Discussion Points: Preparing Birthing Parents with SUD for Delivery

Clinical Staff Education 1 of 3

Purpose

The intention of this document is to provide a framework for navigating key discussion points with birthing parents affected by substance use disorder (SUD). The goal is to have this conversation between 28-36 weeks estimated gestational age. We acknowledge that delivery is a stressful time, and each birth is different. Information sharing and discussion ahead of time is a key strategy in patient advocacy. Knowing what to expect before delivery increases the opportunity for the post delivery hours to be more centered around the parent-infant dyad.

PSEED
Perinatal Substance Exposure Education

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PROJECT CARA of Western North Carolina

MotherToBaby North Carolina

NC PSUD NETWORK

PR%F Alliance NC

PSEED Toolkit
Perinatal Substance Exposure Educator Document

I. Foundational Models: Trauma-Informed Care

Providing trauma-responsive care is a key component of care delivery. SAMHSA's tenets of trauma-informed care include fostering:

- Safety
- Trustworthiness and transparency
- Collaboration and mutuality amongst staff and clients for mutual decision-making
- Empowerment, voice, and choice
- Awareness of cultural, historical, and gender issues - offering gender responsive services leverages the healing value of traditional cultural connections, and recognizing and addressing historical trauma

In addition to these five tenets, PSEED is built on evidence-based recommendations for SUD care in pregnancy, including the use of non-stigmatizing language.

II. How to Approach the Conversation

- Utilize the "Rule of Three" on any given appointment; aim to have no more than three providers meet with a birthing parent
- Set a time for this conversation to give birthing parents an opportunity to prepare questions and invite a support person
- Have the care provider introduce the perinatal substance exposure educator (PSEED) and explain the importance of their role
- Clearly state that the PSEED does not work for Child Welfare/DSS
- Acknowledge that this is likely a stressful time for the birthing parent. Allow the birthing parent space to talk about Child Welfare/DSS involvement if they feel comfortable
- Start by asking the birthing parent what questions and concerns they may have. Acknowlege that this is a stressful conversation
- Identify community resources and supports who you could contact to better address specific questions as they arise during discussions with your birthing parents. These topics include:
  - Hospital and discharge planning
  - Treatment options for newborns in the hospital (including Eat, Sleep, Console and medications available to treat withdrawal)
  - CAPTA/CARA Laws and Child Welfare/DSS intervention
  - Local treatment options (both inpatient and outpatient)
  - Case management and insurance coverage

III. Hospital and Discharge Planning

- Encourage birthing parents to discuss their specific goals and concerns regarding pain management during and after delivery with their prenatal care provider prior to admission
- Encourage birthing parent to discuss their specific goals and concerns regarding lactation with their prenatal care provider prior to admission
- Utilize PSEED Toolkit 2 to familiarize yourself with your local hospital's protocols and treatment processes for birthing parents with opioid use disorders and substance-exposed newborns
- Ensure that you cover the following topics with your birthing parent:
    - Length of stay for birthing parent
    - Birthing parent drug testing policies
    - Length of stay for newborn
    - Newborn drug testing policies
    - If birthing parent and newborn will be able to remain together
    - How either Finnegan scoring or Eat, Sleep, Console (ESC) is used and when
    - Medications used for newborn (include administration)
    - NICU admission criteria
    - Possible NICU length of stay
    - Discussion of visitation policy and what to expect for support persons
    - Plan of Safe Care
    - Breastfeeding and medications for Opioid Use Disorder

Helpful knowledge for PSEED

Neonatal Opioid Withdrawal Syndrome (NOWS)

- NOWS is a withdrawal syndrome that is seen in 30-80% of infants born to birthing parents who are engaging in opioid agonist treatment
- NOWS is an expected and treatable condition
- Nicotine exposure is a contributing factor to onset and severity of NOWS

Eat, Sleep, Console and Finnegan Scoring

- Eat, Sleep, Console (ESC) is a tool for assessing NOWS that is reliable and easier to use in comparison to older methods
- ESC can be utilized alone or in conjunction with Finnegan Scoring, an older method that scores NOWS severity based on infant symptoms
- Finnegan scoring is a clinician led assessment tool that assigns a numeric value to symptoms of NOWS. This score is used to determine when a higher level of care and/or medication may be indicated for treatment of NOWS
- ESC emphasizes non-pharmacological treatments to reduce the need for NICU admissions
- Familiarize yourself with common techniques used in consoloing a newborn (Ex: swaddle) to practice with parent/caregivers

IV. Child Welfare/ DSS and CAPTA/CARA Law

- Knowledge is power. Discussing potential Child Welfare/DSS involvement can help families prepare to make decisions about treatment, safety planning, and potential placement
  - o It is important for families to be supported in their own decision-making. Focus on where there may be choices if Child Welfare/DSS is involved
- Familiarize yourself with the CAPTA/CARA federal mandate and your local Child Welfare/DSS process
  - o While you won't have all of the answers, as each case is different, you should know the typical protocols for your area hospital and Child Welfare/DSS
  - o Explain to parents that there is a lot of confusion around CAPTA/CARA law, but encourage them to be grounded and ready to have a discussion, and to partner with Child Welfare/DSS to discuss a safe discharge plan
- Reflect that there continues to be confusion over the implementation of CAPTA/CARA law. Discuss the difference between plan of safe care (Newborn Care Management) and a safety plan (Child Welfare/DSS involvement)
  - o Previous involvement with Child Welfare/DSS
  - o Other children placed outside of the home (i.e. foster care)
  - o Confirmed neonatal exposure to illegal and/or unprescribed substances
- Encourage parents to involve other family members as part of their safety planning

Helpful knowledge for PSEED

Child Abuse Prevention and Treatment Act (CAPTA)/ Comprehensive Addiction and Recovery Act (CARA)

- The Child Abuse Prevention and Treatment Act requires health care providers in every state to notify child protective services if they are involved in the delivery of an infant who is affected by substance use or who demonstrates withdrawal symptoms related to prenatal drug exposure or fetal alcohol spectrum disorders (FASD)
- There is no standardized interpretation of of "affected by substance use" or "withdrawal symptoms" therefore, every state is able to interpret these terms differently, which often leads to confusion

V. Treatment Options

- Encourage birthing parents to discuss individualized treatment options with their medical and behavioral health care providers
  - Reminder: As an educator, it is not your role to recommend care for your birthing parents. Simply be available to answer general questions and direct them to the appropriate care provider
- Learn about local inpatient and outpatient options that a parent may consider
- Familiarize yourself with your area's inpatient SUD treatment programs, including recommended length of stay, visitor protocols, and discharge plans

Helpful knowledge for PSEED

Inpatient Substance Use Disorder Treatment

- Inpatient substance use disorder care is a form of residential treatment that is meant to provide support during the medically supervised withdrawal/ stabilization phase
- Treatment often consists of structured days with individual and group therapy and skill-building activities
- Unless a person is involuntarily committed to treatment, inpatient care is not locked; parents are able to leave if they want to

Opioid Treatment Programs (OTP)

- Opioid Treatment Programs are a form of outpatient substance use treatment
- All OTPs offer methadone and buprenorphine
- OTPs have requirements that must be met to increase the time in between visits to obtain medication

VI. Other Community Resources

- Familiarize yourself with your area's options for care management based on your parent's substance use, insurance status, and location
- Learn about the process for applying for Pregnancy Medicaid through your local health department

Helpful knowledge for PSEED

Pregnancy Medicaid & OB Care Management

- Eligibility for Pregnancy Medicaid is broader than routine Medicaid requirements and is available during pregnancy through one year postpartum
- Patients can apply for Pregnancy Medicaid through their local health department
- Patients can also connect with a Care Manager for High Risk Pregnancy (CMHRP)

VII. Key Takeaways for You as a PSEED

- You don't have to have all of the answers - the most important components are your approach to the conversation, your willingness to develop an individualized plan, and your knowledge of who to contact for specifics
- Language matters
- Trauma-informed, non-judgmental, non-coercive care is necessary
- In these conversations with birthing parents, you must be willing to meet the person where they are, promote parent choice, and empower them to participate in their own care

VIII. References

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3. NCDHHS. "Infant Plan of Safe Care." Accessed March 3, 2026. https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse/infant-plan-safe-care

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The Child Abuse Prevention and Treatment Act (CAPTA) with amendments made by sec. 133 within Title I of the Trafficking Victims Prevention and Protection Reauthorization Act of 2022, P.L. 117-348, enacted January 5, 2023.

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To learn more about the PSEED program and access parts 1 and 2 of this toolkit, please visit mahec.net/cara.