



PREGNANCY & SUBSTANCE USE: A PEER'S ROLE

Module 1.1: Is This Your Calling?

Challenges and Facilitators for Pregnant/Postpartum Participants Who Use Substances or Have a History of Substance Use

Anyone who is pregnant may face challenges. Pregnancy can bring about dramatic physical changes that can be uncomfortable, unwelcome, or limiting (e.g., hormonal changes, fatigue, weight gain, bed rest restrictions). Pregnancy can also prompt a wide range of feelings that can include ambivalence towards pregnancy, or fear about the health and well-being of oneself or the baby. When someone is using drugs or has a history of substance use, the challenges can become more daunting. But importantly, with the right tools and supports in place, pregnancy is also an opportunity to have a beautiful experience.

Let's take a minute to think through some factors related to recovery during pregnancy. Depending on someone's situation, these factors may be either a challenge or a facilitator to recovery. For instance, concerns about child welfare involvement may motivate some people's recovery efforts. For others, this threat may lead them to avoid seeking recovery services to "stay under the radar." Each of the factors in the following table highlight opportunities for peer support.

We want to acknowledge:

- 1) This is not a comprehensive list of challenges.
- 2) Not all pregnant and postpartum people face each or any of these challenges.



**PREGNANCY, POSTPARTUM,
& EARLY PARENTING**

Peer Support for Families Impacted by Substance Use



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Challenges	Factors Influencing Recovery During Pregnancy	Facilitators
<p>Disparities Poverty, homelessness, and food insecurity contribute to substance use as a coping strategy, making cessation more difficult.¹</p>	<p>Socioeconomic Considerations</p>	<p>Resources Stable housing, financial support, or other programs can make it easier to focus on improving health and wellness</p>
<p>Intimate Partner Violence (IPV) IPV increases the risk of continued substance use during pregnancy, often due to stress, coercion, or limited means to leave an abusive situation.^{2,3}</p>	<p>Relational and Social Support Factors</p>	<p>Concern for Their Baby Some women stop using substances to protect their baby. Learning about the risks of prenatal substance exposure can be a motivator.⁴</p>
<p>Lack of Social Support Women with minimal support from partners, family, or community networks may turn to substances to manage isolation and stress.⁵</p>		<p>Support from Loved Ones Encouragement from their support network helps many women make positive changes.⁴</p>
<p>Mental Health Disorders Pregnant women with SUD are more likely to experience mental health conditions, including depression, anxiety, PTSD,⁶ and may use substances to cope with untreated mental health issues.</p>	<p>Health and Healthcare Considerations</p>	<p>Supportive Healthcare Consistent and compassionate healthcare can give women the resources (including MOUD) they need to reduce harms.</p>
<p>Polysubstance Use Increases dependency and the likelihood of continued use during pregnancy.</p>		<p>Wanting to Feel Better Pregnancy can motivate healthier choices, and some women notice they feel better when they cut back or quit using substances.</p>
<p>Limited Access to Treatment Lack of specialized addiction treatment for pregnant women, cost, lack of childcare, transportation, and</p>		<p>Therapy and Counseling Therapy, peer support groups, or case management help women feel less alone and give them practical strategies to make changes.</p>





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<p>stigma within healthcare settings prevent access to care.</p>	<p>Legal and Child Welfare Systems</p>	
<p>Withdrawal Risks When pregnant people stop using substances, the risk of withdrawal can be dangerous. Medical care is necessary when quitting any substance. Discrimination is a barrier.</p>		<p>Informed Healthcare Providers Finding healthcare providers who understand the options for titration and maintenance is a benefit for the pregnant person and their baby.</p>
<p>Trauma and Adverse Childhood Experiences (ACEs) Women with experiences of trauma and abuse are more likely to use substances as a coping mechanism.⁷</p>		<p>High Self-efficacy The belief that one can successfully perform behaviors that will achieve one's desired goals.</p>
<p>Racial Disparities⁸ Black women comprised ~30% of deaths yet represent a much smaller share of births. AI/AN women face high postpartum and preventable death rates.</p>		<p>Awareness and Culturally Competent Care Peers, birth workers, and healthcare providers can be alert to bias and use empathetic, culturally responsive communication. They can recognize and advocate when symptoms suggest risks. Support people postpartum (as many losses occur well after birth), and address social determinants.</p>
<p>Stigma and Legal Consequences Pregnant people may avoid seeking help due to fear of judgment, criminalization, or involvement with child welfare.</p>		<p>Custody Concerns Concerns about legal consequences or child welfare involvement can lead some to seek support and treatment.</p>

