



Substance Use in Pregnancy and Early Parenting

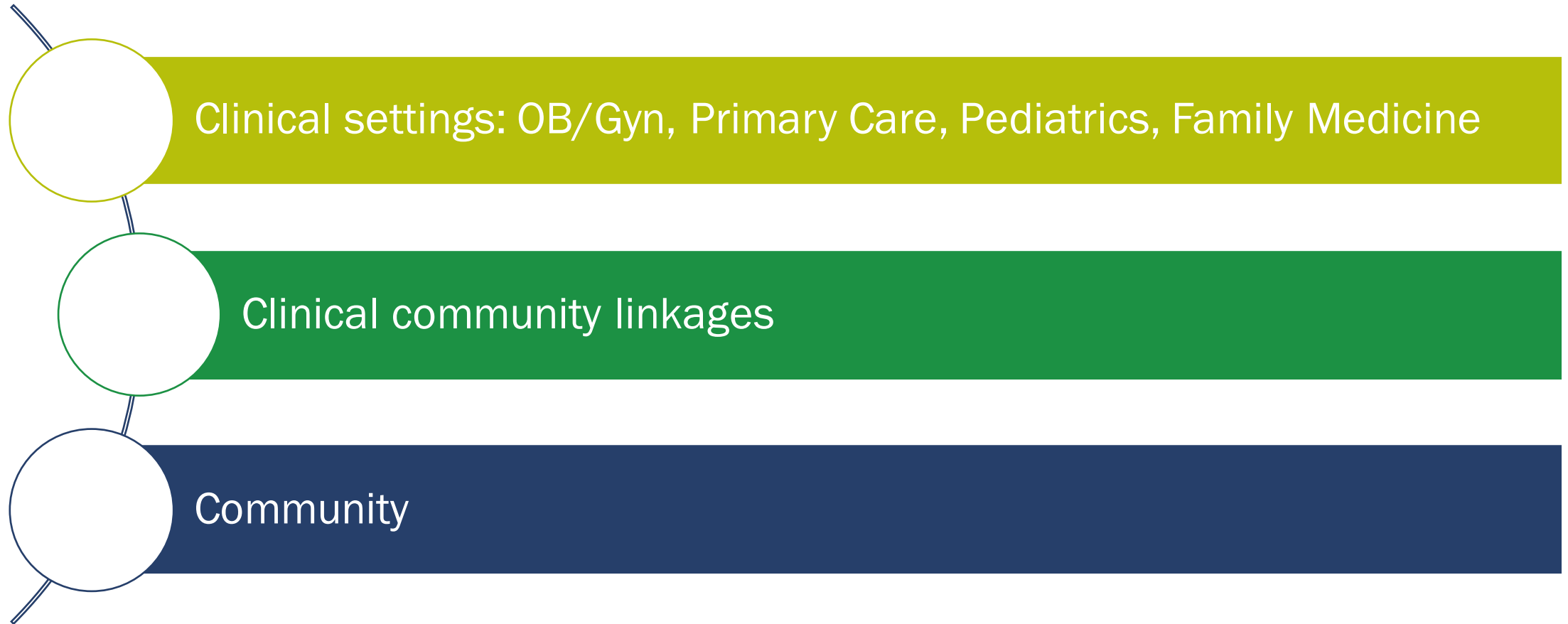
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Opioid Settlement Advisory Committee
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Key Points

- Pregnant and parenting Vermonters have unique needs within the system of care:
 - Members of a family system
 - Dose management/pain management (labor and delivery)
 - Parenting stress
 - Neonatal abstinence syndrome (crying and sleep issues)
- Early relationships are foundational to long-term health, educational, social outcomes, and require focused attention and support
- All people are motivated to maximize their health and that of their baby to be
- There is a deep connection between substance use and perinatal mental health and trauma
- Fewer pregnant/parenting individuals are accessing treatment, despite increases in substance use during the pandemic

Layers of Prevention and Treatment



Prevention and Treatment: Clinical Settings

- Perinatal Quality Collaborative (PQC)/Improving Care for the Opioid Exposed Newborn (ICON)
 - Best practice guidance on clinical care and community clinical linkages
 - Training and education for health care providers (OB, pediatric, home health)
 - Support for families regarding what to expect
- CAPTA/Plan of Safe Care
- Pregnant individuals prioritized in the Hub & Spoke system





One More Conversation **Can** Make The Difference

ALCOHOL DURING PREGNANCY and beyond

Questions about alcohol use and pregnancy are common, especially before you knew that you were pregnant. This fact sheet answers your basic questions about alcohol and pregnancy, but your health care professional can always explain more and answer any other questions you have.

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[Download Fact Sheet on Alcohol During Pregnancy and Beyond](#)

OPIOIDS DURING PREGNANCY and beyond

Opioids can be highly-addictive substances, even when prescribed by a health care professional. Often the stress of quitting can feel greater than knowing how important quitting is during pregnancy. So we've answered some basic questions in the hope that it gives you information to take to your health care professional and start a conversation that leads to a healthier pregnancy.

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TOBACCO DURING PREGNANCY and beyond

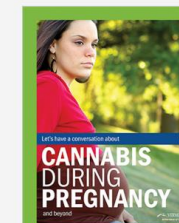


Most people know tobacco is an addictive, harmful substance. But what many of them don't know is how hard it is to quit. Our fact sheet answers the most basic questions about tobacco use during and after pregnancy. Information we hope helps you take the next step and speak with your health care professional.

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CANNABIS DURING PREGNANCY and beyond

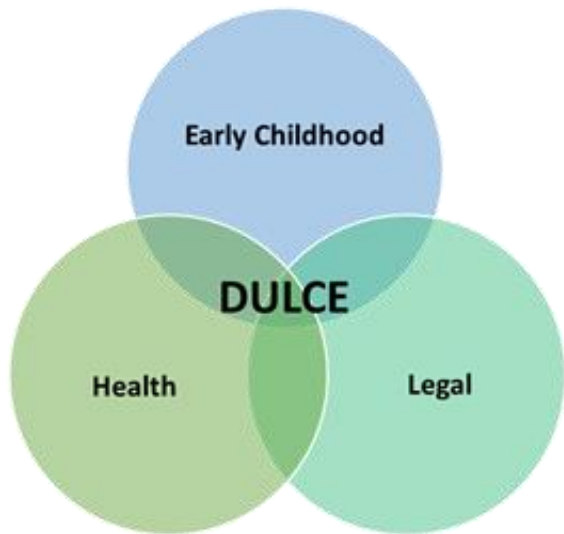


The changing legality of cannabis creates new questions for people who are, or are trying to become, pregnant. Our fact sheet answers some of your most common questions, giving you the information you need to continue the conversation with your health care professional.

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Developmental Understanding and Legal Collaboration for Everyone (DULCE)



A model for connecting all families with infants—particularly families struggling with limited resources—to a **local community’s system of care and supports** from the moment the children are born that **integrates pediatric, legal and early childhood services**

DULCE is a **universal approach** for families with **infants 0-6 months** in **pediatric primary care**

DULCE **bolsters family strengths** using the **Touchpoints approach** and through partnerships with families that include:

- Supporting parenting skills and parent-infant relationships
- Proactively detecting needs and addressing social determinants of health (SDOH)
- **Universal screening for substance use AND linkages to treatment and supports**

Community-Clinical Linkages: Screening, Referral to Treatment and Care Coordination

- Strong Families Vermont Home Visiting (statewide)
- Help Me Grow universal access referral hub (connections to VT Helplink)
- Doula services
- Community Response Teams
- Blueprint for Health/Obstetrical Case Management



Prevention and Intervention: Clinical Community Linkages Community Response Teams (aka CHARM)

Regional teams

- Interdisciplinary teams with community and clinical partners
- Supports perinatal people with a history of substance use disorder
- Connects perinatal people to coordinated prenatal care and substance abuse treatment
- Improve health for both mothers and babies

Challenges

- Not available in all communities/counties
- No up-to-date guidance or consistent practice across communities
- DCF involvement varies widely and is complex
- No infrastructure support or data systems for tracking/care coordination

Statewide Systems Gaps and Challenges

- Piecemeal approach in need of coordination at statewide, community, and individual family levels
- Statewide inconsistency fabric of community supports – often based on who is in the role, not the actual role
- Lack of comprehensive data on this population
- High degree of postpartum lost to follow-up
- Stigma/Discrimination
- Health equity and rurality
- Role of DCF/Family Services and the Plan of Safe Care is complex
- Need for multi-tiered, targeted community-based services

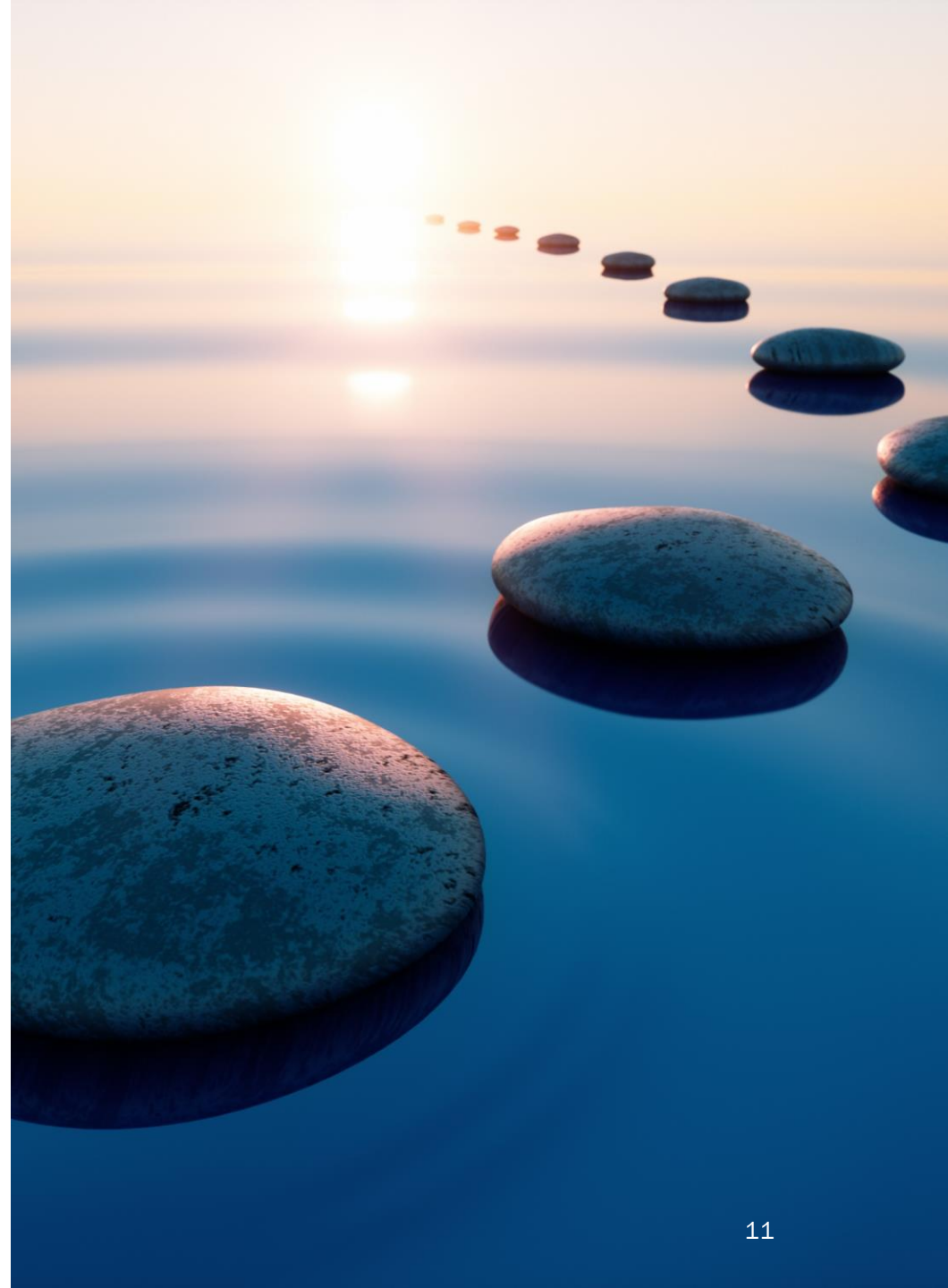
Maternal Mortality Review Panel Recommendations

1. Enhance **education for healthcare providers and social service providers** on the unique needs surrounding SUD for the perinatal population.
2. Conduct **routine SUD screenings in all places where medical care is accessed**, such as emergency rooms, urgent care clinics, emergency medical services, and similar settings.
3. Conduct **routine follow-up** with perinatal people who have screened positive for SUD, including **connections to comprehensive medical and community support services**.
4. Improve care coordination between primary care providers, medication for **opioid use disorders providers** (i.e. MOUD/MAT) and **obstetrical providers**.
5. Establish **routine and universal clinical-community linkages** for support services for perinatal people, especially in populations experiencing co-occurring issues.

Next Steps

- National Center for Substance Use and Child Welfare Policy Academy
- Divisions of Maternal and Child Health and Substance Use Programs systems mapping
- PQC Roadshow with birth hospitals and MOUD providers to identify best practices and gaps in care
- Maternal Mortality Review Panel recommendations implementation in partnership with PQC

The numbers are small, but needs are complex and intense—addressing them will have long-term positive impacts for children and families





Thank you!

Let's stay in touch.

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