SUBSTANCE ABUSE DURING PREGNANCY

Substance abuse during pregnancy includes the use of tobacco, alcohol and drugs during prenancy. Not only does it have detrimental effects on the developing baby which can be life-long, it also causes complications during the pregnancy and puts the mother at risk. Expectant mothers who have a history of drug, tobacco or alcohol abuse should talk to their doctor about treatment options during pregnancy. These conversations are confidential and mothers who seek treatment are protected under the Health Insurance Portability and Accountability Act (HIPAA).

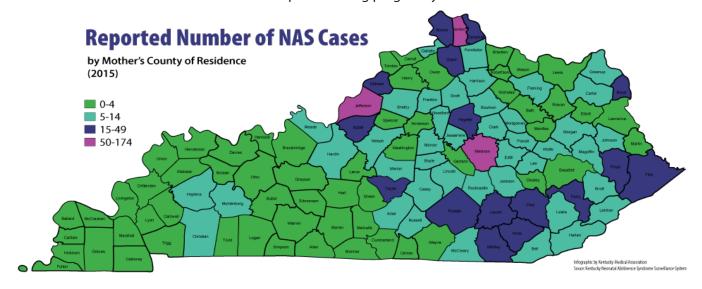
CLINICAL IMPACT

According to the Kentucky Department for Public Health, illicit drug and alcohol use poses many risks for expectant mothers and their babies:

- · Increased risk of assault and abuse
- Miscarriage
- Neonatal Abstinence Syndrome (NAS)
- Premature birth
- Low birth weight
- Fetal Alcohol Spectrum Disorders (FASDs)
- Birth defects, including learning and behavioral problems

NEONATAL ABSTINENCE SYNDROME (NAS)

NAS occurs when a baby is exposed to drugs in the womb. A baby can then go through drug withdrawal after birth. NAS most often is caused when a woman takes opioids during pregnancy.



NAS: AN EPIDEMIC BY THE NUMBERS

In Kentucky, data from hospital discharge records indicate the number of newborns with NAS has increased 23-fold in the last decade. Nationally and in Kentucky, about 80% of these infants are covered by Medicaid.

21-94%: Infants exposed prenatally to opioids who will develop symptoms significant enough to require treatment.

54%: Babies with NAS symptoms reaching scoring levels requiring pharmacologic treatment.

50%: Reduction in the length of hospital stay for infants who are allowed to "room in" with their mothers.

80%: NAS mothers who also reported smoking during pregnancy.

80%: Mothers of NAS babies who already have at least one other child.

50%: Repeat cases of NAS (meaning the mother has had another baby with NAS).

SOURCE: http://chfs.ky.gov/NR/rdonlyres/40B04792-10AC-490C-89D0-881ED920BAD6/0/2016AnnualMeetingPreliminaryProgram.pdf

TREATMENTS ARE AVAILABLE

Addiction is a disease with many treatment options. The first step to success is to talk to your doctor. Starting treatment at any stage of pregnancy can be beneficial for you and the health of your unborn baby.

ALCOHOL USF

No amount of alcohol is safe during pregnancy. If you are having trouble quitting, talk to your healthcare provider. Treatment options can include:

- · Inpatient and outpatient treatment programs
- Alcoholics Anonymous (AA)

TOBACCO

Some people can quit "cold turkey," but others need help. Free, non-judgment support is available:

- Sign up online for text messaging program SmokefreeMOM or text MOM to 222888.
- Call 1-800-QUIT-NOW (1-800-784-8669) 24/7 for information and tips on quitting smoking.
- Chat with a quit smoking counselor at LiveHelp (livehelp.cancer. gov). Monday through Friday, 8:00 a.m. to 11:00 p.m. eastern time. Also in Spanish.

OPIOIDS AND OTHER ILLEGAL SUBSTANCES

Quitting opioids cold turkey is dangerous and could increase the risk of preterm labor or premature death. There are several treatment options available that can be discussed with your physician to determine the right one for you:

- Medication-Assisted Treatment (MAT): NAS may be easier to treat for babies whose moms get MAT during pregnancy. Medicines used in MAT include methadone and buprenorphine.
- Detox programs: Can be inpatient or outpatient.
- Methadone: Requires daily trips to a clinic. Must be prescribed by a licensed physician at an FDA approved clinic. It is strongly advised that Methadone maintenance is combined with prenatal care and a comprehensive drug treatment program.



SOURCES: https://women.smokefree.gov/quitting-for-two/quit-smoking-for-mom-baby.aspx

Agatha Critchfield, M.D., University of Kentucky Hospital

