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Starting the Conversation

Doctors urge treatment, not criminal charges, for pregnant people with substance use disorder

BY ELIZABETH SAMPSON

Jessica Poulin, MD, of Laramie remembers caring for a pregnant 19-year-old who was addicted to drugs. Dr. Poulin asked the young woman what her life story was and how she had ended up in this situation. The young patient said she had been approached in high school and offered drugs, and thinking it would be cool, she tried them, quickly finding herself addicted. Her boyfriend was also using drugs, and soon the young couple realized the woman was pregnant.

Despite the tough situation she found herself in, the young woman used her pregnancy as an opportunity to leave substance abuse in her past.

"She actually looked at it—because she was thinking about the baby and providing a better life for the child—as a time to turn her life around," Dr. Poulin said. "She got clean during her pregnancy, which was incredible. Baby did develop growth restriction, so fortunately we were monitoring and were able to recommend delivery timing, and the baby had an OK outcome also."

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Dr. Poulin is a maternal fetal medicine physician who focuses on caring for high risk pregnancies at her practice, Critical Perinatal Solutions in Laramie. She believes that if the young woman had been afraid to seek medical care because of her drug addiction, the outcome could have been much more tragic for both mother and baby.

"I think if she wouldn't have seen us, number one, would the growth restriction have been missed and she would have potentially had a stillborn, and number two, would she have really been put in contact with the resources in order to start turning her life around?" she said.

Her questions about what the outcome could have been if the young pregnant woman did not seek medical care are the kinds of questions being asked in Wyoming right now as lawmakers have considered bills that would criminalize drug use while pregnant.

On Monday, Sept. 12, members of the Joint Judiciary Committee voted not to sponsor a bill that would have made using methamphetamines and certain other controlled substances while pregnant a child endangerment felony. Though the committee voted not to sponsor the bill,

individual lawmakers or groups of lawmakers still have the option of sponsoring the bill in the upcoming 2023 Legislative Session. A similar bill was approved by the House of Representatives last year, but defeated in the Senate.

"It's really important on issues like this to make sure as lawmakers we have thoroughly considered all the angles and perspectives and the consequences of our actions, recognizing that nobody's advocating that we support or empower women engaging in behavior that is harming to themselves and their babies," said Wyoming Medical Society Executive Director Sheila Bush. "Everybody's on the same team. We just have really different ideas on how we get to the goal line. The medical society and our partners, the American Academy of Pediatrics, are just very passionate about making sure that the clinical perspective and the evidence is given weight in the final decision."

Dr. Poulin said helping patients with substance use disorder before they conceive is very important in the effort to prevent babies being exposed to substances prenatally.

"What I think is a little bit more important than deciding for me as a physician whether or not the activity will put the patient in jail is trying to get her clean before she gets pregnant," Dr. Poulin said. "Punishing a poor life choice, if that's what the state decides to do, it may address some of the problems, but it doesn't address everything. So I think that taking advantage of these community resources that we have is really important in the preconception period so they don't find themselves in that place at all."

Addiction is a medical issue

Rene Hinkle, MD, is an obstetrician-gynecologist in Cheyenne. She has practiced in Wyoming for 24 years, and in 2004, she and Jeff Storey, MD, founded Cheyenne Women's Clinic. She said as an obstetrician, she is very much against any legislation that would criminalize pregnant patients who are using illegal substances for multiple reasons.

"It is a slippery slope in saying that a fetus is a person," Dr. Hinkle said. "It gives the fetus personhood which affects other reproductive things such as needed abortions due to lethal abnormalities, so we're very much against it on that front."

Additionally, she believes that criminalizing substance abuse while pregnant will only serve to decrease the likelihood that those women would seek needed medical care or help with their addiction.

"It definitely would not improve their situation that they are in in any way," Dr. Hinkle said. "All of us as physicians realize that addiction is a medical problem. It's not just somebody being a horrible person—it is a medical issue. We need to give them the respect they deserve as a patient and treat them for their medical condition, just like we would treat someone who has diabetes or somebody who has heart disease. Criminalizing it makes it much more difficult. I think the main gist is that if legislation like this were to pass, it would definitely be detrimental to these patients and their babies."

Encouraging prenatal treatment

Louisa Mook, MD, is a pediatrician at the Indian Health Service clinic on the Wind River Reservation who also works at SageWest in Lander. Dr. Mook spoke against the bill in front of the Joint Judiciary Committee in September, saying she fears such a law will not have the intended effect of discouraging substance abuse while pregnant, but will make people afraid to seek prenatal care if they are addicted to illegal substances.

"The American Academy of Pediatrics, the American Academy of Family Physicians and the American Academy of Obstetrics and Gynecology all have very explicit statements against any legislation that would criminalize a mom for substance use because of the way that it deters women from seeking prenatal care," Dr. Mook said.

She explained that the best outcome for these babies lies not in incarcerating their mothers, but in making sure those women seek prenatal care and then get the support they need following birth.

> "Suboxone and other treatments for substance use disorder with opiates can be very beneficial, especially during pregnancy, for women to stabilize their lives."

Prenatal care makes a big difference to the health of babies born to mothers with substance use disorder, Dr. Mook said. For moms who don't seek that care out of fear, they will not have had a standard 20-week ultrasound that would reveal any potential heart defects. It's also possible they might not have been taking a daily prenatal vitamin, which also could lead to neural tube birth defects or other nutritional health issues for the baby.

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"If a mom feels comfortable accessing healthcare and has substance use disorder, then the upside for potential early treatments is a real additional bonus," Dr. Mook said. "The fewer barriers there are to prenatal care, the higher the chance that a woman with substance use disorder is going to establish prenatal care and get actual help for addiction as well."

If the mother who is using illegal substances does seek prenatal care, Dr. Mook said there are several ways to help both her and her baby. For example, medication assisted treatment like Suboxone, which helps reduce craving and withdrawal symptoms and can lead to a reduction in a patient's need for opiates over time, can be used by pregnant people. Dr. Mook says this treatment can lead to a less chaotic life that is not driven solely by addiction for these pregnant women.

"Suboxone and other treatments for substance use disorder with opiates can be very beneficial, especially during pregnancy, for women to stabilize their lives, interact with the healthcare system, get prenatal care, get housing sorted out potentially before the baby comes and make a plan for transitioning to motherhood," Dr. Mook said.

Babies born to moms using these medical treatments do still experience withdrawal from those opiates, but the prescribed medication is a known entity for her doctor. Dr. Mook said often patients who are using illegal substances are using more than one kind, and it can be difficult to manage any withdrawal symptoms in the baby because the baby's pediatrician won't know what to expect.

"If you can transition a mom who is using drugs off the streets to one known opiate where we know what the withdrawal syndrome is, and we know the mom is in a safe place with good nutrition and good prenatal care, I am way less concerned about that baby and know how to manage the anticipated withdrawal from her addiction treatment," Dr. Mook said. "That's a very different scenario from somebody who is still using multiple substances."

Fetal alcohol syndrome

While the proposed bill Dr. Mook spoke against references prenatal substance exposure to things like methamphetamine and opiates, it does not mention the drug that worries her the most: alcohol. Dr. Mook said she is more concerned about her pediatric patients who have been prenatally exposed to excessive alcohol use than those exposed to the substances specified in the bill.

"Many people falsely assume that the worst possible thing for a pregnant woman to do is use meth or opiates, but a lot of moms use alcohol, and that's really bad for babies, and it's much more socially acceptable," she said. "If we're just focusing on infant outcomes from different substance exposures, there's more than just opiates and methamphetamines to consider if we're really thinking about child health."

She said it can be difficult to define clear long-term impairments on babies from prenatal exposure to drugs like opiates and meth because other factors come into play, like a lack of prenatal care, nutrition, not knowing how much of a substance the mother was using and when during her pregnancy.

"I think the best studies I've seen for methamphetamine show that very heavy meth use in the first trimester can reduce scores in math in the early elementary years, but it's vague and it's not super clear cut that meth reliably produces these major detrimental long-term permanent effects. The same with opiates. That's not to say that there aren't probably effects, but it's not this very clearly cut syndrome and there are so many other factors that can influence child development. With alcohol there is a very clear cut pattern because alcohol impacts the entire developing brain."

She referenced fetal alcohol spectrum disorder and said it causes birth defects, growth delays, and severe developmental delay.

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Focus on mental health

Understanding the role mental health conditions play in substance use disorder is key to creating policy around substance use during pregnancy, according to Cummings Rork, MD, a psychiatrist with a private practice called Wyoming Psychiatry and Consultation Clinic.

"How the state of Wyoming chooses to frame the issue is really important," Dr. Rork said. "Substance use is a matter

of public health. Substance use disorders are these chronic, relapsing, remitting and life-threatening conditions. I think this can serve the state and policy makers to create legislation that promotes care-seeking and engaging behavior."

Dr. Rork serves on the state's Maternal Mortality Review Committee, and she said Wyoming and Utah have partnered to collect data on the topic. Though they are not yet ready to publish their data, they are seeing some alarming trends.

"We're finding that mental illness and substance use disorder are some of the most common complications of pregnancy," she said. "We're also finding that a large percentage of pregnancy-related deaths are related to suicide and overdose."

She believes Wyoming is in a flexible position to learn what policies are working in other states. One thing to learn is what the preferred models of care for substance use in pregnancy are.

"We know that the rate of co-occurring psychiatric disorder and substance use disorder is really high, and this correlation is stronger in women, and the average outcomes related to this correlation are more severe in women compared to men," she said. "A big important piece to addressing substance use in pregnancy is to address it concurrently with mental health care. An integrated approach is proving to be the most effective model for good outcomes for healthy mothers and healthy babies, rather than doing each separately.

> "It is extremely important for healthy emotional development for children to have a primary attachment figure who is, generally, often a mother."

Keeping mom and baby together

Dr. Mook said another reason to not incarcerate pregnant women with substance use disorder is the research that shows that programs that keep moms and babies together and focus

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on health attachments between the two provide better long-term outcomes for the baby. Allowing this to happen might mean supporting a woman's decision to go to a rehabilitation center for moms with babies to continue to work on their addiction while keeping their babies near. It could also mean making sure the home environment is safe and the maternal/infant attachment is prioritized and supported by healthcare.

"It is extremely important for healthy emotional development for children to have a primary attachment figure, who is generally, often a mother," Dr. Mook said. "Any sort of disrupted attachment has the potential to cause long-term harm to the child. A lot of attachment experts think that healthy attachment can overcome or lessen some of the negative affects you might expect from methamphetamine exposure or opiate exposure in pregnancy. It builds resilience to facilitate that maternal/child attachment, and it can negate some of those potential affects. To be clear, sometimes it isn't safe for babies to stay with their moms, especially if their addiction is untreated. So that's obviously a really important distinction."

A plan of safe care

Helping to make that distinction is where the Department of Family Services (DFS) and plans of safe care come in. A plan of safe care, or POSC, is an individualized plan to ensure the safety of a baby who is born substance exposed. The plan varies from family to family, depending on what support they need to address the baby's safety, health, and developmental needs. A POSC also must address the health and substance abuse disorder of the parent.

"A plan of safe care is aimed at meeting the family's needs and the infant's needs," said Brittney Thyarks, program analyst with DFS. "That can be a wide range of things from substance abuse treatment, to child care, to benefits. It's just a way to really identify what that family needs and then to serve as a broker of those services, utilizing warm referrals to connect them with those services. The overarching point is that all the providers involved with that family can communicate and coordinate with one another."

Laura Dobler, program supervisor with DFS, explained that a POSC is something each state is required to develop as part of the federal Comprehensive Addiction and Recovery Act (CARA) from 2016. CARA is an extension of the Child Abuse Prevention and Treatment Act.

In Wyoming, DFS receives the federal CARA funding. Wyoming is still in the process of developing a state-wide POSC policy, so DFS decided to partner with the Wyoming Department of Health's Public Health Nursing Unit to explore how to implement POSC across the state.

"We started working with Public Health knowing they offer in-home services to families, and we felt like that could be a very good avenue—rather than the department offering those services—having an outside entity do that because we understand there is stigma attached to working with us," Dobler said. "People assume that we remove children, but that is certainly not our primary goal. Our goal is always to keep children safe at home whenever possible. We do know there is that stigma, and that sometimes is a barrier to us affecting change with our client."

Parents as Teachers, a child development and parental support program, is working with DFS to implement a POSC for any family they know that has an infant who is substance exposed prenatally or right after birth.

"They are prepared to be one of the providers of these POSC to ensure that families and infants that are affected are connected to services to meet their needs," Thyarks said.

DFS and Public Health Nursing are moving forward with a uniform statewide POSC policy, working with several other stakeholders such as Wyoming Perinatal Quality Collaborative, Parents as Teachers, Wyoming Children's Trust Fund, Cheyenne Regional Medical Center, Wyoming Hospital Association, Wyoming Medical Society, and substance abuse treatment providers.

Together these entities set out to standardize a way to identify babies who are born infant exposed.

"We are looking at standardizing training standards across the state at the provider level to identify this population as early as possible," Dobler said. "Across our hospitals there are different procedures in place as far as screenings, so that is one thing that we are really looking at to develop a universal screening process that can be used in all of our hospitals to make sure we are capturing the population correctly."

She noted that the earlier a problem can be identified, the less involved DFS has to be.

"It is so important to us to try to identify this as far upstream as possible," Dobler said. "if we can get this in pregnancy before

WANT TO BE INVOLVED?

For more information on maternal substance abuse policy, contact the Wyoming Medical Society at **info@wyomed.org**. For more information about plans of safe care, reach out to the Department of Family Services at **dfs-posc@wyo.gov.**

the child is born, mom can get treatment and the services she needs, and the Department of Family Services may not need to be involved in any way, shape, or form. That obviously is our ultimate goal. In the unfortunate cases we do have to become involved, our primary goal is always to try to keep children safe at home whenever possible."

Another focus of the collaborators is filling in data gaps to more effectively collect data from all sources who play a role in helping identify families who need a POSC.

"At this point it is very difficult for us to say how many infants are exposed during pregnancy because of the pieces that we are missing in our data," she said. "That is a big piece of the work we are currently really focusing on. We have a lot of really good data from all our different entities, but it is just making a full picture with that data, filling in the gaps. And ensuring our data systems moving forward can capture what we have to capture."

Defining the terms used in the process is also important, Dobler said.

"The way that I use 'substance exposed' and the way a doctor is using 'substance exposed' could be very different," Dobler said. "We spent a lot of time with our partners exploring those definitions and coming up with definitions that all agencies, all disciplines could feel comfortable using to make sure we are talking about the same thing moving forward."

While developing these definitions, the group also worked to provide guidance for what situations need to be reported and what doesn't need to be reported. First, they defined the difference between a report and a notification to DFS. A report is needed when there are child protection concerns, and a notification is used when a newborn is prenatally exposed to substances and there are no child protection concerns. A notification does not contain identifying information.

"Our mandatory reporting statute still remains in effect," said Thyarks. "If doctors are concerned about abuse or neglect, then absolutely they need to report it. With the CARA act, it requires medical professionals who are involved with the delivery of a substance exposed baby to notify child welfare—which in our state is DFS—of that event happening, but CARA is very specific to say that that requirement doesn't define it as abuse or neglect. It kind of has that distinction between a report or just a notification."

Those who care for mothers with substance use disorder have a shared goal: the best possible outcomes for mother and baby. While there are many paths to reach this goal, treating substance use disorder as a medical issue is the clear direction forward.

DEFINITIONS

In order to move forward with a statewide policy on plans of safe care, the Wyoming Department of Family Services and other stakeholders worked to create uniform definitions for certain words that come into play with an infant has been prenatally exposed to controlled substances.

The Wyoming Department of Family Services uses the following definitions are used to identify which infants require a plan of safe care:

Plan of Safe Care

A process that involves a multidisciplinary partnership with families to develop a written plan for an infant who has been prenatally exposed to substances and their caregivers.

Substance Exposed Infant (SEI)

The presence of and/or self-disclosure of any of the following in the mother at any time during pregnancy:

- Misuse of alcohol or a prescribed substance
- Use of an illicit substance

Affected by Withdrawal

A group of behavioral and physiological features in an infant that follow the abrupt discontinuation of a substance that has the capability of producing physical dependence. No clinical signs of withdrawal in the neonate should be attributed to in utero exposure to alcohol or other drugs without appropriate assessment and diagnostic testing to rule out other causes.

Fetal Alcohol Spectrum Disorder

The range of effects that can occur in an individual whose mother consumed alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications.

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Table 1. IPSE reported to DFS, Calendar Year 2021	
TOTAL NUMBER OF IPSE REPORTS	173
NUMBER OF FAMILIES REPORTED	140
NUMBER OF INFANTS WITH PRENATAL SUBSTANCE EXPOSURE REPORTED	142
SUBSTANCES OF CONCERN	Tetrahydrocannabinol (THC): 50 Methamphetamine: 46 Polysubstance (Meth and THC the most common combination): 30 Opiates: 15 Alcohol: 7 Other (spice, acid, cocaine, etc): 6
NUMBER OF CPS CASES OPENED ("SCREENED IN") BY DFS	113
NUMBER OF INFANTS TAKEN INTO PROTECTIVE CUSTODY BY LAW ENFORCEMENT OR DOCTORS	37

Source: Information provided by DFS, May 2022.

Substance Abuse Disorder in Wyoming

In 2022, the Wyoming Legislative Service Office Research section published "Maternal Substance Use and Prenatal Substance Exposure," which counted known reports in the state. The tables on this page show data from the publication.

Table 1. Infants with prenatal substance exposure reported to the Department of Family Services in Wyoming, calendar year 2021.

Table 2. Wyoming hospital reports of infants with prenatal substance exposure, 2016 to 2021.

Required Reporting

Wyoming has identified the following situations where prenatal substance exposure requires a report to the Department of Family Services intake line to screen for child protection concerns and the creation of a plan of safe care:

- Any case of a newborn with safety concerns related to abuse or neglect.
- A newborn with a positive toxicology test result for an illegal substance or a non-prescribed substance(s) when there are safety concerns related to the substance exposure.
- A newborn demonstrating signs of withdrawal resulting from maternal use of illegal substance(s), non-prescribed medication, or misuse of prescribed medication, or due to undetermined substance exposure.
- A healthcare provider identifies safety concerns for the infant that results from active substance use by the parent and/or caregiver(s).
- A newborn is diagnosed with an fetal alcohol spectrum disorder or the infant has known prenatal alcohol exposure when there are safety concerns related to the alcohol exposure.

Table 2. Wyoming Hospital IPSE Data

MATERNAL COUNTY OF RESIDENCE	2016	2017	2018	2019	2020	2021	COUNTY TOTAL FOR ALL YEARS
Albany	*	*	*	*		*	13
Big Horn		*				*	*
Campbell	*	12	*	14	14	10	66
Carbon		*	*	*	*	*	15
Converse					*	*	*
Crook	*			*	*		*
Fremont	*	13	*	17	20	15	75
Goshen		*	*	*	*		13
Hot Springs						*	*
Johnson	*						*
Laramie	*	14	27	28	16	*	91
Lincoln		*			*	*	*
Natrona	*	*	10	25	23	16	87
Park	*	*	*	*	*	*	20
Platte				*	*		*
Sheridan		*	*	*		*	*
Sweetwater		*	*	*	*	*	16
Uinta		*	*			*	*
Washakie		*	*	*	*		*
Weston					*		*
STATE TOTAL	32	67	71	106	100	67	443

** Values less than 10 are not reported.*
Source: LSO compilation of information provided by Wyoming Hospital Association.