Glossary of Healthcare Providers

Pregnancy, Birth, and Postpartum Healthcare Providers

Provider	Role in Pregnancy	When to See?
Obstetrician (OB)[27]	Medical doctor who specializes in pregnancy, childbirth, and postpartum care. They are trained to handle pregnancies and can perform cesarean (C-section) deliveries.	As soon as you know you're pregnant, schedule a visit with a prenatal care provider. OBs provide regular checkups throughout pregnancy and a postpartum visit about six weeks after birth.
Obstetrician/ Gynecologist (OB/GYN)	Medical doctor who provides both the services of an Obstetrician and a Gynecologist. A gynecologist is a medical doctor who specializes in female reproductive health, but not pregnancy or birth.	You should see a gynecologist for routine reproductive healthcare. Your gynecologist may already be an OB/GYN. Otherwise, as soon as you are pregnant, schedule a visit with an OB or OB/GYN.
Maternal-Fetal Medicine Specialist (Perinatologist)[28]	Obstetrician who specializes in high-risk pregnancies, including those complicated by substance use, chronic illness, advanced maternal age, or other medical concerns. They monitor the baby's development and help manage risks.	If you have a high-risk pregnancy due to substance use, chronic illness, or other medical conditions, you may be referred to a maternal-fetal medicine specialist during pregnancy.
Family Practice Doctor (Primary Care Physician)[27]	Medical doctor who provides medical care for people of all ages, including pregnancy care and childbirth. Some family doctors offer prenatal care and delivery, but many do not perform C-sections.	If you already have a trusted family doctor, ask if they provide prenatal care. If they do, they can guide you through pregnancy and postpartum care.

Physician Assistant (PA) and Nurse Practitioners (NP)	PAs and NPs are advanced practice providers who offer comprehensive healthcare services. They can provide prenatal and postpartum care similar to a medical doctor, but they generally do not provide C-sections.	You may be scheduled to see a PA or NP as part of your routine prenatal or postpartum medical care visits.
Certified Nurse-Midwife (CNM)[29]	Registered nurse with additional midwifery training. They provide prenatal care, assist with childbirth (mostly in hospitals and birth centers), and support postpartum recovery. Midwives are a great option for low-risk pregnancies.	Begin prenatal visits early in pregnancy. CNMs provide care during pregnancy, labor, birth, and postpartum recovery.
Certified Professional Midwife (CPM)[29]	Healthcare professional who specializes in out-of-hospital births, such as at home or in birthing centers. They are trained to manage normal pregnancies but should have an emergency transfer plan with an OB if needed.	If you are considering a home or birthing center delivery, consult a CPM early to ensure it's a safe option for you.
Anesthesiologist[27]	Medical doctor who provides pain management during labor, including epidurals. If a C-section is needed, they ensure you remain comfortable and safe.	If you want an epidural or have concerns about pain relief, you may discuss options with an anesthesiologist at the hospital. During prenatal appointments, an OB/GYN or other provider can answer questions to help you learn about pain management options.
Mother/Baby Nurse or Labor and Delivery Nurse[27]	Specially trained nurse who provides hands-on care, support, and education during	These nurses are typically assigned to you once you arrive at the hospital or birth center.

	labor, birth, and postpartum recovery.	
Doula[30]	Non-medical professional who provides emotional and physical support before, during, and after childbirth. Unlike medical providers, doulas do not perform clinical tasks; instead, they focus on comfort, advocacy, and reassurance.	If you'd like extra support, you can hire a doula early in pregnancy or closer to birth.
Lactation Specialist or Lactation Consultant[29]	Healthcare professional who helps parents with breastfeeding, chestfeeding, or bottle-feeding. They can provide guidance on latch, milk supply, and feeding challenges.	You can see a lactation consultant in the hospital after birth or schedule a visit if you encounter feeding difficulties.
Hospital Social Worker[27]	Social worker who helps navigate hospital systems, connects parents with resources, and offers support for challenges, such as housing, substance use recovery, or mental health concerns.	If you need extra support during pregnancy or after birth, ask your care team about speaking with a hospital social worker.
Case Manager or Patient Navigator[31]	Professional who helps coordinate care between providers, assisting with insurance, housing, food access, and other social needs.	If you need help managing medical appointments, finding treatment, or accessing resources, a case manager can be a great advocate.
Neonatologist	Medical doctor who specializes in caring for premature or medically fragile newborns.	If your baby needs extra medical support or needs to spend time in the Neonatal Intensive Care Unit (NICU), they will likely see a neonatologist. If your baby is diagnosed with neonatal abstinence syndrome (NAS) or neonatal opioid withdrawal syndrome (NOWS), a

		neonatologist will likely be involved in providing specialized care.
Pediatrician[27]	Medical doctor who provides general healthcare for babies and children.	Choose a pediatrician before birth to ensure a smooth transition to newborn care. You will see a pediatrician several times during a baby's first year of life to make sure they are developing normally and that they receive vaccines and other support to keep them healthy.

Substance Use Treatment Providers During Pregnancy

Provider	Role in Pregnancy	When to See?
Treatment Provider/Addiction Medicine Specialist[31]	Healthcare professional who specializes in substance use treatment, including medications for SUD and counseling. They can help create a safe plan for pregnancy and recovery.	As soon as possible, ideally before pregnancy or early in pregnancy, to develop a plan that supports your health and your baby's well-being.
Psychiatrist[31]	Medical doctor who specializes in mental health and medication management, including for anxiety, depression, and other conditions during pregnancy.	If you are already taking medication for mental health, or if new symptoms arise during pregnancy, consult a psychiatrist for guidance on safe treatment options.
Therapist[31]	Healthcare professional who provides emotional support and coping strategies for stress, trauma, substance use, and mental health challenges.	Therapy can be helpful at any stage of pregnancy and postpartum, especially if you are feeling overwhelmed or need extra support.

PREGNANCY, PARENTING, & SUBSTANCE USE: NAVIGATING SYSTEMS

Module 2.2: Healthcare

Module References

1. Simmons E, Austin AE. Association of prenatal substance use with prenatal and postpartum care: Evidence from the Pregnancy Risk Assessment Monitoring System, 2016-2019. *Prev Med*. 2022;159:107065. doi:10.1016/j.ypmed.2022.107065
2. Austin AE, Naumann RB, Simmons E. Association of state child abuse policies and mandated reporting policies with prenatal and postpartum care among women who engaged in substance use during pregnancy. *JAMA Pediatrics*. 2022;176(11):1123-1130. doi:10.1001/jamapediatrics.2022.3396
3. Martin CE, Scialli A, Terplan M. Unmet substance use disorder treatment need among reproductive age women. *Drug Alcohol Depend*. 2020;206:107679. doi:10.1016/j.drugalcdep.2019.107679
4. Policy Center for Maternal Mental Health. Substance use disorders and maternal mental health. Accessed Sep 5, 2025. https://policycentermmh.org/substance-use-disorders-and-maternal-mental-health
5. Short VL, Hand DJ, MacAfee L, Abatemarco DJ, Terplan M. Trends and disparities in receipt of pharmacotherapy among pregnant women in publically funded treatment programs for opioid use disorder in the United States. *J Subst Abuse Treat*. 2018;89:67-74. doi:10.1016/j.jsat.2018.04.003
6. Krans EE, Kim JY, James AE, 3rd, Kelley D, Jarlenski MP. Medication-assisted treatment use among pregnant women with opioid use disorder. *Obstet Gynecol*. 2019;133(5):943-951. doi:10.1097/aog.0000000000003231
7. Henkhaus LE, Buntin MB, Henderson SC, Lai P, Patrick SW. Disparities in receipt of medications for opioid use disorder among pregnant women. *Substance Abuse*. 2022;43(1):508-513. doi:10.1080/08897077.2021.1949664
8. National Institute on Drug Abuse (NIDA). Pregnant people with substance use disorders need treatment, not criminalization. Accessed Aug 25, 2025. https://nida.nih.gov/about-nida/noras-blog/2023/02/pregnant-people-substance-use-disorders-need-treatment-not-criminalization
9. Legislative Analysis and Public Policy Association (LAPPA). Substance use during pregnancy and child abuse or neglect: Summary of state laws. Accessed Nov 3, 2025. https://legislativeanalysis.org/wp-content/uploads/2024/06/Substance-Use-During-Pregnancy-and-Child-Abuse-50-State-Summary.pdf
10. Angelotta C, Weiss CJ, Angelotta JW, Friedman RA. A moral or medical problem? The relationship between legal penalties and treatment practices for opioid use disorders in pregnant women. *Women's Health Issues*. 2016;26(6):595-601. doi:https://doi.org/10.1016/j.whi.2016.09.002
11. National Health Law Program (NHeLP). Medicaid and doula care. Accessed Nov 3, 2025. https://healthlaw.org/wp-content/uploads/2025/03/NHeLP-Doula-MedicaidFactSheet-FINAL.pdf
12. John McConnell K, Kaufman MR, Grunditz JI, et al. Project Nurture integrates care and services to improve outcomes for opioid-dependent mothers and their children. *Health Affairs*. 2020;39(4):595-602. doi:10.1377/hlthaff.2019.01574
13. National Institute on Drug Abuse (NIDA). Substance use in women research report. Accessed Nov 26, 2024. https://nida.nih.gov/publications/drugfacts/substance-use-in-women
14. National Harm Reduction Coalition, Academy of Perinatal Harm Reduction. Pregnancy and substance use: A harm reduction toolkit – Care coordination (page 65). Accessed Aug 15, 2025. https://www.perinatalharmreduction.org/toolkit-pregnancy-substance-use
15. American College of Obstetricians and Gynecologists (ACOG). Committee opinion no. 711: Opioid use and opioid use disorder in pregnancy. *Obstet Gynecol*. 2017;130(2):e81-e94. doi:10.1097/aog.0000000000002235
16. Lijewski VA, Aldrich H, Straub HL. The impact of social vulnerability on substance use detection practices in pregnancy. *Am J Perinatol*. 2024;41(16):2175-2192. doi:10.1055/s-0044-1782686
17. Weber A, Miskle B, Lynch A, Arndt S, Acion L. Substance use in pregnancy: Identifying stigma and improving care. *Substance Abuse and Rehabilitation*. 2021;12:105-121. doi:10.2147/SAR.S319180
18. American College of Obstetricians and Gynecologists (ACOG). Substance abuse reporting and pregnancy: The role of the obstetrician–gynecologist. Accessed Sep 5, 2025. https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2011/01/substance-abuse-reporting-and-pregnancy-the-role-of-the-obstetrician-gynecologist

19. U.S. Department of Health and Human Services (HHS), Administration for Children & Families (ACF), Children's Bureau. The Child Abuse Prevention and Treatment Act (CAPTA). Accessed Sep 5, 2025. https://acf.gov/cb/law-regulation/child-abuse-prevention-and-treatment-act-capta
20. National Harm Reduction Coalition, Academy of Perinatal Harm Reduction. Pregnancy and substance use: A harm reduction toolkit. Accessed Aug 15, 2025. https://www.perinatalharmreduction.org/toolkit-pregnancy-substance-use
21. Maclean JC, Witman A, Durrance CP, Atkins DN, Meinhofer A. Prenatal substance use policies and infant maltreatment reports. *Health Affairs*. 2022;41(5):703-712. doi:10.1377/hlthaff.2021.01755
22. LegalClarity. Can you get in trouble for no prenatal care? Accessed Nov 3, 2025. https://legalclarity.org/can-you-get-in-trouble-for-no-prenatal-care/
23. If/When/How; Lawyering for Reproductive Justice. Prenatal drug exposure: CAPTA reporting requirements for medical professionals. Accessed Sep 5, 2025. https://ifwhenhow.org/resources/prenatal-drug-exposure-capta/
24. U.S. Department of Health and Human Services (HHS). Administration for Children & Families (ACF). Children's Bureau. Child welfare policy manual | 2.1F CAPTA, Assurances and requirements, infants affected by substance abuse. Accessed Nov 3, 2025. https://cwpm.acf.gov/citations/capta/capta-assurances-and-requirements/capta-assurances-and-requirements-infants
25. American College of Obstetricians and Gynecologists (ACOG). Substance use disorder in pregnancy. Accessed Aug 15, 2025. https://www.acog.org/advocacy/policy-priorities/substance-use-disorder-in-pregnancy
26. Massachusetts Health Policy Commission. Reducing stigma toward families impacted by opioid use disorder. Accessed Sep 8, 2025. https://www.mass.gov/doc/nas-anti-stigma-resource-guide-reducing-stigma-toward-families-impacted-by-opioid-use-disorder/download
27. U.S. Department of Health and Human Services (HHS). Office of the Assistant Secretary for Health (OASH). Office on Women's Health. Prenatal care and tests. Accessed Sep 5, 2025. https://womenshealth.gov/pregnancy/youre-pregnant-now-what/prenatal-care-and-tests
28. Society for Maternal-Fetal Medicine. High-risk pregnancy. Accessed Sep 5, 2025. https://www.smfm.org/
29. The Journey Recovery Project. People to meet during pregnancy. Accessed Sep 5, 2025. https://journeyrecoveryproject.com/wp-content/uploads/2020/06/DPH_JourneyGuides_PeopletoMeetDuringPregnancy_v10_Web.pdf
30. DONA International. What is a doula? Accessed Sep 5, 2025. https://www.dona.org/what-is-a-doula-2/
31. Substance Abuse and Mental Health Services Administration (SAMHSA). Home | SAMHSA - Substance Abuse and Mental Health Services Administration. Accessed Sep 5, 2025. https://www.samhsa.gov/
32. Puccio J. They will never forget how you made them feel: Implementing harm reduction in the perinatal setting. *Matern Child Health J*. 2023;27(Suppl 1):122-127. doi:10.1007/s10995-023-03795-1
33. Gruß I, Firemark A, Davidson A. Motherhood, substance use and peer support: Benefits of an integrated group program for pregnant and postpartum women. *J Subst Abuse Treat*. 2021;131:108450. doi:10.1016/j.jsat.2021.108450
34. Yonkers KA, Howell HB, Allen AE, Ball SA, Pantalon MV, Rounsaville BJ. A treatment for substance abusing pregnant women. *Arch Womens Ment Health*. 2009;12(4):221-7. doi:10.1007/s00737-009-0069-2
35. Yonkers KA, Forray A, Howell HB, et al. Motivational enhancement therapy coupled with cognitive behavioral therapy versus brief advice: A randomized trial for treatment of hazardous substance use in pregnancy and after delivery. *Gen Hosp Psychiatry*. 2012;34(5):439-49. doi:10.1016/j.genhosppsych.2012.06.002