Enhancing Perinatal Support and Services: Pregnancy and Substance Use Disorders

February 25, 2026

About Us

PARTNERSHIP HEALTHPLAN of CALIFORNIA A Public Agency

Mission:

To help our members, and the communities we serve, be healthy.

Vision:

To be the most highly regarded managed care plan in California.

Colleen Townsend, MD, Regional Medical Director

PARTNERSHIP HEALTHPLAN of CALIFORNIA

Regional Medical Director for Napa, Solano, and Yolo counties

Colleen Townsend is a family medicine physician with over 25 years of experience in community health. She has experience in supporting patients and families across all stages, ages, and in many clinical settings. She practiced as a primary care provider at CommuniCare+OLE and works with postpartum families providing newborn care in the hospital setting.

Dr. Townsend is a regional medical director at Partnership based in Fairfield and participates in the development and implementation of policies and services related to pregnancy and postpartum.

Mary Baracco, APRN, BSN, CNM, WHNP, PHN

Mary has spent her career supporting growing families. She's delivered many babies and spent over 20 years in early childhood education. She has worked in public health maternal, child, and adolescent divisions in both Napa and Trinity counties and has worked extensively with parents experiencing perinatal mood disorders.

Mary has also had the honor of teaching and mentoring the next generation of nurses by teaching in health occupations at Napa Valley College.

She led the Napa Valley breastfeeding coalition as president for eight years and has more than 35 years of experience helping and supporting families with breast/chestfeeding – including 10 years as a certified lactation specialist and 20 years as an international board-certified lactation consultant.

Candy Stockton-Joreteg, MD, FASAM

Dr. Stockton is a Family Medicine and Addiction Medicine specialist. She served as the clinical champion for the Humboldt RISE Project (a county-wide Perinatal Substance Use Disorder project) and Humboldt County's Jail MAT program and is the co-chair of RxSafe Humboldt. She has worked with pregnant and parenting people with substance use disorder in rural Northern California since 2006 and sees every day how the disease of addiction affects individuals and families in her community.

In her current role as health officer for Humboldt County, she focuses her attention on supporting treatment, preventing overdose deaths, and addressing the upstream contributors to substance use disorders.

PARTNERSHIP HEALTHPLAN of CALIFORNIA

Consensus Statement: White House Office of Drug Control Policy[1]

1. Having substance use disorder (SUD) in pregnancy is not, by itself, child abuse or neglect

2. Criminalizing SUD in pregnancy is ineffective and harmful as it prevents pregnant women with SUD from seeking and receiving the help they need

3. Everyone has the right to effective treatment and denying such care on the basis of sex or disability is a violation of civil rights.

4. Pregnant women using substances or having SUD should be encouraged to access support and care systems and barriers to access should be addressed, mitigated, and eliminated where possible.

5. Improving coordination of public health, criminal justice systems, treatment, and early childhood systems can optimize outcomes and reduce disparities.

PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

Consensus Statements: California Maternal Quality Care Collaborative[2]

- Every pregnant woman should be screened for substance use.
- Every pregnant woman with OUD should be on medication-assisted treatment.
- Increasing evidence supports the use of non-pharmacologic treatment for newborns with NAS.
- Mothers and babies should receive support to keep them together.

PARTNERSHIP HEALTHPLAN of CALIFORNIA

American Society of Addiction Medicine: Definition of Addiction[3]

- Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.
- Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.

PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

Chronic Disease that Effect Pregnancy

DM (5-9% of pregnant women develop gestational diabetes, another 1% have pre-pregnancy diabetes) [4,5]

Hypertensive disorder of pregnancy (13-15%, 3.7% of pregnant women have chronic HTN)[6,7]

Depression / mood disorders (10% of pregnancies)[8]

First trimester illicit substance use: 4.76-14.81%[9]

First trimester licit substance use: 5.77-22.50%[9]

PARTNERSHIP HEALTHPLAN of CALIFORNIA

Pregnancy and Opioid Use Disorder (OUD)

- **86%** of pregnant opioid-abusing women reported pregnancy was unintended[11]
  - In general population: 31% – 47% are unintended
- Overdoses account for 13% of postpartum deaths.[12]
- Pregnancy can be a powerful catalyst for change AND a significant source of shame / stigma that hinders change

PARTNERSHIP HEALTHPLAN of CALIFORNIA

Non-Stigmatizing Language: Words Matter

Addict / user / drug abuser	Person with substance use disorder / addiction
Junkie	Person with active substance use
Former / reformed addict	In recovery Person who previously used drugs
Habit	Substance user disorder Addiction
Abuse	Use / misuse of
Opioid substitution / replacement therapy Medication assisted therapy	Medication for opioid use disorder Pharmacotherapy Opioid agonist therapy
Clean / dirty	Expected / unexpected; positive for/negative for
Addicted baby / born addicted	Baby with neonatal (opioid) withdrawal syndrome Baby born to a mother who used drugs while pregnant

PARTNERSHIP HEALTHPLAN of CALIFORNIA

Screening for SUD in Pregnancy

Tools

- NIDA quick screen
- 4Ps / 5Ps Plus
- CRAFFT (for women and adolescents 12-26 years old)

Urine toxicology is NOT screening for SUD

Know why you screen and be aware of the potential for unintended consequences

Reference:

- https://nastoolkit.org/explore-the-toolkit/best-practice/1

PARTNERSHIP HEALTHPLAN of CALIFORNIA

Goals of Treatment

- A healthy adult patient with well-managed chronic disease
- Screening and treatment for other co-occurring conditions (Hep C, poor nutrition, dental infections, STIs)
- Adequate and effective pre-natal care
- Maintaining the mother-baby dyad so children can grow up safe and loved in their family of origin.

PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

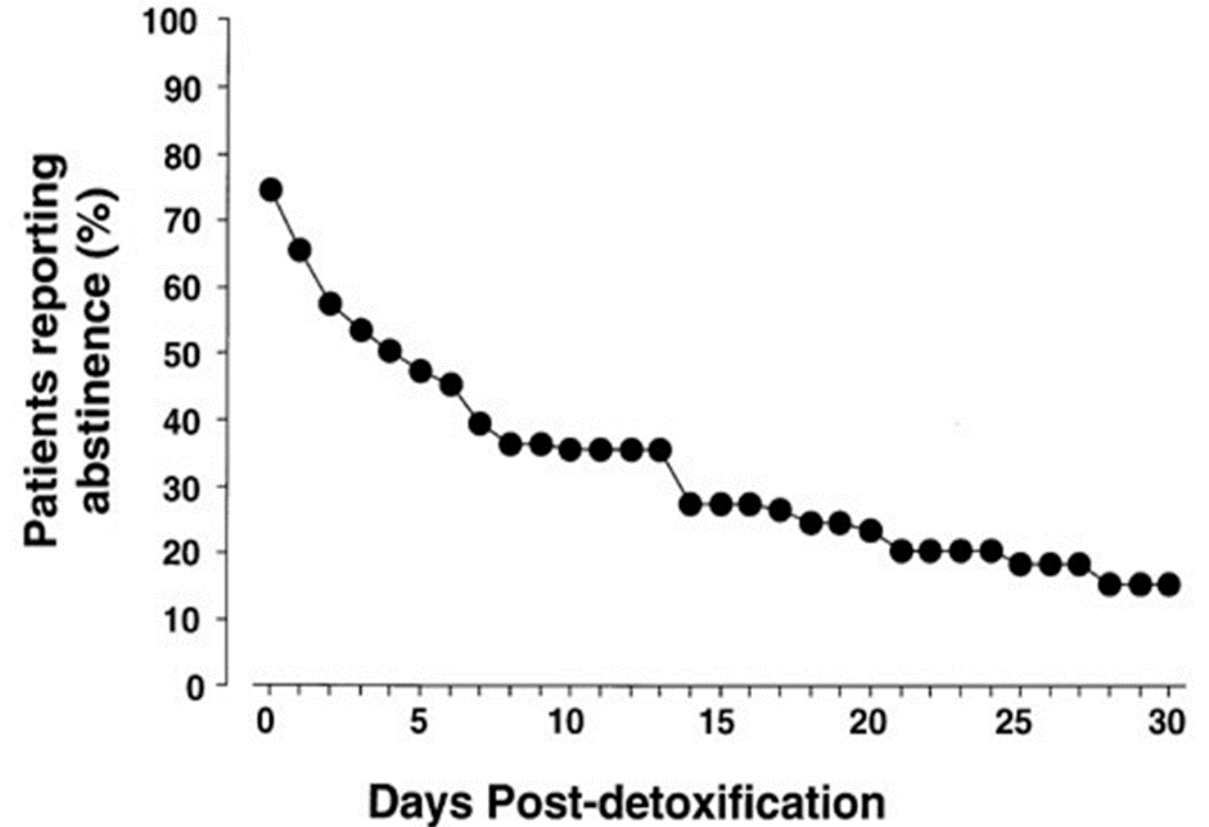
Is Detoxification the Best Option During Pregnancy?

- Medically assisted withdrawal (detox) not recommended in pregnancy [13, 14, 15]
- **Withdrawal management is less effective than pharmacotherapy with opioid agonists and increases the risk of relapse without fetal or maternal benefit** (ASAM).
- Increased risk of relapse and overdose mortality following detoxification.
- Offering pharmacotherapy for OUD in pregnancy increases [16]
  - Treatment retention
  - Number of obstetrical visits attended
  - In-hospital deliveries

PARTNERSHIP HEALTHPLAN of CALIFORNIA

Short Answer: NO [17]

- High risk of relapse (59-90%)
- Not standard of care



PARTNERSHIP HEALTHPLAN of CALIFORNIA

What is the “Best” Treatment For Opioid Use Disorder in Pregnancy?

PARTNERSHIP HEALTHPLAN of CALIFORNIA A Public Agency

Yes

- Pharmacotherapy only (acceptable)
- Combination pharmacotherapy with behavioral therapy (optimal)

No

- “Detox”
- Behavioral therapy **only**

Buprenorphine and Methadone[18]

Only FDA approved treatments in pregnancy

Reduce opioid use (cravings, withdrawal, euphoria)

Increase birth at term, higher birth weights

Prevent overdose deaths

Prevent HIV transmission

Support family function and appropriate parenting

“Addicts” shouldn’t use pain meds, right?

- Pharmacotherapy should be continued through labor (and postpartum) at same prenatal dose
- Labor pain should be managed with regional anesthesia (epidural)
- Spinal anesthesia provides adequate pain control for C-sections

Postpartum Pain Control[19,20]

- What does the patient want?
- MAT/MOUD should be continued at same dose postpartum
  - May require / request a dose decrease after delivery due to sedation, monitor for symptoms, especially with methadone
- NSAIDS and non-opioid pain medications should be maximized (scheduled orders; not PRN) (ketorolac, acetaminophen)
- **Full opioid agonists should be used for post-operative pain**
  - Bup/MMT patients have higher opioid requirements than general population
  - Bup does not appear to prevent/block efficacy of full-opioids (Vilkins 2017)

PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

Breastfeeding

Methadone and buprenorphine are safe for breastfeeding (<1% of maternal opioid intake transmitted to breastmilk) [22]

*AAP, ACOG, and the Academy of Breastfeeding Medicine (ABM) all support breastfeeding for women on opioid pharmacotherapy if HIV negative

- Maternal benefits: increased oxytocin levels (lower stress), increased maternal-infant bonding both lower the risk of relapse [23]
- Newborn benefits: reduced pharmacologic treatment for NAS, shorter hospital stays [23]

PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

Contraception?

- ALL postpartum women should be offered reliable contraception
- Contraception options should be reviewed / discussed during prenatal care with a set plan prior hospital discharge
- Access to long-acting reversible contraceptive (LARC) options should be readily available

What To Expect During Delivery

Inform	Educate	Prepare
Even when OUD is well managed on pharmacotherapy, NAS can and does occur. Other substances (licit & illicit) can also cause withdrawal syndromes	Educate patients on what to expect after delivery, including possible CPS/CWS involvement. Don't promise what you can't control.	Have a plan for contact with your office in the event of a child welfare case

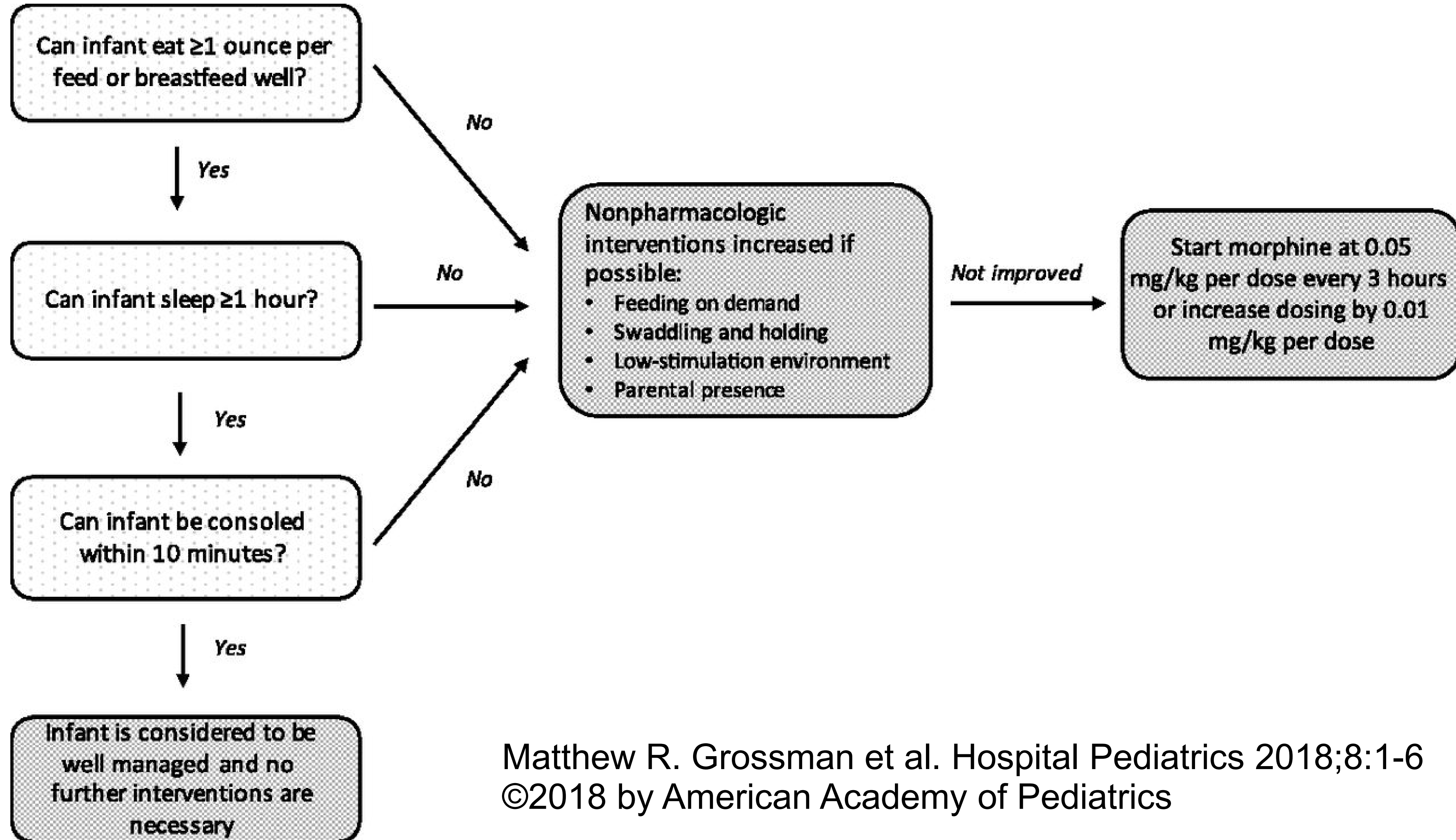
PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

Infant Care: Eat / Sleep / Console[24]

- Significantly less treatment with morphine compared to traditional Finnegan NAS Scoring System (12% vs 60%)
- An effective approach that limits pharmacologic treatment (morphine increase on 3% of days vs 25% of days)
- May lead to substantial decrease in length of stay (5.9 days vs 22.5 days)

PARTNERSHIP HEALTHPLAN of CALIFORNIA

Eat / Sleep / Console Assessment [24]



Matthew R. Grossman et al. Hospital Pediatrics 2018;8:1-6

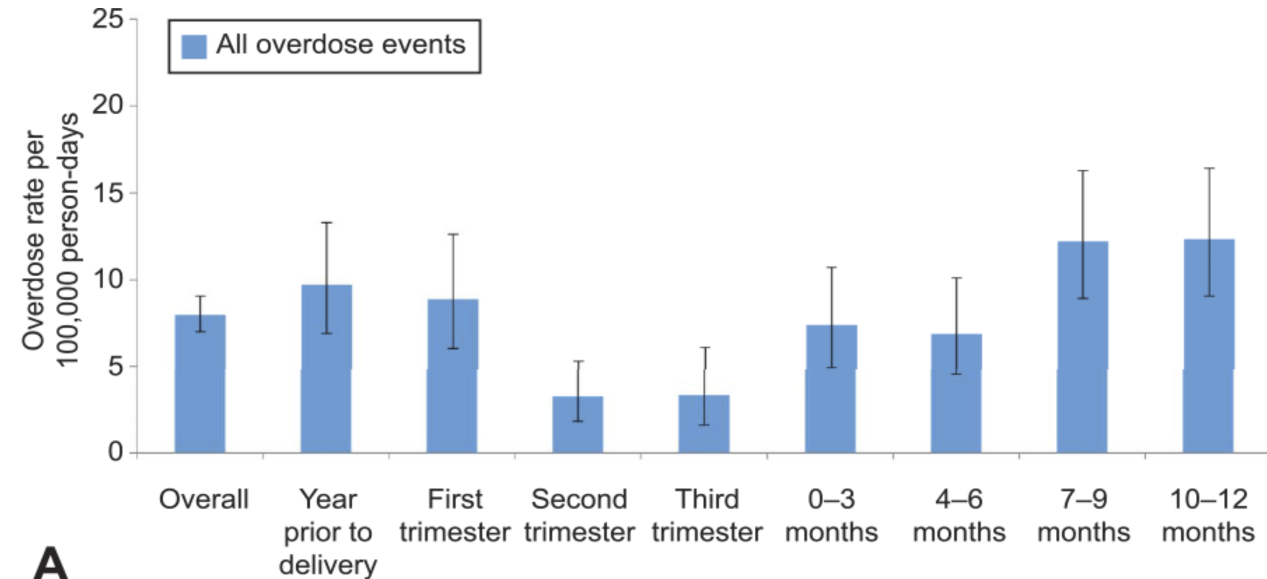
©2018 by American Academy of Pediatrics

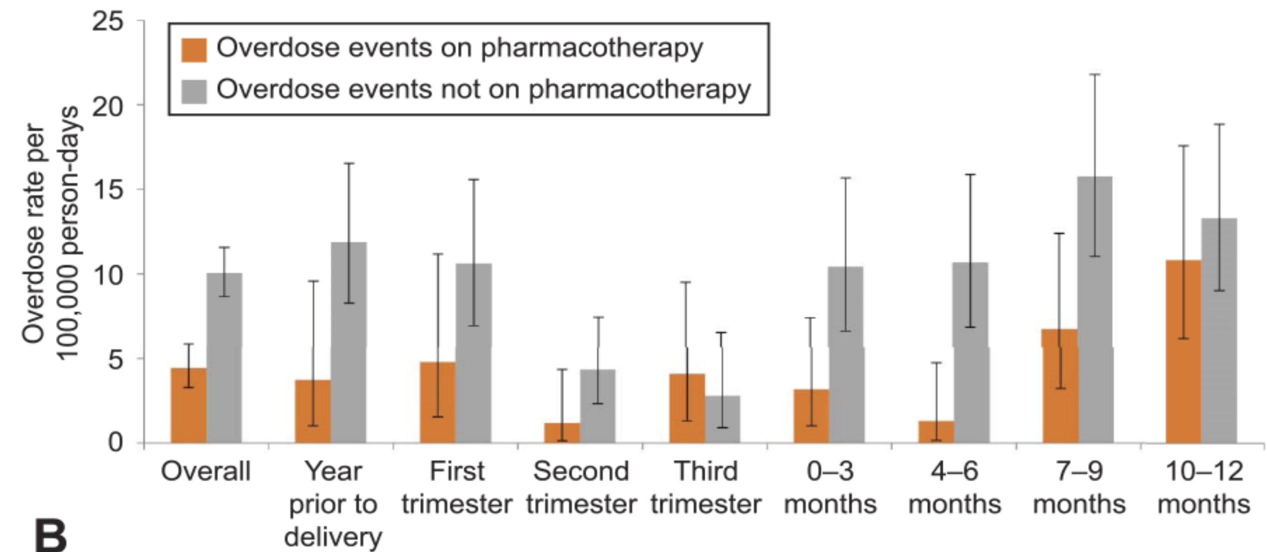
PARTNERSHIP HEALTHPLAN of CALIFORNIA

It’s all good once she delivers, isn’t it?

- Follow-up frequently
- Postpartum women are at high risk of a return to opioid use
- Highest risk period is 7-12 months after delivery [21]

Encourage having naloxone available.





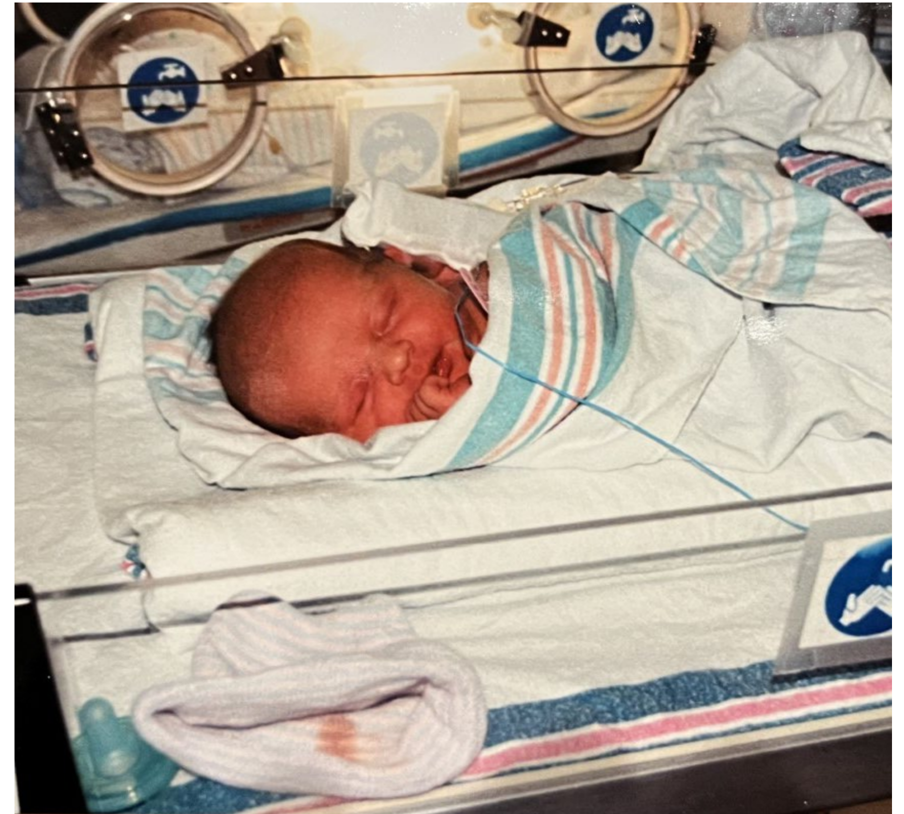
Reporting Requirements

- In California, a positive toxicology or history of substance use in pregnancy is **NOT** a mandated reporting condition.
- A positive toxicology screen at the time of the delivery is not in and of itself a sufficient basis for reporting child abuse or neglect. However, any indication of maternal substance abuse shall lead to an assessment of the needs of the mother and child. If other factors are present that indicate risk to a child, then a report shall be made [CA Penal Code § 11165.13].
- A parent or caregiver's disclosure by itself does not require a report. Evaluate the disclosure in the context of safety, caregiving capacity, treatment involvement, and protective factors.

PARTNERSHIP HEALTHPLAN of CALIFORNIA

Case Study: Amber
"Born Addicted to Drugs"

- Mom injected drugs four to seven times per day throughout pregnancy
- Mom required medical treatment for three overdoses and one for skin infection during pregnancy
- Amber was alternately lethargic and irritable; fed poorly
- Required ICU care for the first four days of life



PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

Hospital Discharge

- Mom was started on oral meds during hospitalization
- Discharged directly from the ICU, infant was not breastfeeding but mom was encouraged to start
- Health care team did not ask about FOB's history, unknown

PARTNERSHIP HEALTHPLAN of CALIFORNIA

Amber, Age 2

- Mom remains in recovery, but dad is injecting multiple times per day.
- At two and a half years old, Amber finds a syringe at home and injects herself with residual drug.

PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

Relapse

- Mom relapsed during next pregnancy.
- On two occasions, neighbors find Amber wandering on the street unsupervised while mom is impaired after injecting drugs.

PARTNERSHIP HEALTHPLAN of CALIFORNIA

What it means to acknowledge SUD as a Chronic Disease

PARTNERSHIP HEALTHPLAN of CALIFORNIA

Questions

cstockton@co.Humboldt.ca.us

PARTNERSHIP HEALTHPLAN of CALIFORNIA

Key Takeaways & Next Steps

Please scan the QR code below for the post survey feedback.

Enhancing Perinatal Support and Services Webinar Survey

PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

Next Webinar Session

PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

Enhancing Perinatal Support and Services Webinar Series

Date: Wednesday, March 18, 2026

Time: Noon – 1:30 p.m.

Topic: Intimate Partner Violence

Enhancing Perinatal Support and Services Webinar Series Sessions

PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

The recordings to all sessions can be found online at:
https://www.partnershiphp.org/Providers/Medi-Cal/Pages/ProviderEducationTrainingMaterials.aspx

PROVIDER LEARNING PORTAL

Enhancing Perinatal Support and Services Webinar Series

Session 1 - Basics of Prenatal Support
Survey | PowerPoint Presentation

(86 Minutes)

Session 2 - Basics of Postpartum Support
Survey | PowerPoint Presentation

(90 Minutes)

Session 3 - Early Lactation Challenges
Survey | PowerPoint Presentation

(87 minutes)

To receive a certificate of completion, please fill out the survey after reviewing the recording.

Citations

1. https://www.whitehouse.gov/wp-content/uploads/2021/10/ONDCP_Report-Substance-Use-Disorder-and-Pregnancy.pdf
2. https://nastoolkit.org/about/executive-summary
3. https://www.asam.org/quality-care/definition-of-addiction
4. https://www.cdc.gov/diabetes/about/gestational-diabetes.html
5. https://www.cdc.gov/nchs/data/nvsr/nvsr72/nvsr72-06.pdf
6. Leonard, S. A., Siadat, S., Main, E. K., Huybrechts, K. F., El-Sayed, Y. Y., Hlatky, M. A., Atkinson, J., Sujan, A., & Bateman, B. T. (2024, June 17). *Chronic hypertension during pregnancy: Prevalence and treatment in the United States, 2008–2021 | hypertension*. AHA | ASA Journals. https://www.ahajournals.org/doi/10.1161/HYPERTENSIONAHA.124.22731
7. Radparvar, A. A., Vani, K., Fiori, K., Gupta, S., Chavez, P., Fisher, M., Sharma, G., Wolfe, D., & Bortnick, A. E. (2024). Hypertensive Disorders of Pregnancy: Innovative Management Strategies. *JACC. Advances*, *3*(3), 100864. https://doi.org/10.1016/j.jacadv.2024.100864
8. https://www.acog.org/womens-health/faqs/depression-during-pregnancy#:~:text=How%20common%20is%20depression%20during,for%20at%20least%202%20weeks:
9. Peltier, M. R., Roberts, W., Verplaetse, T. L., Burke, C., Zakiniaeiz, Y., Moore, K., & McKee, S. A. (2022). Licit and illicit drug use across trimesters in pregnant women endorsing past-year substance use: Results from National Survey on Drug Use and Health (2009-2019). *Archives of women's mental health*, *25*(4), 819–827. https://doi.org/10.1007/s00737-022-01244-6
10. Slides courtesy of Dr. Sidarth Wakhlu, UT Southwestern Medical Center

PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

Citations

11. Heil, S. H., Jones, H. E., Arria, A., Kaltenbach, K., Coyle, M., Fischer, G., Stine, S., Selby, P., & Martin, P. R. (2011). Unintended pregnancy in opioid-abusing women. *Journal of substance abuse treatment*, *40*(2), 199–202. https://doi.org/10.1016/j.jsat.2010.08.011
12. Sidra Goldman-Mellor, Claire E. Margerison,. Maternal drug-related death and suicide are leading causes of postpartum death in California, *American Journal of Obstetrics and Gynecology, Volume 221, Issue 5, 2019,* Pages 489.e1-489.e9, ISSN 0002-9378, https://doi.org/10.1016/j.ajog.2019.05.045
13. ASAM National Practice Guideline | May 27, 2015
14. WHO. Guidelines for the identification and management of substance use and substance use disorders in pregnancy. 2014
15. ACOG Statement on Opioid Use During Pregnancy - ACOG [Internet]. [cited 2016 Nov 21]. Available from: http://www.acog.org/About-ACOG/News-Room/Statements/2016/ACOG-Statement-on-Opioid-Use-During-Pregnancy
16. Jones, H. E., O'Grady, K. E., Malfi, D. and Tuten, M. (2008), Methadone Maintenance vs. Methadone Taper During Pregnancy: Maternal and Neonatal Outcomes. The American Journal on Addictions, 17: 372–386. doi:10.1080/10550490802266276
17. Chutuape, M et al. One-, three-, and six-month outcomes after brief inpatient opioid detoxification. The American Journal of Drug and Alcohol Abuse. Vol 27:1, 2001.
18. American College of Obstetrics and Gynecology & American Society of Addiction Medicine. (2012, May). Committee opinion, number 524, May 2012. https://www.asam.org/docs/default-source/public-policy-statements/1-opioids-in-pregnancy---joint-acog-4-12.pdf?sfvrsn=2
19. Meyer M, Wagner K, Benvenuto A, Plante D, Howard D.Intrapartum and postpartum analgesia for women maintained on methadone during pregnancy. Obstet Gynecol2007;110:261–6.
20. Vilkins, Annmarie L. DO; Bagley, Sarah M. MD; Hahn, Kristen A. PhD, MPH; Rojas-Miguez, Florencia MPH; Wachman, Elisha M. MD; Saia, Kelley MD; Alford, Daniel P. MD, MPH. Comparison of Post-Cesarean Section Opioid Analgesic Requirements in Women With Opioid Use Disorder Treated With Methadone or Buprenorphine. Journal of Addiction Medicine 11(5):p 397-401, September/October 2017. | DOI: 10.1097/ADM.0000000000000339

PARTNERSHIP HEALTHPLAN of CALIFORNIA A Public Agency

Citations

21. Schiff DM, Nielsen T, Terplan M, Hood M, Bernson D, Diop H, Bharel M, Wilens TE, LaRochelle M, Walley AY, Land T. Fatal and Nonfatal Overdose Among Pregnant and Postpartum Women in Massachusetts. Obstet Gynecol. 2018 Aug;132(2):466-474. doi: 10.1097/AOG.0000000000002734. PMID: 29995730; PMCID: PMC6060005.

22. Glatstein MM, Garcia-Bournissen F, Finkelstein Y, Koren G. Methadone exposure during lactation. *Canadian Family Physician*. 2008;54(12):1689-1690

23. Saia KA, Schiff D, Wachman EM, Mehta P, Vilkins A, Sia M, et al. Caring for Pregnant Women with Opioid Use Disorder in the USA: Expanding and Improving Treatment. Curr Obstet Gynecol Rep. 2016;1–7.

24. Grossman MR, Lipshaw MJ, Osborn RR, Berkwitt AK. A Novel Approach to Assessing Infants With Neonatal Abstinence Syndrome. Hosp Pediatr. 2018 Jan;8(1):1-6. doi: 10.1542/hpeds.2017-0128. PMID: 29263121.

All references reviewed and verified link access on September 8, 2025.

PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

Abbreviations & Definitions

- AAP – American Academy of Pediatrics
- ABM – Academy of Breastfeeding Medicine
- ACOG – American Congress of Obstetricians and Gynecologists
- ASAM – American Society of Addiction Medicine (more detox info here)
- BUP – Buprenorphine, a drug treatment medication
- CPS / CWS – Child Proctective Services, Child Welfare Services
- CRAFFT - https://crafft.org - is a well-validated substance use **screening tool** for adolescents aged 12-21. It is recommended by the American Academy of Pediatrics' Bright Futures Guidelines.
- Detox - Substance Use Detox can be one of the first steps in recovery

  https://deconstructingstigma.org › addiction-detox
- DM – Diabetes Mellitus
- FDA – Food and Drug Administration
- Finnegan NAS Scoring System - FNASS is a widely used 21-item tool to assess the severity of Neonatal Abstinence Syndrome (NAS) in infants exposed to drugs in utero.
- 4Ps/5Ps Plus - validated screening tools designed for use with pregnant persons
- Hep C – Hepatitis C
- HTN – Hypertension
- LARC – Long-Acting Reversible Contraception

PARTNERSHIP HEALTHPLAN of CALIFORNIA

Abbreviations & Definitions

- MAT/MOUD – Medication-Assisted Treatment / Medication for Opioid Use Disorder
- Medications:
  - Naloxone – also known as Narcan is a fast-acting opioid antagonist used to immediately reverse opioid overdoses by restoring breathing.
  - Opioid - Opioids are a class of drugs that include both natural (from the opium poppy), semi-synthetic, and fully synthetic substances, all acting on opioid receptors in the brain and body to relieve pain, like morphine, codeine, oxycodone, hydrocodone, fentanyl, and methadone, with examples including prescription painkillers like Percocet, Vicodin and illicit drugs like heroin. They are highly addictive
- MMT – Methadone Maintenance Treatment
- NAS – Neonatal Abstinence Syndrome
- NIDA Quick Screen **-** a one-minute, validated tool. For use in persons aged 18 + developed by the National Institute on Drug Abuse https://nida.nih.gov/sites/default/files/pdf/nmassist.pdf
- NSAIDs – Non-Steroidal Anti -Inflammatory Drugs
- OUD – Opioid Use Disorder – https://www.samhsa.gov
- PRN – Use a medication only when needed
- STIs – Sexually Transmitted Infection
- SUD – Substance Use Disorder
- Toxicology Screen - a ("tox screen") detects the presence and approximate amount, or levels, of legal or illegal drugs, alcohol, and poisons in the body, primarily using urine, blood, or hair samples. Commonly used for overdose, intoxication, or suspected poisoning, it screens for substances like opioids, cocaine, marijuana, amphetamines, and benzodiazepines. Results can take 24–48 hours, although some tests provide rapid, point-of-care results

PARTNERSHIP HEALTHPLAN of CALIFORNIA