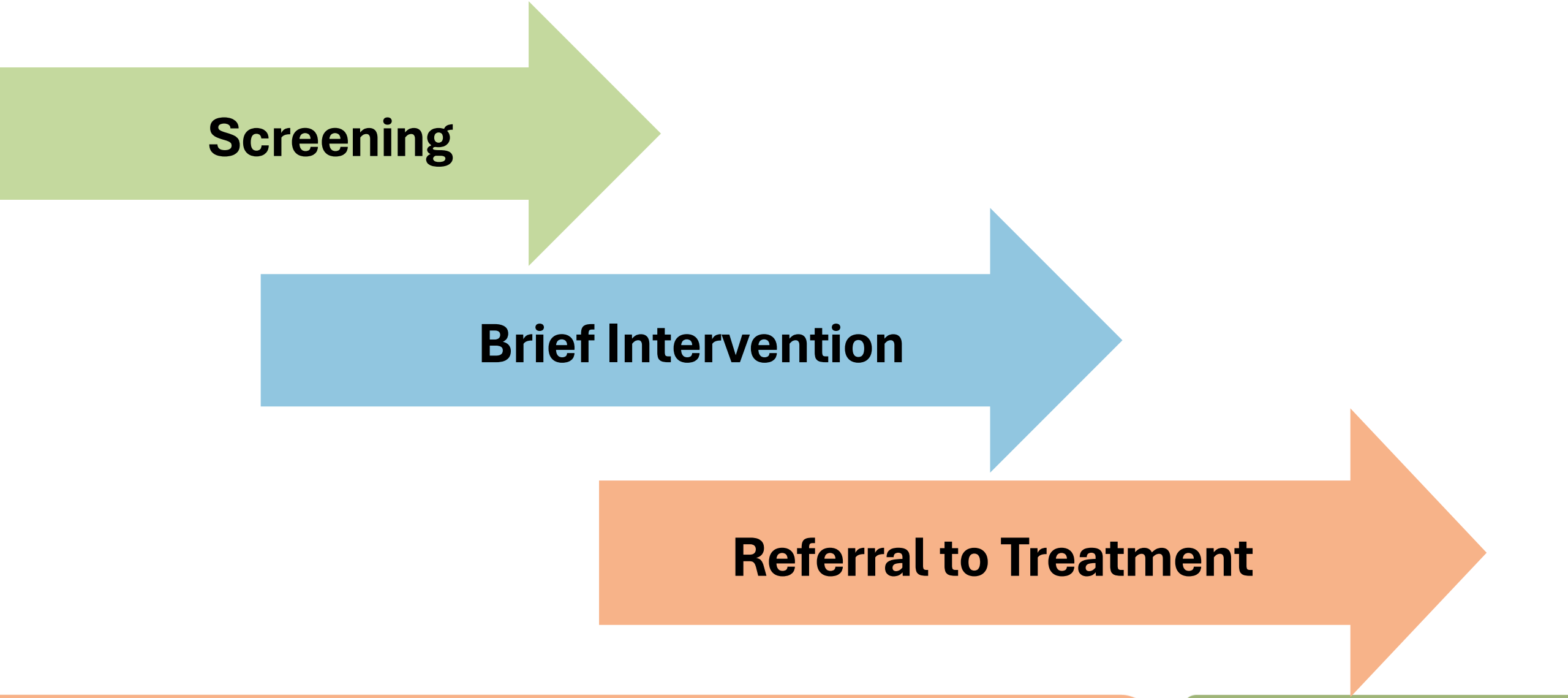
Levels of Stigma & Outcomes[1]

Level of Stigma	Example
Individual	A newly pregnant person believes they are a bad person because they use illegal substances and then delays seeking prenatal care
Interpersonal	A newly pregnant person who uses drugs loses previously supportive friends or partners who may or may not use drugs. The loss of support causes isolation, depression, and increased risk for overdose.
Organizational	A healthcare institution obtains a urine drug screen in a newly pregnant person without consent. They respond to the positive result by involving child welfare services but cannot provide further SUD care. As a result, the pregnant person loses trust in their new medical provider and is lost to further perinatal care.
Community	A substance use treatment facility does not offer a pregnant person evidence-based medications for substance use disorder.
Public Policy	Criminalization of substance use and involvement of child welfare services in pregnancy decreases someone's engagement in medical care, increasing morbidity and mortality of substance use for parent and child.

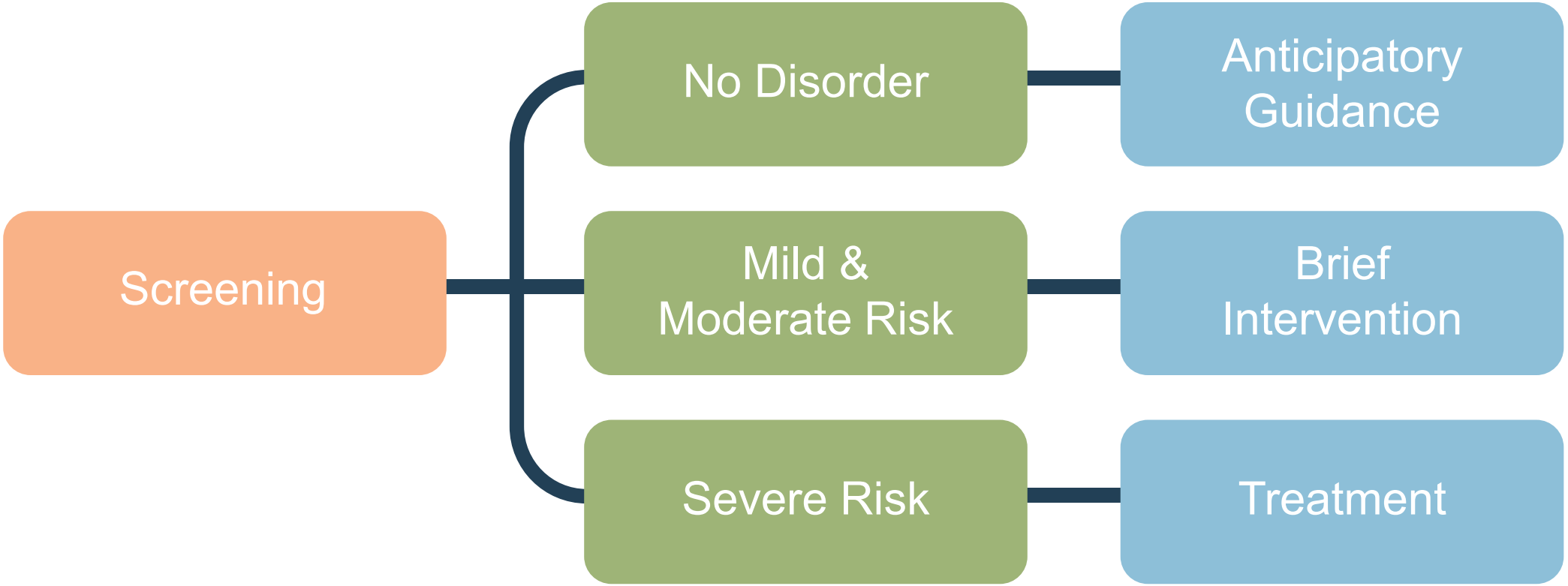
Slow Your Roll: Bad Idea Phrases	You're Getting There… But These Are Out of Date	Yay! Supportive and Recovery Oriented
Addiction is a failure of morals or willpower	Substance use disorder is a health condition	Substance use disorder is a treatable health condition and recovery is possible
Substance "abuse"	Substance "misuse", addiction	Substance use disorder, person living with addiction
Addict, junkie, pill head, substance abuser, drunk	Person using drugs	Person living with addiction or SUD
Recovering addict	Person working on their recovery	Person in recovery
Relapse is to be expected	Return to use may or may not be part of the recovery process	Recovery is not linear
Recovery = abstinence	Harm reduction meets people where they are at without leaving them there	Harm reduction is a recovery pathway
Person is hopeless, has hit rock bottom, has burnt all their bridges	Person has not found their own pathway to recovery yet	There are multiple pathways to recovery, there is always hope
Medication is a crutch, a person on medication is not really sober / clean	Medication is a tool for initiating recovery	Medication is one of the multiple pathways to recovery
Self-help	Recovery fellowship, peer support	Recovery community

Educational examples informed by sources 14, 16. Wording adapted for this presentation.

Identification & Prevention: SBIRT[4]



Screening, Brief Intervention, and Referral to Treatment



Motivational Interviewing (MI)

Engaging the Patient[8]

- Unconditional positive regard
- Respect for patient autonomy



Engaging the Patient[8]

Unconditional Positive Regard

Having unconditional positive regard for a patient is an essential tool in navigating tough conversations, and appreciates that we all make tough choices based on our unique needs, experiences, and circumstances.

Respect for Patient Autonomy

When we know that people respect us as someone who is capable of making their own decisions, we feel safer discussing the choices we are making. We know that even if we change our minds or make a mistake, we will still be able to get the support we need.

Motivational Interview

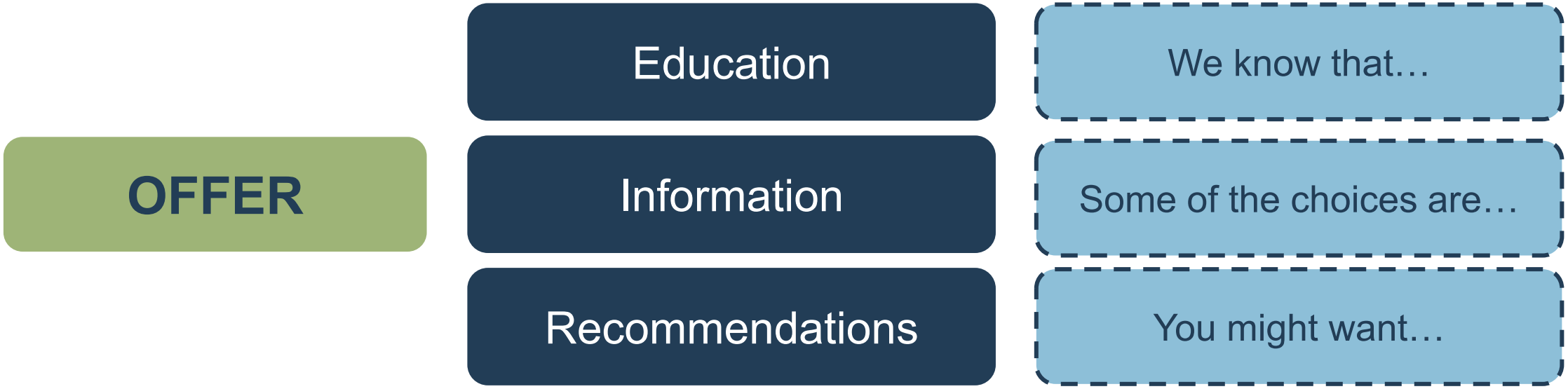


What Does MI Look Like?[8]

ASK

- Permission — Can we talk about this…
- Open Question — What do you think about…
- Closed Question — Would you want to…

What Does MI Look Like?[8]

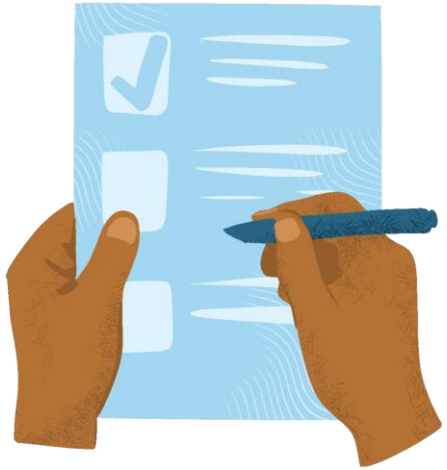


What Does MI Look Like?[8]

ASK

- Appreciate — You know what you…
- Reflect — You want to, but…
- Summarize — So your plan is…

Screening Tools



Use of Screening Tools



What to Do if You Have a Positive Screen

Screening overview: sources 5, 6, 9. See slides 23–26 for the tools.

Recommended Screening Tools

SCREEN EACH AND EVERY PATIENT!

Screening Tool	Description	Pros	Cons
5Ps[5] • Peers • Parents • Partner • Past • Present	• 5 questions • 3-5 minutes • Simple structure • Non-threatening	• Free • Designed specifically for pregnant women • Recommended by WSHA's Birth Equity Group	
NIDA Quick Screen[6]	• 4 substance categories • Approx. 3-5 minute • Scripted tool to support provider standardization	• Free • Listed in ACOG bulletin • Existing online tool • SMFM recommended	• Not specific to pregnancy • No training available

Sources: 5 (IHR 5Ps), 6 (MCPAP modified NIDA), 9 (universal screening).

5 Ps Substance Use Disorder Screening Tool[5]

1. PARENTS
2. PEERS
3. PARTNER
4. PAST
5. PRESENT

During pregnancy, health can be affected by emotional problems, alcohol, tobacco, other drug use and violence. Health can also be affected when these same problems are present in people who are close to them.

Alcohol includes: beer, wine, wine coolers, liquor, and spirits.
Tobacco products include: cigarettes, cigars, snuff, snus, and chewing tobacco.

Knowing about these behaviors helps us provide you and your baby the best possible care. You don't have to answer any questions if you feel uncomfortable. Would it be ok to ask you a few questions?



Clinical Pearl: Ensure questions are asked when patient is in a private place and able to adequately respond.

Source 5. Institute for Health and Recovery: 5Ps Integrated Screening Tool.

5 Ps Screening Tool[5]: **Recommended Actions if "YES"**

1.	Did any of your parents have a problem with alcohol or other drug use, including prescription medications?	PARENTS	Yes	No
2.	Do any of your friends have a problem with alcohol or other drug use, including prescription medications?	PEERS	Yes	No
3.	Does your partner or someone close to you have a problem with alcohol or other drug use, including prescription medications?	PARTNER	Yes	No
4.	In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?	PAST	Yes	No
5.	In the past month, have you had alcohol or used other drugs, including prescription medications? ❑ How many **days per month** do you drink/use drugs/take prescription medications? _____ ❑ **On any given day** how many drinks/what quantity of drugs/number of pills do you have? _____ ❑ How often did you have **4 or more drinks per day** in the last month? _____	PRESENT	Yes	No

Suggested Verbal Responses:

"Thank you for sharing. W
it be OK to ask
_____ to com
talk with your responses?

"Thank you for sharing. Sometime
when parents or friends have a current or past problem with substance use, it can put you at risk substance use as well. Has this been a concern for you?"

"Thank you for sharing. Sometimes when others close to you have a problem with substance use, it can make it hard for a person to not join in as well. Has this been a concern for you?"

Recommended Actions if "YES":

Brief intervention. Contact SW. Start checklist

Assess risk.

Discuss increased risk for substance use

Source 5. Adapted IHR 5Ps questions and recommended follow-up.

Screening: NIDA[6]

Modified NIDA Quick Screen (Modified NIDA)					
Ask: "In the past three months, how often have you used:"					
Alcohol (four or more drinks a day)	☐ Never	☐ Once or twice	☐ Monthly	☐ Weekly	☐ Daily
Tobacco products	☐ Never	☐ Once or twice	☐ Monthly	☐ Weekly	☐ Daily
Prescriptions drugs not used as prescribed or any marijuana	☐ Never	☐ Once or twice	☐ Monthly	☐ Weekly	☐ Daily
Illegal drugs	☐ Never	☐ Once or twice	☐ Monthly	☐ Weekly	☐ Daily
Any answer other than "never" is a positive screen and should prompt follow-up questions to further characterize which substance(s) are being used, the amount, and the time course (see *SUD1*).					
Adapted from the NIDA Quick Screen					

MCPAP For Moms

SUD2

Assessment of Substance Use in Pregnancy

odified NIDA)

r twice	☐ Monthly	☐ Weekly	☐ Daily
r twice	☐ Monthly	☐ Weekly	☐ Daily
r twice	☐ Monthly	☐ Weekly	☐ Daily
r twice	☐ Monthly	☐ Weekly	☐ Daily

t follow-up questions to further characterize which the time course (see *SUD1*).

k Screen

substance use disorder (SUD)

ed e, others' ontrolled	• Clinical signs of intoxication (confused, sedated or hyperactive, rapid or slurred speech) • Withdrawal • Evidence of tampering with IV or hoarding pills while inpatient • Crushing/injecting/snorting pills • Seeing drug use paraphernalia (e.g., syringes or pipes) • Physical signs of injection, stigmata of chronic alcohol use, intranasal irritation
	Intervene

Interpretation of Urine Drug Tests

Urine drug tests are useful for monitoring high-risk women and preferred over universal screening because they can:

- Detect undisclosed substances
- Help identify risk for neonatal withdrawal
- Help with risk assessment for medical complications (withdrawal, management of hypertension)
- Confirm use of prescribed medications

Discussion of urine drug tests results with patients should focus on promoting safety and not be punitive in nature.

Approximate Detection Times in Urine

Drugs	*Duration of Detection in Urine*
Buprenorphine	*1-6 days*
Methadone	*Up to 14 days*
Cannabinoids	*Up to 60 days (in chronic users)*
Cocaine	*1-3 days*
Heroin	*1-3 days*
Benzodiazepines	*Up to 21 days*

Urine drug tests have limitations because:

- They only reflect recent use, and detection times vary.
- Drug levels may vary widely depending on fluid intake, time elapsed since use, or individual variation.
- Providers need to know the characteristics of tests used within their institution because different assays may be used by different labs.
- They do not capture all illicit use (e.g., synthetic cannabinoids (K2/Spice), synthetic opioids (fentanyl, carfentanil), hallucinogens (LSD)).
- Patients can tamper with their urine specimen.
- The opioid urine assay tests primarily for heroin, morphine, and codeine and **does not** test for synthetic opioids like oxycodone, fentanyl, methadone, and buprenorphine, which each have their own urine test.

If the urine drug test is inconsistent with the patient's report, order confirmatory testing (e.g., Gas Chromatography/Mass Spectrometry – a.k.a. GC/MS).

Positive Screen (or if You Need More Information)

Currently Using Substances	Not Using, High Risk	Uncertain
Use open-ended questions, non-judgmental language; COLLABORATE with your patient	Use open-ended questions, non-judgmental language; COLLABORATE with your patient	Use open-ended questions, non-judgmental language; COLLABORATE with your patient
“Is it ok if we talk more about this?” “Would you be interested in help cutting down / quitting?” “On a scale from 1-10, how ready are you to make a change?” Ask for details of current use	“Are you engaged in recovery or recovery activities?” “What have you benefited most from in recovery?” “Are you exposed to substances currently?” “Can I contact your provider to better coordinate care?” “How can I best support you in maintaining your recovery?”	“You mentioned that you were in treatment for substance use; do you mind sharing more information?” “Can I provide extra support for you in maintaining your sobriety?”
Referral to treatment Rx for Narcan Follow up each trimester	Referral to treatment Rx for Narcan Follow up each trimester	Referral to treatment Rx for Narcan Follow up each trimester

Clinical chart: Jen Wells, MD (presenter). Informed by sources 6, 8, 9.

Brief Intervention[9]

A non-judgmental, structured conversation based on a harm reduction paradigm that helps people identify and address unhealthy or risky substance use. The goal is to motivate change.

Feedback: alert patient to the risks of their substance use

- 'highlight' risk as many are not aware

Responsibility: emphasize that patient possesses the power to change

- Importance and confidence ruler

Advice: clear advice on how to stop or reduce harm

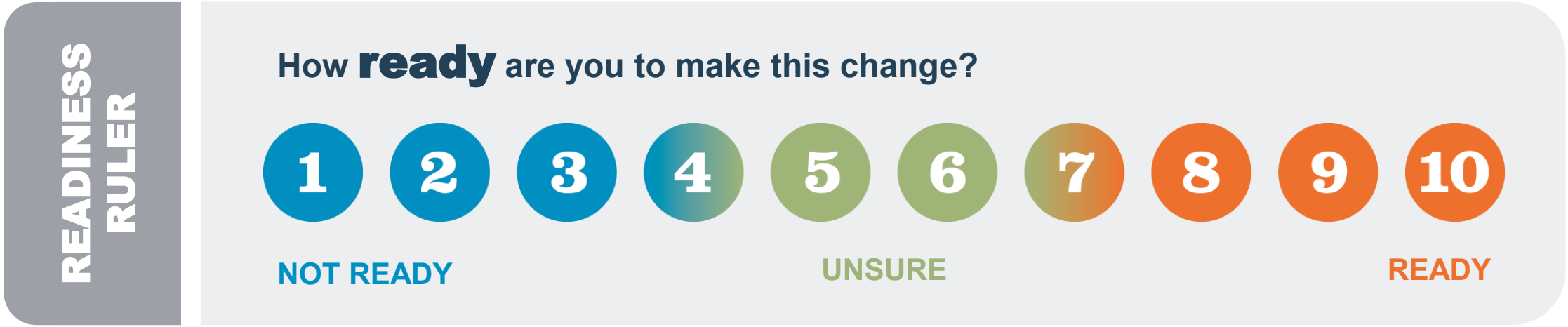
Menu for Change: identify where change needs to occur-people, places, things

Empathy: compassionate, accepting approach

Self-efficacy: foster patients' confidence to make change

Tools: Readiness Ruler[9]

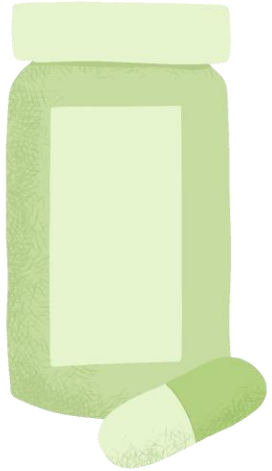
“On a scale from 1-10, how ready are you to make this change?”



Treatment



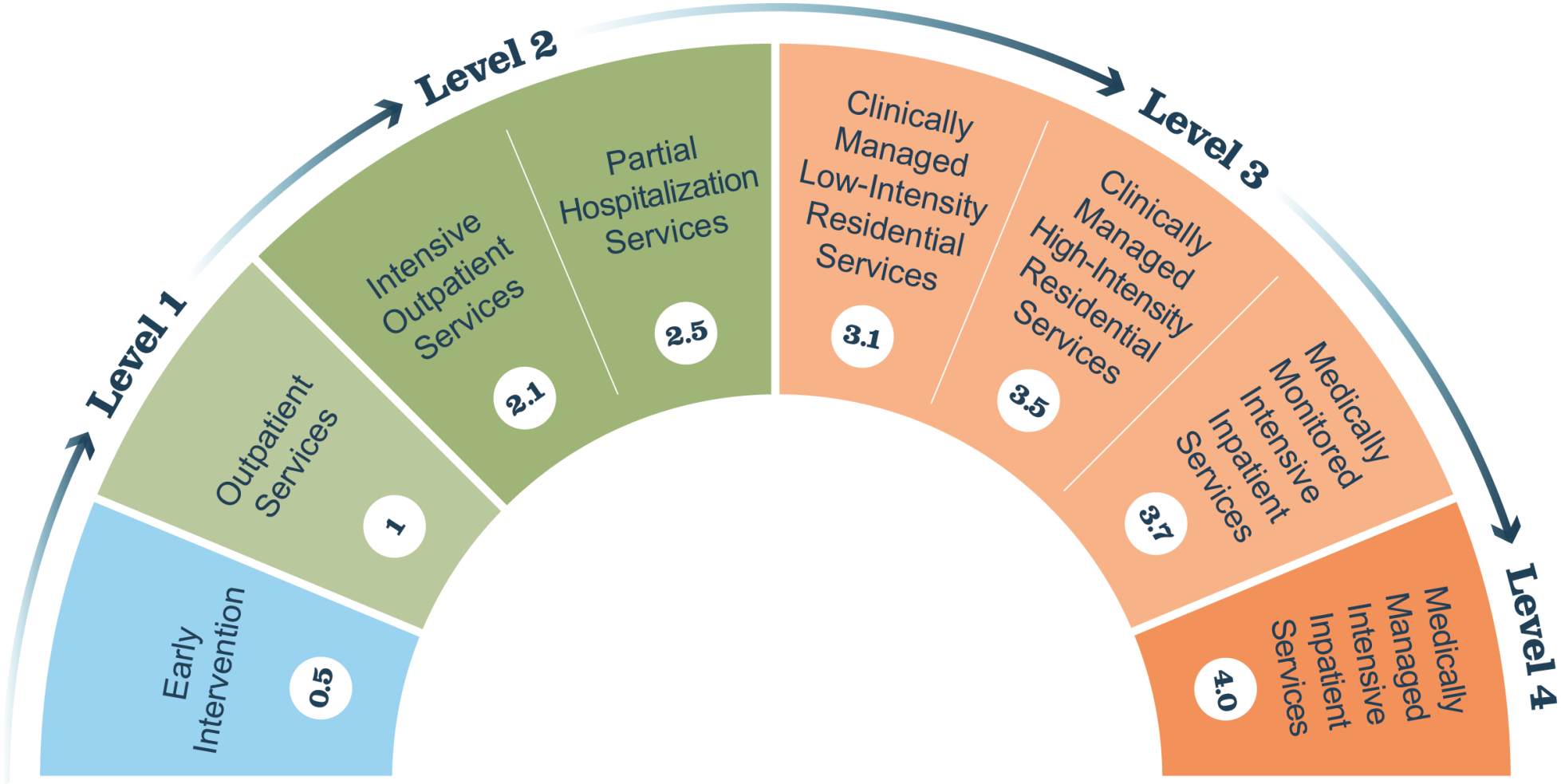
Levels of Care



Medication
Treatment Options

Treatment overview: sources 7 (levels of care) and 9 (pregnancy and OUD treatment).

Treatment: Levels of Care[7]



Treatment Approach

- Look at all current substances being used and consolidate options
- Treat co-morbid psychiatric conditions
- RX Narcan, fentanyl test strips
- Provide resources: dmas.virginia.gov and carrynaloxone.org
- SAMHSA.gov: harmreduction.org and carrynaloxone.org

Treatment Options: Medication

Alcohol Use Disorder: none approved in pregnancy

- Consider gabapentin, benzodiazepines, naltrexone after shared decision-making discussion

THC, Cocaine, Methamphetamine Use Disorder: none approved in pregnancy

- Consider Wellbutrin and/or naltrexone

Nicotine Use Disorder: none approved in pregnancy

- NRT (gum, patch) after shared decision-making discussion

Opioid Use Disorder: Buprenorphine +/- naloxone or methadone is standard of care

NARCAN FOR ALL!

Important Consideration

- **MAT/MOUD** is currently the **standard of care** in pregnancy for opioid use disorders
- **Medically-assisted withdrawal** is **not recommended** due to the high rate of relapse and concomitant risks



Challenges & Impact of Substance Use Disorders

Challenges

- Refractory illness
- Delays in recognition or knowledge of pregnancy
- Access to care
- Providers reactions to substance use disorders
- Stigma



Does [-] affect…	Nicotine	Alcohol	THC	Cocaine	Meth	Opioids
Placenta	Yes	Yes	Yes	Yes	Yes	Yes
Fetal Growth	Yes	Yes (Very)	Yes	Yes	Yes	Yes
Anomalies	Unsure	Yes (Very)	Unsure	No Effect	No Effect	No Effect
Withdrawal	No Effect	Yes	Yes	No Effect	Yes	Yes (Very)
Growth	Unsure	Yes (Very)	Yes	Unsure	Unsure	No Effect
Behavior	Yes	Yes (Very)	Yes	Yes	Unsure	Yes
Cognition	Yes	Yes (Very)	Yes	Yes	Yes	Yes
Language	Yes	Yes	Unsure	Yes	Unsure	No Effect
Neurobehavior	Yes	Yes	Yes	Yes	Unsure	Yes
Treatment Meds	NRT, Varenicline	Acamprosate, Naltrexone	NAC			Methadone, Buprenorphine, Naltrexone, Ancillary
Increased Risk	SIDS	SIDS	MMH issues			Maternal OD

VMAP
FOR MOMS+

A Solution to the Problem:

Virginia Mental Health Access Program for Moms+



VMAP
FOR MOMS+

Continuing Medical Education (CME)

Low- to no-cost CME opportunities for Virginia prescribing clinicians who care for pregnant and postpartum patients and their families, focused on the screening, diagnosis, treatment, and management of perinatal mental health conditions.

- **NEST**
- **PEACE**
- **Foundations to Flourish**

VMAP for Moms+ Line

Free mental health consultation and care navigation for Virginia prescribing clinicians who provide care to pregnant and postpartum individuals and their families.

- **Perinatal Psychiatrists**
- **Licensed Mental Health Professionals** (psychologists and/or social workers)
- **Care Navigators**

VMAP
FOR MOMS+

If you are a Virginia prescribing clinician who provides care to pregnant and postpartum individuals and/or their children:

Call the **VMAP For Moms+ Line** to access the following:

- Same-day **consultations with perinatal psychiatrists** & other licensed mental health professionals
- **Care navigation** to help pregnant or postpartum individuals connect directly with local mental health services
- Expert-led **perinatal mental health trainings** with optional CME credit

Scan QR code or visit
vmap.org/register to register
Registration not required for first call

1-888-371-VMAP (8627) x 1

*This line is **not** for patients to call directly. This is **not** a crisis line for patients.*



VMAP for Moms+ Line Hours:
Monday – Friday, 9 AM - 5 PM

- Hub team will ask for provider and patient info
- A behavioral health expert will call you back within 30-minute timeframe
- Patients must be pregnant or up to 1-year postpartum
- Provider must practice in Virginia OR patient must reside in-state

Common Concerns for the VMAP for Moms+ Line

Assistance and recommendations for:

- Case conceptualization
- Screening
- Diagnosis
- Prescribing
- Medical care considerations/implications
- Level of care determination
- Care navigation for the perinatal individual



Necessary Info for Initial Moms+ Call

Can be with MA/Nurse/Medical Team Member

- Patient Name*, DOB, Zip Code, Phone Number
  - IF Pregnant: Gestational Age, Gravida/Para
  - IF Postpartum: Weeks/Months PP, Type of Delivery, History of Trauma/Birth Trauma, Infant Feeding Choice
- Chief complaint
- Current symptoms (mood, anxiety, sleep, etc.)
- Current medications

Other Helpful Info to Have (If Available):

- Safety (HI/SI/IPV)
- Screening done? If so, tool + score?
- Past meds, dose, response
- Social Hx: Housing, Stressors, Supports, Barriers, Substance Use, IPV, etc.

* Does not have to be your patient if treating a family member of perinatal individual

VMAP
FOR MOMS+

PEACE: Perinatal Education for Advanced Clinical Expertise

Perinatal Education for Advanced Clinical Expertise (PEACE) is a 2-day CME training tailored for Virginia prescribers who care for pregnant and postpartum individuals. This training is designed to equip you with the skills and knowledge needed to address perinatal mental health concerns effectively in your clinical practice.

Course Objectives:

- **Identify** perinatal mental health disorders
- **Consider** the impact of additional diagnoses
- **Manage** psychopharmacology
- **Create** and implement a treatment plan
- **Adopt** trauma-informed practices

Earn up to **15.25** CE/CME Points!



Learn more and register for upcoming trainings at **vmapformoms.org/peace!**

Postpartum Support Virginia

- VMAP partners with **Postpartum Support Virginia (PSVa)** to bring you VMAP for Moms+!
- Not a prescriber? PSVa offers free support, training, and referrals for pregnant/postpartum people and those who care for them:
  - **PMAD Training & Education:** Evidence-informed training for non-prescribing clinicians & community partners
  - **Free Warmline (EN/ES):** Call or text (**703) 829-7152** for support, resources, and provider connections
  - **Care Coordination:** Warm handoffs to appropriate care
  - **Support Groups:** In-person & virtual options for parents and specific communities
  - **Partner & Family Support:** Resources for partners and caregivers

Learn more or refer:
postpartumva.org
warmline@postpartumva.org

NOTE: These services are for people experiencing PMADs and non-prescribers. Prescribers can access trainings and services for their patients through VMAP for Moms+!

healthhaven™
MENTAL HEALTH ACCESS PROGRAMS

1-888-371-8627

These mental health access programs offer **mental health consultation**, **care navigation**, and **CME trainings** for prescribing clinicians who…

VMAP FOR MOMS+

…provide care to pregnant and postpartum individuals and/or their children.

Call & **press 1** to connect with:

- Perinatal Psychiatrists
- Perinatal Licensed Mental Health Professionals (LMHPs)
- Care Navigators

VMAP

…see patients 21 & under with mental health concerns.

Call & **press 2** to connect with:

- Child/Adolescent Psychiatrists
- Developmental Pediatricians
- LMHPs
- Care Navigators

APAL

…see adult patients with mental and behavioral health concerns.

Call & **press 3** to connect with:

- Psychiatric & Physician Specialists
- LMHPs
- Clinical Pharmacists
- Care Navigators

Key Takeaways

- Substance use during the perinatal period is very common. You must **screen each and every patient**
- An alliance that includes **non-stigmatizing language** and **unconditional positive regard** is your best tool in working with patients who use substances
- MOUD is currently the **standard of care** in pregnancy for opioid use disorders. Medically assisted withdrawal is not recommended due to the high rate of relapse and concomitant risks

Questions?

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Updated 12/18/2024

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