Supporting Mothers & Infants:
Key Facts about Perinatal Substance Exposure

- **Substance use disorders** including opioid use disorders are a chronic recurring brain disease. As with other chronic diseases, proper ongoing treatment is essential for recovery and good health outcomes.
- Abrupt **maternal withdrawal** from opioids during pregnancy is associated with poor outcomes for mother and infant, and is not recommended.
- **Medication Assisted Treatment (MAT)** with methadone or buprenorphine, along with evidence-based behavioral interventions, is the standard of care for pregnant women with opioid use disorder. Insufficient clinical research is available to support the safety of extended-release injectable naltrexone during pregnancy. Breastfeeding while on MAT is safe and is strongly encouraged for maternal-child health and bonding, unless medical contraindications are present (such as HIV or use of substances).

Language Matters

Use encouraging and supportive approaches, including non-judgmental, person first language to encourage women to seek and continue care for themselves and their children.

Refer to the person's disease in clinical terms. Examples include:

Women with an opioid use disorder

Infant with neonatal abstinence syndrome

- **Sustaining MAT** after birth of a baby helps women maintain recovery, prevents return to use of substances, and reduces risk of overdose death. The duration of time a person needs to be on MAT to sustain recovery varies.
- **Neonatal Abstinence Syndrome (NAS)** describes a group of symptoms an infant may experience when withdrawing from in-utero exposure to opioids. It is treatable and can be managed safely in a non-intensive care setting. It is not an addiction.
- Many infants with NAS can be managed effectively and safely with the **Eat Sleep Console (ESC)** approach, which encourages parental presence, rooming-in, skin-on-skin contact, swaddling, "on demand" feedings, and other comfort measures. This often eliminates the need for opioid replacement medication for the newborn, and has been shown to substantially shorten the time infants spend in the hospital.
- **Tobacco** exposure is harmful to both the pregnant woman and her fetus. There is conclusive evidence of lasting harms to infants from in-utero exposure including premature birth, small for gestational age (SGA), and increased risk for Sudden Infant Death Syndrome (SIDS). Pregnant and newly parenting women should be offered support to reduce or stop use of tobacco products through nicotine replacement therapy and behavioral treatment.

Refer to back page for additional facts.

- **Alcohol** exposure in pregnancy is of serious concern for the developing fetus. Research suggests that drinking even small amounts of alcohol while pregnant can increase the risk of miscarriage, stillbirth, prematurity, and SIDs. Infants with fetal alcohol exposure may be growth restricted, have under- or mal-developed brains, and experience other birth defects including facial dysmorphic features, ear, limb, cardiac and renal anomalies. Children with fetal alcohol effects also experience learning difficulties and increased rates of inattention and hyperactivity. Drinking alcohol while breastfeeding is also of concern as breastmilk alcohol levels closely parallel those in the mother's blood. **There is no known safe amount, safe time or safe type of alcohol to drink during pregnancy.** Pregnant and newly parenting women should be educated on these risks, and offered support to stop drinking including referral to alcohol use disorder treatment.
- **Marijuana** use throughout pregnancy, especially when more than 4 times per week, is associated with decreased fetal growth and lower birth weight. Although data is limited, some studies suggest a higher rate of stillbirth, preterm birth, and admission to the neonatal intensive care unit (NICU). Children with in-utero marijuana exposure may experience decreased cognitive function and academic ability, lower IQ scores, and attention problems. **There is no safe amount of marijuana to use while pregnant or breastfeeding.** Pregnant and newly parenting women, and other caregivers, with continued marijuana use after counseling should be offered substance use disorder treatment.
- A **Plan of Safe Care (POSC)** is required for every infant born exposed to substances but is intended to support all mothers and infants.The POSC identifies appropriate support services and referrals for the mother and infant, and can be a great tool to enhance coordination of care and help families stay safe and connected when they leave the hospital.
- A **mandated report** to NH's Division for Children, Youth and Families is not triggered by an infant's NAS symptoms or exposure to substances. A mandated report is required in all cases where concerns for abuse and/or neglect are present. For these cases, only the Plan of Safe Care will be shared with DCYF.