AMERICAN COLLEGE of NURSE-MIDWIVES
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POSITION STATEMENT

Substance Use Disorders in Pregnancy

Recognizing that substance use disorder in pregnancy is a disease that requires a team approach to treatment, the American College of Nurse-Midwives (ACNM) supports legislation that:

- Protects the rights of individuals with addiction so that they may seek health care without fear of criminal retribution.
- Encourages the development of public health programs that address innovative interventions to treat addiction in pregnancy.
- Promotes education and research into this significant public health issue.
- Allows midwives to support patients and families with addiction challenges across the lifespan

Substance use disorder (SUD) in pregnancy is common with nicotine being the most used substance followed by alcohol, marijuana, and cocaine.[1] Substance use disorder is the persistent compulsive use of a substance known to be physically, psychologically, or socially harmful, including tobacco, alcohol, prescription medications, and illicit drugs. In pregnancy, addiction to one or more of these substances constitutes a significant health problem for both mother and baby. According to the Center for Disease Control (CDC), 0.2 to 1.5 infants per 1,000 live births have fetal alcohol syndrome[2] with 1 in 10 pregnant women reporting alcohol use.[3] Ten percent of women smoked tobacco products in the last 3 months of pregnancy.[4] Additionally, opioid use in pregnancy increased from 1.5 to 6.5 per 1,000 hospital births from 1999-2014 with a drastic increase in the number of infants diagnosed with neonatal abstinence syndrome.[5,6] The rise in prescription medication abuse and illicit opioids has created a public health crisis. Moreover, the legalization of recreational marijuana in multiple states has made patient education more difficult due to conflicting messages about safety.[7,8]

Screening for addiction is an important part of prenatal care. All pregnant individuals should be screened periodically for alcohol, tobacco, marijuana, prescription medications, and illicit drugs.[9] However, there is no preferred tool for screening for substance use disorders; rather it is clinician and site dependent. The US Preventative Services Task Force provides multiple substance screening tools that are either specific to one substance or capture all substances.[10] Universal urine drug screening is not recommended and should always be performed with the patients's consent and according to state laws.[11]

ACNM supports a health care system in which individuals with SUD in pregnancy are treated with compassion, not punishment. Patients should not be deterred from seeking care during pregnancy due to fear of prosecution. Optimal care for patients with addiction occurs within a multidisciplinary environment in which holistic care is provided that considers the

context of social environment and unique health risks.[11] In the health policy and legislative arena, efforts should be directed toward comprehensive approaches to promoting addiction recovery.[12,13]

For individuals experiencing opioid addiction in pregnancy, medication assisted therapy (e.g., methadone or buprenorphine) should be available.[11] Midwives should have full prescriptive authority in order to treat patients with SUD. Midwives should work collaboratively with addiction treatment centers and members of the health care team to ensure that individuals receive appropriate, evidence-based care. Although substance use disorders during pregnancy increase risk for various complications, midwives are ideally positioned to provide primary care or collaborative care to support individuals with substance use disorders in pregnancy.

References

1. United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health, 2012. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2015-11-23. https://doi.org/10.3886/ICPSR34933.v3 https://www.icpsr.umich.edu/icpsrweb/NAHDAP/studies/34933/version/3
2. Centers for Disease Control and Prevention (2018). Fetal Alcohol Spectrum Disorders (FASDs). Atlanta, GA. https://www.cdc.gov/ncbddd/fasd/data.html
3. Centers for Disease Control and Prevention (2015). One in 10 pregnant women in the United States reports drinking alcohol. Atlanta, GA. https://www.cdc.gov/media/releases/2015/p0924-pregnant-alcohol.html
4. Centers for Disease Control and Prevention (2017). Tobacco Use and Pregnancy. Atlanta, GA. https://www.cdc.gov/reproductivehealth/maternalinfanthealth/tobaccousepregnancy/index.htm
5. Haight SC, Ko JY, Tong VT, Bohm MK, Callaghan WM. Opioid Use Disorder Documented at Delivery Hospitalization — United States, 1999–2014. MMWR Morb Mortal Wkly Rep 2018;67:845–849. DOI: http://dx.doi.org/10.15585/mmwr.mm6731a1
6. National Institute of Drug Abuse (2015). Dramatic Increases in Maternal Opioid Use and Neonatal Abstinence Syndrome. https://www.drugabuse.gov/related-topics/trends-statistics/infographics/dramatic-increases-in-maternal-opioid-use-neonatal-abstinence-syndrome
7. Dickson, B, Mansfield, C, Guiahi, M, Allshouse, AA, Borgelt, L, Sheeder, J, Silver, RM, Metz, TD (2018). 931: Recommendations from cannabis dispensaries on first trimester marijuana use. American Journal of Obstetrics and Gynecology; 218(1), S551. DOI: https://doi.org/10.1016/j.ajog.2017.11.518 https://www.ajog.org/article/S0002-9378(17)32282-2/fulltext
8. Centers for Disease Control and Prevention (2018). Marijuana and Public Health. Atlanta, GA. https://www.cdc.gov/marijuana/factsheets/pregnancy.htm
9. Wong S, Ordean A, Kahan M. (2011). Substance use in pregnancy. Journal of Obstetrics and Gynaecology Canada. Apr;33(4):367-384. doi: 10.1016/S1701-2163(16)34855-1. https://www.ncbi.nlm.nih.gov/pubmed/21501542
10. Final Update Summary: Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care. U.S. Preventive Services Task Force. September 2016.https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/alcohol-misuse-screening-and-behavioral-counseling-interventions-in-primary-care

11. Opioid use and opioid use disorder in pregnancy. Committee opinion No. 711. American College of Obstetricians and Gynecologists. Obstet Gynecol 2017; 130: e81-94.
12. Flavin J & Paltrow LM (2010) Punishing pregnant drug-using women: defying law, medicine and common sense. Journal of Addictive Diseases 29: 231-244.
13. Guttmacher Institute (2018) Substance abuse during pregnancy. State Policies in Brief. New York, NY. http://www.guttmacher.org/statecenter/spibs/spib_SADP.pdf

Note. Midwifery as used throughout this document refers to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American College of Nurse-Midwives (ACNM) or the American Midwifery Certification Board (AMCB).

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