

RECOMMENDATIONS FOR COUNSELING PREGNANT PATIENTS



Pregnant Patient Does Not Want to Stop Using:

For pregnant patient who do not choose to reduce or stop substance use, harm reduction counseling is important.

Examples of harm reduction counseling/ education include:

- Encourage consistent/routine OB care.
- Discuss the risks of alcohol and substance use while driving. Many people do not realize, for example, that cannabis use can impair driving skills (Wadsworth and Hammond, 2018), particularly when mixed with alcohol (Smart, et al, 2018).
- Inform individuals who use drugs that fentanyl, a common and often unidentified additive to heroin (and other drugs), is much more potent than heroin and can increase the likelihood of a fatal overdose. to avoid a fentanyl overdose, they should use a small amount, carry naloxone, to reverse opioid overdoses, and avoid mixing drugs (Colon-Berezin, et al, 2019).
- Inform individuals that the risk of an accidental fatal overdose can be reduced if they avoid injecting/using alone.
- Use with a sober partner who can administer naloxone in the case of an opioid overdose or call 911 if needed.
- Describe the role of naloxone in the setting of an opioid overdose. Ensure that individuals who use opioids and the people close to them know how to access and use naloxone.
- Advise individuals who inject substances to avoid sharing needles and/or equipment, and avoid reusing equipment
- Talk to case manager weekly.
- Utilize needle exchange, if available, and ask providers for prescription.

For the Provider:

- Supply patient with naloxone prescription with refills, goal is at least two doses.
- Give them a 24 hour a day access to care if possible but may be rare in rural communities.
- Safety planning till services can be established.
- Approach every interaction with patient with an open mind towards recovery.
- Seek mentorship from others with experience treating patients with perinatal substance use disorders.
- Peer recovery coach/specialist referrals, virtual when needed.
- Obtain ROI's to communicate with other providers.

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Pregnant Patient Wants to Enter Treatment

- Counsel on choice of Medication Assisted Treatment (MAT).
 - Refer to MAT provider for rapid access to recovery services and if possible, have a warm handoff.
 - Address barriers to treatment.
 - Seek assistance from insurance case managers.
 - Connect the patient with an OB provider: Flexibility with no shows, late arrivals, and scheduling
 - Supply patient with naloxone prescription with refills, goal is at least two doses.
 - Help patient establish behavioral health services.
 - Consider higher levels of care with relapses:
 - MAT only -> therapy with MAT -> IOP with MAT -> inpatient with MAT
 - Consider safety planning needed until services can be established.
 - Refer to peer recovery specialist referrals, Virtual when needed.
 - Expand mentorships for program experienced in PSUD to consult with offices less experienced.
 - DCS - verify rules and regulations.
 - Unless concerned about your own safety, be open with the patient about need for DCS referrals.
- <https://www.overdoselifeline.org/naloxone-indiana-distribution/>
 - Mentorship/peer recovery information: www.indianarecoverynetwork.org there is a 'connect with a peer' button on the front. Can use that anywhere in Indiana. Can also call 2-1-1 and press 6.
 - <https://in211.communityos.org/>

Colon-Berezin C, Nolan ML, Blachman-Forshay J, et al. Overdose deaths involving fentanyl and fentanyl analogs - New York City, 2000-2017. MMWR Morb Mortal Wkly Rep 2019;68(2):37-40. [PMID: 30653482]
<https://www.ncbi.nlm.nih.gov/pubmed/30653482>

Smart R, Osilla KC, Jonsson L, et al. Differences in alcohol cognitions, consumption, and consequences among first-time DUI offenders who co-use alcohol and marijuana. Drug Alcohol Depend 2018;191:187-194. [PMID: 30130715] <https://www.ncbi.nlm.nih.gov/pubmed/30130715>

Stancliff, S. (2019). Harm reduction approach to treatment of all substance use disorders. Retrieved from https://cdn.hivguidelines.org/wp-content/uploads/20220617101852/NYSDOH-AI-Harm-Reduction-Approach-to-Treatment-of-All-Substance-Use-Disorders_6-17-2022_HG.pdf

Wadsworth E, Hammond D. Differences in patterns of cannabis use among youth: Prevalence, perceptions of harm and driving under the influence in the USA where non-medical cannabis markets have been established, proposed and prohibited. Drug Alcohol Rev 2018;37(7):903-911. [PMID: 29992695]
<https://www.ncbi.nlm.nih.gov/pubmed/29992695>