



# **Treatment and Care for Pregnant Women who use Alcohol and/or Other Drugs**

## **Background/Evidence**

Accessing health care and social supports prenatally is an important factor in improving maternal and infant outcomes. Without prenatal care, women who struggle to abstain from using substances during pregnancy are more likely to miscarry, give birth prematurely and have infants with low birth weights or who have symptoms of withdrawal <sup>[1, 2]</sup>. They are also more likely to have their children removed from their care <sup>[3]</sup>. Thus, it is in the best interests of both women and their infants if they are able to access appropriate prenatal care.

Engaging pregnant women struggling with substance use in prenatal care and services requires an understanding of the barriers they face in accessing services and careful attention to creating the types of supports they need. Women who struggle to abstain prenatally can face stigma, discrimination, and fear of having their children removed from their care <sup>[4-7]</sup>. Only services that counter the exclusion and marginalization this group of women faces can help them to access the health care they and their infants need <sup>[8]</sup>. The provision of a safe environment where staff is non-judgmental, respectful, supportive and understanding is integral to women accessing ongoing care <sup>[2, 3, 9]</sup>.

Substance use during pregnancy is often interconnected with issues such as violence in relationships, poverty, lack of stable housing, social isolation, and racism. Services which take into account this larger social context and which support the health and well-being of women and their children together are key <sup>[3]</sup>.





Several communities across Canada have developed “single access” prenatal services where pregnant women struggling with their use of substances are able to access a range of integrated health, emotional and practical supports under one roof. These programs work to address women’s needs from a holistic perspective, and strive to reduce barriers to accessing care and support by providing outreach, supporting women and children together, and attending to issues of trauma and safety. These programs have shown successes in engaging women earlier in pregnancy, higher rates of accessing and completing addictions treatment, increasing likelihood that women will retain custody of their children and improved maternal, infant and child outcomes <sup>[10]</sup>. One such program opened in Winnipeg in 2012 at Mount Carmel Clinic called Manito Ikwe Kagiikwe (The Mothering Project). Being involved in developing a similar program in your community may be beneficial to the women you work with.

There are also ways that you can work with women, in whatever amount of time you have to spend with them, that will be helpful. Research demonstrates that brief interventions can be effective in reducing prenatal alcohol consumption <sup>[11, 12]</sup>.

Health and social service providers play an important role in both recognizing and engaging mothers and pregnant women with substance use issues, and thus play a pivotal role in the prevention of Fetal Alcohol Spectrum Disorder (FASD) <sup>[13]</sup>. Given the social stigma and misunderstanding of this health problem, it is critical that service providers are able to ask about substance use in a supportive and nonjudgmental way that takes into account the larger context of women’s lives.

It has been established that the promotion of healthy pregnancies is more effective if it is women-centred – i.e., builds confidence and increases motivation; is holistic and comprehensive, violence-and trauma-informed, based in harm reduction principles, and uses motivational interviewing approaches <sup>[14, 15]</sup>. Having respectful conversations with women around healthy pregnancies, including alcohol and tobacco use, nutrition, prenatal care, and social determinants of health are more likely to be effective if they work to promote self-efficacy and to decrease shame and blame <sup>[16, 17]</sup>.

We are increasingly aware how important it is to have support and treatment for women who have FASD themselves <sup>[18]</sup>. Adaptations to community based services <sup>[19]</sup> as well as outpatient and residential treatment programming are being made <sup>[20, 21]</sup>.

Treatment programming tailored to the needs of First Nations, Inuit and Metis women who are pregnant and who have substance use concerns is important. Indigenous women have defined multiple levels of support and treatment as important in FASD prevention strategies <sup>[22, 23]</sup>. Barriers to maternal and child health programming in First Nations and Inuit communities can be



considerable, and relational approaches relevant to the multiple issues women face and the processes that facilitate healing and reclaiming of cultural identity are important<sup>[24, 25]</sup>.

## What You Can Do To Help

1. Find out more about specialized prenatal supports and services for women with addictions in your community. Advocate for women and help to reduce barriers to timely and effective care and supports. Where these services and supports don't exist, build relationships among service providers and try to find ways to work together to support women.
2. Many women with addictions are able to stop or significantly reduce their alcohol consumption during pregnancy. Provide encouragement and positive feedback about even the smallest changes. If abstinence does not appear achievable at this time, consider harm reduction approaches.
3. Substance use often intersects with issues such as violence and abuse, food insecurity, and other health and social issues. Help women deal with immediate needs and issues. Ask women how you can be most helpful.
4. Some women may be reluctant to discuss their substance use or to seek care and support. Give them time. Relationships of trust take time to build and it's never too late to address alcohol use during pregnancy.
5. Create a safe environment for women to discuss alcohol and drug use and to have their questions answered. Utilize violence and trauma-informed approaches to working with women.
6. You are under no legal obligation to call child protection during the prenatal period unless a woman has asked you to. However, if child protection is likely to be alerted later, it can be helpful for a woman to connect with them during her pregnancy and get the supports in place that will make it more likely for her to be able to parent her new baby.
7. Review the ***10 Fundamental Components of Working with Pregnant Women who are Using Substances*** developed by the Canadian FASD Research Network. Found at:  
<http://www.canfasd.ca/wp-content/uploads/2013/02/ConsensusStatement.pdf>

These 10 principles were determined to be fundamental in engaging and supporting pregnant women who are using substances in order to improve maternal and infant outcomes. They are as follows: respectful, relational, self-determining, women-centred,



harm-reduction oriented, violence- and trauma-informed, health promoting, culturally safe, supportive of mothering and uses a disability lens.

## Resources & Tools for Service Providers

### Addiction Foundation of Manitoba's Knowledge Exchange

<http://afm.mb.ca/resources/resource-collection/>

The most comprehensive information source on substance use and misuse, problem gambling and related issues in Manitoba. It offers up-to-date, reliable information on issues, trends and research in the addictions field. AFM also hosts a large collection of fast fact sheets on a wide range of topics available for free either by download or mail. To view the sheets visit: <http://afm.mb.ca/resources/publications/>

### The role of the treatment provider in Aboriginal women's healing from illicit drug use

<http://www.addictionresearchchair.ca/wp-content/uploads/Staff-Turtle-Findings-FINAL-Feb-3-20091.pdf>

Based in a community-based collaborative research project, this fact sheet outlines the skills and traits that treatment providers found to be important in assisting women on their healing journeys.

### PRIMA (Pregnancy-Related Issues in the Management of Addictions)

[www.addictionpregnancy.ca](http://www.addictionpregnancy.ca)

The PRIMA project assists physicians in providing care for pregnant and postpartum women with substance use problems through continuing education initiatives and web-based resources on the effects of various substances and clinical considerations.

### Motivational Interviewing Toolkit

<http://www.ccsa.ca/Resource%20Library/CCSA-Motivational-Interviewing-Toolkit-2014-en.pdf>

Developed by the Canadian Centre on Substance Abuse, this document defines and describes Motivational Interviewing and how it can be used to elicit change in substance use.

### Reducing the Impact: Working with pregnant women who live in difficult life situations

[http://www.beststart.org/resources/anti\\_poverty/pdf/REDUCE.pdf](http://www.beststart.org/resources/anti_poverty/pdf/REDUCE.pdf)

Developed by Best Start, this resource manual for service providers who work with pregnant women includes current research, strategies, recommendations and references to further resources. It helps service providers to understand the complexity of socio-economic status (SES) and how to provide appropriate consideration for pregnant women living with low SES.

### A Study of the Service Needs of Pregnant Addicted Women

<http://www.pwhce.ca/studyServiceNeeds.htm>

Commissioned by Manitoba Health and produced by the Prairie Women's Health Centre of Excellence, this qualitative study explores the experiences and service needs of pregnant women living in Manitoba from their perspective as well as the perspective of service providers.



## **Girls, Women, Alcohol and Pregnancy Blog**

<https://fasdprevention.wordpress.com>

The purpose of this blog is to share news, research findings, new resources and perspectives on FASD prevention across Canada. This is an active site with frequent new posts and an archive section to support practitioners in their work.

### **Substance Using Women with FASD and FASD Prevention**

This research project out of B.C in 2011 examined substance use treatment and care for women who had FASD themselves from both the perspective of service providers:

<http://www.southernauthorityfasd.org/pdf/Substance%20Using%20Women%20with%20FASD%20-%20Service%20Providers'%20Perspectives%20report-web.pdf>

And from the women's perspective:

<http://www.southernauthorityfasd.org/pdf/Substance%20Using%20Women%20with%20FASD%20-%20Voices%20of%20Women%20Report-web.pdf>

## **Resources & Tools to Share with Women**

### **Give and Take: A Booklet for Pregnant Women about Alcohol and Other Drugs**

<http://www.aware.on.ca/sites/default/files/Give-and-Take.pdf>

Booklet written by women to support pregnant women who struggle with substance use issues.

It provides information about the effects of alcohol and other drugs on pregnancy and breastfeeding and acknowledges that many women find it difficult to quit or cut down substance use during pregnancy.

### **Oh Shit, I'm Pregnant . . .**

<http://www.streetworks.ca/pdfs/pregnancy-book-inside.pdf>

This guide was developed by Streetworks, an Edmonton based program of nurses who work with people living on the street, and women with this lived experience. This 50 page guide to pregnancy for women who are street-involved uses very plain language and street language to share everything from prenatal care (e.g., doctors & stuff, vitamins) to food to harm reduction information on using while pregnant to getting ready for labour to taking or not taking baby home.



## **From Evidence-to-Practice: Self-Assessment and/or Discussion Questions**

The following questions are intended to support direct-service providers and system planners in reflection on their current practices, policies, and procedures in relation to pregnant women and mothers who use substances. These questions can be used for self assessment or as a tool for group discussion and collective reflective practice.

1. What have you noticed about how mothers and pregnant women who use substances are treated within the health and social service system? What do you notice about your own reactions?
2. Consider your program, practice, and/or policies from the perspective of a pregnant woman or mother who uses substances who needs help. How will you be welcomed? What sort of questions will you be asked? How will it feel talking with a service provider who potentially has the power to impact your ability to mother (i.e., remove custody of your children)? What would make this safer?
3. What can you do in your role to shift media and societal perceptions of mothers and pregnant women who use substances?
4. How is your program linking with other agencies in a position to support women's health and reduce harms related to substance use? How is your program supporting women to connect within their communities?
5. What can be done to improve the relationship with the child welfare system to best support the mother-child unit?
6. What steps are being taken to integrate childcare services with current programming?
7. What opportunities are there for staff education for learning practice skills such as motivational interviewing? How does your work environment support ongoing learning and sustainability? How are the outcomes being measured?
8. How are mothers and pregnant women who use substances involved in influencing program development specific to your service?

## **Referrals**

### **Directory of Adult Addictions Services**

<http://www.gov.mb.ca/healthyliving/addictions/adult.html>

All provincially funded addictions agencies are listed on this website including their contact information, purpose and eligibility criteria.

### **Directory of Youth Addictions Services**

<http://www.gov.mb.ca/healthyliving/addictions/youth.html>

All provincially funded addictions agencies are listed on this website including their contact information, purpose and eligibility criteria.

### **Provincial Central Intake – Youth Addictions Service**

1-877-710-3999

### **Family Violence Prevention Program**

<http://www.gov.mb.ca/fs/fvpp/> or 1-877-977-0007

The Family Violence Prevention Program (FVPP) supports special services for abused women and their children and for men living with family violence. There are 33 agencies across Manitoba that provide help for people affected by family violence: 10 women's shelters, nine women's resource centers, four residential second-stage housing programs and fourteen specialized programs. Contact the Family Violence Prevention Program to receive guidance on making the most appropriate referral.

### **Mental Health Information and Services**

In Winnipeg: Klinik Crisis Line: 204-786-8686 or 1-888-322-3019

Outside of Winnipeg: Manitoba Farm and Rural Support Services: 1-866-367-3276

### **InSight Mentor Program**

This program is a long term, intensive outreach program for women who are pregnant or recently postpartum and using substances. It provides case management support and advocacy for women and their families using a harm reduction and trauma informed approach. The program is available in six Manitoba communities. For more information on the program and contact information visit <http://www.gov.mb.ca/healthychild/fasd/insight.html> or phone the Healthy Child Manitoba Office at (204) 945-2266 or toll free 1-888-848-0140.

### **Manito Ikwe Kagiikwe (The Mothering Project)**

Phone: (204) 589-9409

This program is a single access site located at Mount Carmel Clinic in Winnipeg. It provides vulnerable mothers obstetric supports, nutrition and food preparation classes, parenting and child development support, addiction support and trauma informed programming.

## **Healthy Baby Program**

The [Manitoba Prenatal Benefit](#) provides pregnant women with a net income of less than \$32,000 with a monthly cheque to help buy healthy foods during pregnancy. To download an application form visit: <http://www.gov.mb.ca/healthychild/healthybaby/mpb.html> or phone Healthy Child Manitoba at (204) 945-1301 or toll free 1-888-848-0140.

[Healthy Baby Community Support Programs](#)s are offered across the province for women who are pregnant or have a baby under the age of one. These drop-in, group programs offer information, support and resources on prenatal and postnatal nutrition and health, breastfeeding, parenting tips and lifestyle choices and the opportunity to connect with other parents. For a complete list of programs visit: <http://www.gov.mb.ca/healthychild/healthybaby/csp.html>

## **Families First Program**

Families First offers home visiting supports to eligible families with children, from pregnancy to school entry. Delivered across the province by community public health, home visitors support families in building a strong relationship with their child and family while sharing information and suggesting activities to ensure children's physical health and safety; support parenting and secure attachment; promote healthy growth, development and learning; and build connections to community resources. To make a referral contact your local public health office listed at:

<http://www.gov.mb.ca/healthychild/familiesfirst/contacts.html>

## **Public Health Services**

<http://www.gov.mb.ca/health/publichealth/offices.html>

This website provides contact information for all public health offices in Manitoba.

## **Motherisk**

[www.motherisk.org](http://www.motherisk.org) or 1-877-FAS-INFO (1-877-327-4636)

Includes up-to-date information for professionals and mothers about alcohol, drugs, and pregnancy. A toll-free helpline is available 9am to 5pm with information in English or French based on continuing research and study by Motherisk's specialized team of physicians, psychologists, pharmacologists and counselors.

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