

# MOMS & BABIES SERIES

## SUBSTANCE USE DISORDER HURTS MOMS & BABIES

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### THE PROBLEM: HEALTH CARE AND SUPPORT FOR PREGNANT PEOPLE WITH SUBSTANCE USE DISORDER ARE INACCESSIBLE AND INEQUITABLE, AND INSTEAD THEY ARE SHAMED, STIGMATIZED, AND PUNISHED.

Maternal substance use disorder (SUD),<sup>†</sup> the chronic abuse of any drug or alcohol during pregnancy, is widely recognized as a significant public health and criminal justice issue. SUD can harm the health of pregnant and parenting people,<sup>††</sup> and their infants. Moreover, pregnant people and their families suffer because the systemically racist U.S. justice system's punitive drug policies are disproportionately enforced against people of color. For example, compared to their white counterparts, Black and Latinx<sup>†††</sup> women with opioid use disorder (OUD) are 60 to 75 percent less likely to receive or to consistently use any medication to treat their OUD during pregnancy.<sup>1</sup> Policymakers, health and social service providers, and researchers must reduce barriers to equitable care and focus on the voices of people of color to improve maternal and infant health outcomes.

Women, especially Black, Indigenous, and other women of color, often turn to substance use as a coping mechanism to relieve the distress stemming from unaddressed childhood trauma and ongoing discrimination and stigma rooted in centuries of systemic racism and injustice.<sup>2</sup> In the absence of access to mental health services, many women turn to self-medicating with illegal substances or misusing prescription opioids for conditions such as anxiety.<sup>3</sup> Women are most at risk of developing a SUD during their reproductive years (18–44 years) and as a result, pregnant people or people who may become pregnant are especially vulnerable to SUD.<sup>4</sup>

Nicotine, alcohol, cannabis, opioids, and cocaine are the most often used drugs in the prenatal period.<sup>5</sup> SUD can cause many health problems for pregnant people and their babies, both during pregnancy and postpartum, such as preterm birth and low birth weight.<sup>6</sup> In the past decade, the prevalence of maternal SUD and subsequent pregnancy

<sup>†</sup> Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

<sup>††</sup> We recognize and respect that pregnant, birthing, postpartum, and parenting people have a range of gender identities, and do not always identify as "women" or "mothers." In recognition of the diversity of identities, this report prioritizes the use of non-gendered language where possible.

<sup>†††</sup> To be more inclusive of diverse gender identities this bulletin uses "Latinx" to describe people who trace their roots to Latin America, except where the research uses "Latino/a" and "Hispanic," to ensure fidelity to the data.

### ABOUT THE SERIES:

Our maternity care system often fails to provide equitable, respectful, culturally centered, safe, effective, and affordable care. It spectacularly fails communities struggling with the burden of structural racism and other forms of inequity, including: Black, Indigenous, and other People of Color (BIPOC); rural communities; and people with low incomes. The multiple crises of the COVID pandemic, economic downturn, and national reckoning on racism have underscored the need to address the social influencers of health. This series identifies ways to improve maternal and infant health by tackling some of these factors. Topics were chosen based on importance and urgency, and availability of systematic reviews and complementary research.



complications in the United States has increased dramatically.<sup>7</sup> In fact, the national prevalence of maternal OUD more than quadrupled from 1999 to 2014.<sup>8</sup> From 2007 to 2016, 7 percent of mothers who gave birth in hospitals had SUD diagnoses.<sup>9</sup>

As a result, policymakers have responded by enforcing punitive laws. From 2000 to 2015, the number of states with punitive policies and requirements for health professionals to report suspected prenatal drug use more than doubled.<sup>10</sup> These approaches however, have been found to instead cause poor health outcomes, such as higher rates of neonatal abstinence syndrome (NAS)— a drug withdrawal syndrome that occurs after infants are exposed to certain drugs in utero.<sup>11</sup> The criminalization of substance use during pregnancy drives fear in pregnant people, resulting in fewer women seeking prenatal care and SUD treatment, which can ultimately endanger the health and well-being of mothers, infants, and their families.<sup>12</sup>

## SUBSTANCE USE DISORDERS PRESENT MYRIAD HEALTH CHALLENGES FOR MOTHERS AND BABIES

Systematic reviews (rigorous reviews that collect, assess, and synthesize the best available evidence from existing studies) have found:

- OUD during pregnancy is associated with preterm birth, small for gestational age (estimated fetal weight), lower birth weight, reduced head circumference, sudden infant death, and NAS.<sup>13</sup>
- Alcohol consumption during pregnancy increases the risk of miscarriage, and surviving infants are more vulnerable to organ abnormalities and impairments in healthy development.<sup>14</sup>
- Women, especially pregnant women, who smoke tobacco are more likely to experience stillbirth, neonatal death, and perinatal death compared to women who do not smoke tobacco.<sup>15</sup>
- Fetuses exposed to cannabis are more likely to suffer low birth weight and need placement in the neonatal intensive care unit compared to infants whose mothers do not use cannabis during pregnancy.<sup>16</sup>
- Pregnant women who use cannabis have increased odds of suffering from anemia compared to pregnant women who do not use cannabis.<sup>17</sup>

Other individual studies have found that:

- Pregnant people with SUD, particularly those with opioids, amphetamines, and cocaine use disorders, are at greater risk of severe maternal morbidity, including conditions such as eclampsia, heart attack or failure, and sepsis.<sup>18</sup>
- Between 2000 and 2014, there was a 26 percent overall increase in maternal mortality across the United States, particularly due to a rise in substance misuse and subsequent overdose among pregnant and postpartum people.<sup>19</sup>
- Women with a history of recurrent substance use throughout their lifetime are more likely to develop postpartum mental health disorders compared to women who have not used substances throughout their lifetime.<sup>20</sup>
- SUD increases risk of stillbirth and infant mortality and congenital anomalies.<sup>21</sup>



- Infants exposed to substances in the womb are at greater risk for: developing NAS; impaired physical growth, development, and health; poor cognitive functioning and school performance; and emotional and behavioral problems, psychiatric disorders, and eventually SUD later in life.<sup>22</sup>
- Interventions like breastfeeding, rooming-in, and remaining in close contact with babies rather than being apprehended by child protective services, reduce the need for pharmacotherapy for newborns with NAS.<sup>23</sup>
- Many women with SUD are reluctant to receive routine prenatal care, or forgo it entirely, due to feelings of guilt, fear of losing custody of their children, and lack of transportation.<sup>24</sup>
- Babies who do not receive proper prenatal care are more likely to suffer from preventable diseases, prematurity, congenital anomalies, and even infant mortality.<sup>25</sup>

## BLACK, INDIGENOUS, AND OTHER COMMUNITIES OF COLOR FACE DISTINCTIVE CHALLENGES ASSOCIATED WITH MATERNAL SUBSTANCE USE, TREATMENT, AND PRENATAL CARE

Navigating a SUD, including diagnosis and treatment, is significantly more challenging for Black, Indigenous, and other people of color. The effects of maternal substance use exacerbate racial inequities in maternal and infant health outcomes.

- Black mothers with SUD are likely to feel discouraged from seeking care due to historical distrust of the health care system.<sup>26</sup>
- Black mothers are more likely than other mothers to be reported to child welfare authorities by pediatricians and obstetricians suspecting prenatal drug use. Child custody loss due to maternal substance use has negative health implications for Black mothers, including increased drug use and mental health issues.<sup>27</sup>
- Indigenous women suffer from higher SUD rates compared to other racial and ethnic groups because of experiences with emotional, psychological, and physical trauma related to colonialism, displacement, and loss of culture.<sup>28</sup> They are also disproportionately affected by criminalization laws on the federal, state, and tribal level due to their race, socioeconomic status, and limited access to SUD treatment.<sup>29</sup>

**ONLY 23 PERCENT OF TREATMENT FACILITIES OFFERED PROGRAMS SPECIFICALLY DESIGNED FOR PREGNANT AND PARENTING WOMEN.!**



- Consistent use of medication for OUD treatment (defined as buprenorphine or methadone) during pregnancy is significantly lower for women of color. Deterrents may include punitive policies, racial discrimination by clinicians, cultural differences around medication use, perceived stigma of drug use during pregnancy, and minimal social supports.<sup>30</sup>
- In 2018, only 23 percent of substance abuse treatment facilities offered programs specifically designed for pregnant and parenting women. Black and Latinx communities have substantially lower access to mental health and substance use treatment services.<sup>31</sup>

“ MY THIRD CHILD, I HAD NO PRENATAL CARE... BECAUSE I WAS TAKING DRUGS, WELL, NOT DRUGS-DRUGS, I WAS DOWN THERE SMOKING ON MARIJUANA AND DRINKING LIQUOR. AND THEY TOLD ME IF THEY SEE THC OR SOMETHING LIKE THAT IN MY SYSTEM, THEN PROTECTIVE SERVICES WOULD GET INVOLVED. SO I DIDN'T GO TO NO CARE FOR HER, NONE.”



# RECOMMENDATIONS

1. Congress must pass the Black Maternal Health Omnibus Act, which includes a suite of 12 bills to address the ongoing maternal health crisis, including legislation to:
  - Support moms with maternal mental health conditions and substance use disorders.
  - Make critical investments in addressing social needs.
  - Provide funding to community-based organizations.
  - Grow and diversify the perinatal workforce to ensure culturally congruent maternity care and support.
2. Federal, state, and local governments must enact and enforce legislation that protects pregnant people with SUD from criminal charges and incentivize access to treatment and care without fear of judgment, incarceration, child removal, and other legal repercussions.
3. Policymakers must expand access to substance use disorder treatment for pregnant and parenting women.
  - Policymakers in states that have not yet adopted Medicaid expansion must take up the financial incentives passed in the American Rescue Plan Act to expand Medicaid eligibility. States should also take up this bill's option to extend postpartum Medicaid coverage for 12 months.
  - Federal policymakers should make 12-month postpartum coverage a permanent mandated Medicaid benefit.
4. Federal, state, and local policymakers must urgently advocate for the care of pregnant people with SUD that prioritizes prevention, ensures access to prevention and treatment services, respects patient autonomy, provides culturally- and trauma-responsive and comprehensive care, and safeguards against discrimination and stigmatization.
5. Policymakers and health industry leaders must make efforts to reduce explicit and implicit bias endemic in the health care system. As a bare-minimum first step, implicit bias training must be required by all health professionals and staff. There should also be performance measures and data collection to assess progress and effectiveness.
6. Policymakers must encourage, and health providers must engage in, responsible opioid prescribing to women of reproductive age, without exacerbating well-documented racial and gender inequities in pain management - such as providers' mistrust of patients' reporting of pain and labeling it as "drug-seeking behavior."
7. Researchers must focus on the voices of women of color to affirm their priorities and preferences, and to identify promising avenues for future research and policy development.



# REFERENCES

- 1 Davida M. Schiff, Timothy Nielsen, Bettina B. Hoepfner, Mishka Terplan, Helena Hansen, et al. "Assessment of Racial and Ethnic Disparities in the Use of Medication to Treat Opioid Use Disorder Among Pregnant Women in Massachusetts," *JAMA Network Open*, May 26, 2020, DOI: [10.1001/jamanetworkopen.2020.5734](https://doi.org/10.1001/jamanetworkopen.2020.5734)
- 2 Center for Substance Abuse Treatment. "Substance Abuse Among Specific Population Groups and Settings," *Substance Abuse Treatment: Addressing the Specific Needs of Women*, U.S. Substance Abuse and Mental Health Services Administration, 2009, <https://www.ncbi.nlm.nih.gov/books/NBK83240/>; Annett Lotzin, Johanna Grundmann, Philipp Hiller, Silke Pawils, and Ingo Schäfer. "Profiles of Childhood Trauma in Women With Substance Use Disorders and Comorbid Posttraumatic Stress Disorders," *Frontiers in Psychiatry*, October 18, 2019, DOI: [10.3389/fpsvt.2019.00674](https://doi.org/10.3389/fpsvt.2019.00674)
- 3 Julie Kowitz Margolies and Tamar Kraft-Stolar. "When 'Free' Means Losing Your Mother: The Collision of Child Welfare and the Incarceration of Women in New York State," Correctional Association of New York, February 2006, <https://www.ojp.gov/ncjrs/virtual-library/abstracts/when-free-means-losing-your-mother-collision-child-welfare-and>; U.S. National Institute on Drug Abuse. "Substance Use in Women Research Report," April 2020, <https://www.drugabuse.gov/download/18910/substance-use-in-women-research-report.pdf>
- 4 Ariadna Forray. "Substance use during pregnancy," *F1000Research*, May 13, 2016, DOI: [10.12688/f1000research.7645.1](https://doi.org/10.12688/f1000research.7645.1)
- 5 Emmanuel A. Oga, Katrina Mark, and Victoria H. Coleman-Cowger. "Cigarette Smoking Status and Substance Use in Pregnancy," *Maternal and Child Health Journal*, June 7, 2018, DOI: [10.1007/s10995-018-2543-9](https://doi.org/10.1007/s10995-018-2543-9)
- 6 Kelly McElligott. "The Effects of Maternal Substance Use on Gestational Development and Neonates," Salem State University, April 23, 2017, [https://digitalcommons.salemstate.edu/honors\\_theses/141/](https://digitalcommons.salemstate.edu/honors_theses/141/)
- 7 Amanda Roy, Solita Jones, Eileen Shields, Kristen Lawless, Marilyn Kacica, et al. "Toxicology Screening Practices for Perinatal Substance Use Among New York State Birthing Hospitals," New York State Department of Health, 2018, <https://www.albany.edu/cphce/nyspccpublic/ToxicologySurveyPosterAMCHP2018.pdf>
- 8 Sarah C. Haight, Jean Y. Ko, Van T. Tong, Michele K. Bohm, and William M. Callaghan. "Opioid Use Disorder Documented at Delivery Hospitalization: United States, 1999–2014," *Morbidity and Mortality Weekly Report*, U.S. Centers for Disease Control and Prevention, August, 10, 2018, DOI: [10.15585/mmwr.mm6731a1](https://doi.org/10.15585/mmwr.mm6731a1)
- 9 Marian Jarlenski and Elizabeth E. Krans. "Co-occurring Substance Use Disorders Identified Among Delivery Hospitalizations in the United States," *Journal of Addiction Medicine*, December 1, 2020, DOI: [10.1097/ADM.0000000000000792](https://doi.org/10.1097/ADM.0000000000000792)
- 10 Guttmacher Institute. "Substance Use During Pregnancy," April 1, 2021, <https://www.guttmacher.org/state-policy/explore/substance-use-during-pregnancy>
- 11 Laura J. Faherty, Ashley M. Kranz, Joshua Russell-Fritch, Stephen W. Patrick, Jonathan Cantor, et al. "Association of Punitive and Reporting State Policies Related to Substance Use in Pregnancy with Rates of Neonatal Abstinence Syndrome," *JAMA Network Open*, November 13, 2019, DOI: [10.1001/jamanetworkopen.2019.14078](https://doi.org/10.1001/jamanetworkopen.2019.14078)
- 12 *Ibid.*
- 13 Jennifer N. Lind, Julia D. Interrante, Elizabeth C. Ailes, Suzanne M. Gilboa, Sara Khan, et al. "Maternal Use of Opioids During Pregnancy and Congenital Malformations: A Systematic Review," *Pediatrics*, June 2017, DOI: [10.1542/peds.2016-4131](https://doi.org/10.1542/peds.2016-4131)
- 14 Pia Römer, Birgit Mathes, Tilman Reinelt, Polina Stoyanova, Franz Petermann, et al. "Systematic Review Shows That Low and Moderate Prenatal Alcohol and Nicotine Exposure Affected Early Child Development," *Acta Paediatrica*, September 4, 2020, DOI: [10.1111/apa.15453](https://doi.org/10.1111/apa.15453); Alexandra C. Sundermann, Sifang Zhao, Chantay L. Young, LeAnn Lam, Sarah H. Jones, et al. "Alcohol Use in Pregnancy and Miscarriage: A Systematic Review and Meta-Analysis," *Alcoholism: Clinical and Experimental Research*, July 3, 2019, DOI: [10.1111/acer.14124](https://doi.org/10.1111/acer.14124); Courtney Caputo, Erin Wood, and Leila Jabbar. "Impact of Fetal Alcohol Exposure on Body Systems: A Systematic Review," *Birth Defects Research Part C: Embryo Today*, June 13, 2016, DOI: [10.1002/bdrc.21129](https://doi.org/10.1002/bdrc.21129)
- 15 Beth L. Pineles, Sarah Hsu, Edward Park, and Jonathan M. Samet. "Systematic Review and Meta-Analyses of Perinatal Death and Maternal Exposure to Tobacco Smoke During Pregnancy," *American Journal of Epidemiology*, July 15, 2016, DOI: [10.1093/aje/kwv301](https://doi.org/10.1093/aje/kwv301)
- 16 J. K. L. Gunn, C. B. Rosales, K. E. Center, A. Nuñez, S. J. Gibson, et al. "Prenatal Exposure to Cannabis and Maternal and Child Health Outcomes: A Systematic Review and Meta-Analysis," *BMJ Open*, February 9, 2016, DOI: [10.1136/bmjopen-2015-009986](https://doi.org/10.1136/bmjopen-2015-009986)
- 17 *Ibid.*
- 18 Marian Jarlenski, Elizabeth E. Krans, Qingwen Chen, Scott D. Rothenberger, Abigail Cartus, et al. "Substance Use Disorders and Risk of Severe Maternal Morbidity in the United States," *Drug and Alcohol Dependence*, November 1, 2020, DOI: [10.1016/j.drugalcdep.2020.108236](https://doi.org/10.1016/j.drugalcdep.2020.108236); U.S. Centers for Disease Control and Prevention. "How Does CDC Identify Severe Maternal Morbidity?" December 26, 2019, <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/smm/severe-morbidity-ICD.htm>
- 19 Kimberly Mangla, M. Camille Hoffman, Caroline Trumpff, Sinclair O'Grady, and Catherine Monk. "Maternal Self-Harm Deaths: An Unrecognized and Preventable Outcome," *American Journal of Obstetrics & Gynecology*, October 1, 2019, DOI: [10.1016/j.ajog.2019.02.056](https://doi.org/10.1016/j.ajog.2019.02.056)
- 20 Betty-Shannon Prevatt, Sarah L. Desmarais, and Patricia A. Janssen. "Lifetime Substance Use as a Predictor of Postpartum Mental Health," *Archives of Women's Mental Health*, December 3, 2016, DOI: [10.1007/s00737-016-0694-5](https://doi.org/10.1007/s00737-016-0694-5)
- 21 Ariadna Forray. "Substance Use During Pregnancy," *F1000Research*, May 13, 2016, DOI: [10.12688/f1000research.7645.1](https://doi.org/10.12688/f1000research.7645.1)
- 22 Oscar A. Viteri, Eleazar E. Soto, Ray O. Bahado-Singh, Carl W. Christensen, Suneet P. Chauhan, et al. "Fetal Anomalies and Long-Term Effects Associated with Substance Abuse in Pregnancy: A Literature Review," *American Journal of Perinatology*, December 8, 2014, DOI: [10.1055/s-0034-1393932](https://doi.org/10.1055/s-0034-1393932)
- 23 Kathryn Dee L. MacMillan, Cassandra P. Rendon, Kanak Verma, Natalie Riblet, David B. Washer, et al. "Association of Rooming-in With Outcomes for Neonatal Abstinence Syndrome: A Systematic Review and Meta-analysis," *JAMA Pediatrics*, April 1, 2018, DOI: [10.1001/jamapediatrics.2017.5195](https://doi.org/10.1001/jamapediatrics.2017.5195)
- 24 Rebecca Stone. "Pregnant Women and Substance Use: Fear, Stigma, and Barriers to care," *Health & Justice*, February 12, 2015, DOI: [10.1186/s40352-015-0015-5](https://doi.org/10.1186/s40352-015-0015-5)
- 25 Wen Leana. "I'm Pregnant. What Would Happen If I Couldn't Afford Health Care?" NPR, March 11, 2017, <https://www.npr.org/sections/health-shots/2017/03/11/519416036/im-pregnant-what-would-happen-if-i-couldnt-afford-health-care>
- 26 Lindsay Wells and Arjun Gowda. "A Legacy of Mistrust: African Americans and the U.S. Healthcare System," *Proceedings of UCLA Health*, 2020, <https://proceedings.med.ucla.edu/wp-content/uploads/2020/06/Wells-A200421LW-rko-Wells-Lindsay-M.D.-BLM-formatted.pdf>
- 27 Kathi L. H. Harp and Carrie B. Oser. "A Longitudinal Analysis of the Impact of Child Custody Loss on Drug Use and Crime Among a Sample of African American Mothers," *Child Abuse & Neglect*, March 2018, DOI: [10.1016/j.chiabu.2017.12.017](https://doi.org/10.1016/j.chiabu.2017.12.017)
- 28 Michael Kaliszewski. "Alcohol and Drug Abuse Among Native Americans," American Addiction Centers, February 12, 2021, <https://americanaddictioncenters.org/rehab-guide/addiction-statistics/native-americans>

- 29 Rachel Simon, Jennifer Giroux, and Julie Chor. "Effects of Substance Disorder Criminalization on American Indian Pregnant Individuals," *AMA Journal of Ethics*, October 2020, DOI: [10.1001/amajethics.2020.862](https://doi.org/10.1001/amajethics.2020.862)
- 30 Davida M. Schiff, Timothy Nielsen, Bettina B. Hoepfner, Mishka Terplan, Helena Hansen, et al. "Assessment of Racial and Ethnic Disparities in the Use of Medication to Treat Opioid Use Disorder Among Pregnant Women in Massachusetts," *JAMA Network Open*, May 26, 2020, DOI: [10.1001/jamanetworkopen.2020.5734](https://doi.org/10.1001/jamanetworkopen.2020.5734)
- 31 Angélica Meinhofer, Jesse M. Hinde, and Mir M. Ali. "Substance Use Disorder Treatment Services for Pregnant and Postpartum Women in Residential and Outpatient Services," *Journal of Substance Abuse Treatment*, December 6, 2019, DOI: [10.1016/j.jsat.2019.12.005](https://doi.org/10.1016/j.jsat.2019.12.005); U.S. Substance Abuse and Mental Health Services Administration. "Double Jeopardy: COVID-19 and Behavioral Health Disparities for Black and Latino Communities in the U.S.," accessed May 6, 2021, <https://www.samhsa.gov/sites/default/files/covid19-behavioral-health-disparities-black-latino-communities.pdf>

i See note 31.

ii See note 26.

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