

## **POLICY RECOMMENDATIONS**

### **Related to Drug and Alcohol Use in Pregnancy**

The West Virginia Perinatal Partnership has taken an active, systematic and positive approach to dealing with the issue of women using drugs and/or alcohol during pregnancy. Our primary goal is the birth of healthy babies. We want women to receive early and regular prenatal care and treatment for their substance use to increase the possibility of good birth outcomes.

#### **Policy 1: Prevention and treatment interventions for pregnant women who have substance use problems should be the priority.**

Pregnant women who are found to use drugs and/or alcohol should be directed to early and regular prenatal care that incorporates as part of the practice, substance use detection, diagnosis and referral for treatment with the goal of delivering a healthy infant.

To ensure that women with substance abuse problems have trusted and confidential care available to them, it is essential that the care is obtained without fear of retribution of any kind. It is imperative that a punitive approach to address this problem not be taken. Women will be afraid to come to early prenatal care for fear of prosecution. Punitive measures run contrary to the stated goal of protecting infant health because they deter pregnant women from seeking important health and social services. Women who fear that they will be taken into custody, lose their children or face criminal sanctions if their drug use is detected, will avoid seeking the critical prenatal care and drug treatment services they need for a healthy pregnancy. For this reason, leading medical and public health groups—such as the American Academy of Pediatrics, the American Medical Association, the American Public Health Association and the March of Dimes—all oppose punitive responses to prenatal drug use.

#### **Policy 2: The components of effective models of care to successfully treat women with substance abuse problems during pregnancy must be identified and this information shared around the state.**

Maternity providers are concerned that few medical personnel in the state are well trained to treat and work with addicted pregnant women. On-going training and education for providers on the special needs of pregnant women with substance abuse problems must be made available so that more providers are comfortable and confident in working with this population. Emphasis should be placed on programs that coordinate medical, behavior health, and the social services needed to effectively intervene and treat pregnant women with substance abuse problems. Any barriers that exist to the coordination of these services at the state and local levels should be identified and removed.

#### **Policy 3: Wide ranging and multi-faceted public education campaigns about the detrimental effects of alcohol and drugs on the developing fetus must be conducted.**

These efforts should start with school age children and continue with citizens of all ages. In addition to widespread efforts, education targeted to pregnant women regarding the effects of substance use during pregnancy to her health and the health of her baby should be available.