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AWHONN POSITION STATEMENT

Criminalization of Pregnant Women with Substance Use Disorders

An official position statement of the Association of Women's Health, Obstetric and Neonatal Nurses

Approved by the AWHONN Board of Directors, November 2014.

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Position

The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) opposes laws and other reporting requirements that result in incarceration or other punitive legal actions against women because of a substance abuse disorder in pregnancy. However, nurses and other health care professionals should become familiar with laws on mandatory reporting and/or referral in their states and comply as applicable.

AWHONN supports universal screening for substance use during pregnancy. Screening should begin during the interview process and continue periodically throughout pregnancy. Early identification and treatment of women with substance use disorders and/or dependence is a critical component of preconception and prenatal care and is important for supporting healthy birth outcomes. Nurses are ideally positioned to screen for drug and alcohol use in women for the purpose of initiating a referral for substance abuse treatment and specialized prenatal care when required.

Background

Substance abuse in pregnancy is associated with a number of adverse outcomes for the woman, fetus, and neonate, including increased risk for placenta abruption, poor weight gain, preterm birth, low birth weight, stillbirth, infant mortality and morbidity, Sudden Infant Death Syndrome (SIDS), and developmental deficits affecting behavior and cognition (Hudak & Tan, 2012; National Institute on Drug Abuse [NIDA], 2011). Data suggest that 5.9% of pregnant women between the ages of 15 and 44 are illicit drug users; approximately 3% of pregnant women in the same age range report binge or heavy drinking (Substance Abuse and Mental Health Services Administration [SAMHSA], 2012). While it is unclear how many of these women receive appropriate treatment for their substance use disorders, 4.8% of women admitted for substance abuse treatment between the ages of 15 to 44 were pregnant (SAMHSA, 2013).

Drug use during pregnancy, particularly the use of opioids, has dramatically increased in the last decade, which has led to corresponding increases in the incidence of maternal and neonatal complications, neonatal abstinence syndrome, and health care costs (Patrick et al., 2012). An increasing number of women are being prescribed opiates during pregnancy and may not understand the potential risk of opioid consumption, albeit prescribed, during pregnancy.

The surge in opioid use and its negative consequences on the woman, neonate, and health care system have prompted some state legislatures to pass laws that treat pregnant women with substance abuse disorders differently than other individuals who abuse drugs and alcohol. AWHONN does not support laws that single out pregnant women or that create penalties for them that differ from other individuals with substance use disorders.

Mandatory Testing and Reporting Requirements

Since the 1980s, a number of states have passed laws or applied existing laws to criminalize substance abuse during pregnancy (Guttmacher Institute, 2014). Proponents of these laws claim that arrest, prosecution, incarceration, or the threat of incarceration will deter pregnant women from abusing drugs or alcohol and will ultimately lead to safer pregnancies and better birth outcomes. However, the threat of incarceration has been shown to be an ineffective strategy for reducing the incidence of substance abuse (Schempf & Strobino, 2009), while medication and behavioral therapies serve as important elements of an overall therapeutic process (NIDA, 2009).

Addiction is a chronic, relapsing disease that alters brain function and is characterized by compulsive drug seeking and use, despite an individual's knowledge of harmful consequences (American Psychiatric Association, 2013). The inability to control drug use is often a key feature of chemical dependency. For some women, pregnancy may be a time when they find themselves more amenable to treatment (Flavin & Paltrow, 2010). Thus, offering treatment instead of threatening punitive actions against drug-using pregnant women is preferable.

Some states require nurses and other health care professionals to report suspected prenatal drug abuse, and other states require health care professionals to test for and report the results of prenatal drug tests. Mandatory reporting requirements threaten the confidentiality inherent in the relationships between nurses and other health care professionals and their patients and can potentially force a health care professional to decide whether to break patient confidentiality and report abuse or break the law. Further, if a woman thinks she may be reported to law enforcement authorities, she may refrain from seeking prenatal care or addiction treatment services.

Researchers have demonstrated that regular prenatal care improves pregnancy outcomes for women, especially for those with substance abuse disorders. Prenatal care reduces the risk of low birth weight and preterm birth and may offer some pregnant women avenues for priority substance abuse treatment (American College of Obstetricians and Gynecologists, 2014). Laws that criminalize drug use during pregnancy have the potential to deter women from seeking prenatal care that can provide them access to appropriate counseling, referral, and monitoring.

Role of the Nurse

Nurses are uniquely positioned to provide preconception and perinatal screening for maternal use of substances that may cause harm to the maternal-fetal dyad. Nurses should be aware of and competent in screening approaches that identify use the use of legal and illegal substances and identify women at risk for substance abuse disorders. Appropriate screening can facilitate early treatment and referral, and women who trust their care providers are more likely to participate in treatment plans (American Society of Addiction Medicine, 2011).

Nurses can offer guidance, support, and education for women who use substances, including providing information about the effects on the mother and fetus, treatment options, and resources to include those related to parenting interventions. Maintaining a nonjudgmental demeanor during contact with women encourages more open reporting of drug use and discussion of associated risk factors (Cleveland & Gill, 2013).

Because drug addiction is an illness process, episodes of relapse frequently occur despite rehabilitation efforts and ongoing monitoring and support. Use of an illness framework to guide assessment, intervention, and evaluation of care will positively influence the character of communication with and treatment of the involved woman. Improved access to comprehensive community-based substance abuse treatment programs and facilities specifically for pregnant women is optimal. Data indicate that treatment for substance abuse disorders for pregnant women can be cost-effective or even cost-saving when combined with individual and/or group counseling, medical and psychological care, and social services such as job training or family services (Ruger & Lazar, 2012).

Nurses should be aware of strategies for safe and effective pain management in women with long term opioid exposure, which results in tolerance and hyperalgesia. Through research and practice, nurses can broaden their knowledge of the immediate and long term effects of substance use disorders in pregnancy on women and infants. Nurses who work in outpatient or inpatient treatment facilities have an important role in communicating follow-up information to primary care providers to include instances of interruption in the care provision. Finally, nurses should communicate the unique needs of pregnant women and position themselves as advocates for the benefit of timely and ongoing treatment that will improve perinatal and neonatal outcomes rather than focus on their criminalization.

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