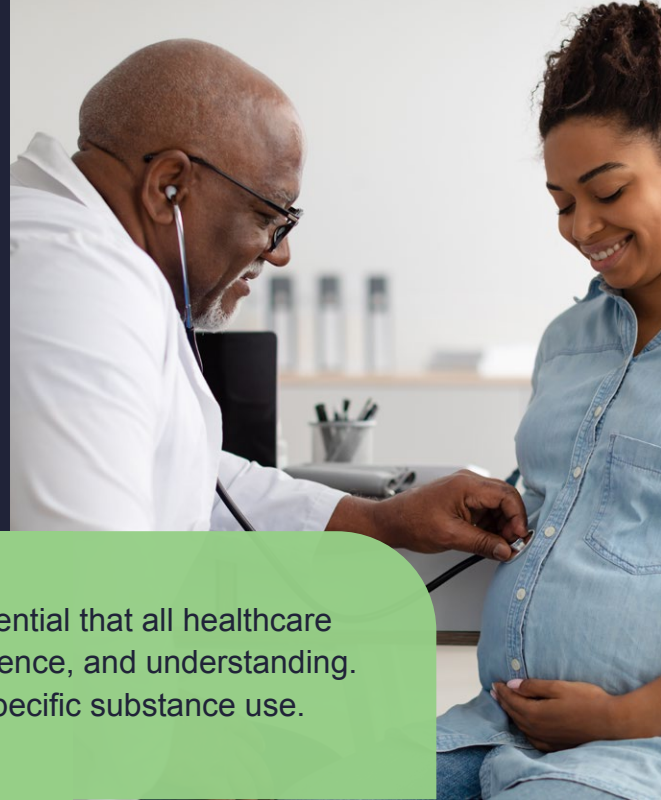


# Building a Culture of Support for Pregnant Patients with Substance Use Disorder (SUD)



When a pregnant patient discloses substance use, it's essential that all healthcare professionals and support staff respond with empathy, patience, and understanding. Here are some effective strategies you can tailor for any specific substance use.



**Use body language that conveys empathy, nonjudgemental support, and understanding.**

- **Examples:**

- ✓ maintaining eye contact,
- ✓ keeping an open posture,
- ✓ leaning slightly forward and nodding occasionally, and
- ✓ maintaining a neutral or empathetic facial expression.

- **Purpose:** This can foster a safe and trusting environment that encourages open communication and effective care.



**Ask open-ended nonjudgmental questions at every visit.**

- **Examples:** “Can you tell me about your experience with using substances during your pregnancy?”

“Many people face challenges with substance use. How has this been going for you?”

- **Purpose:** Reduces stigma and encourages the patient to share their story in their own words without feeling judged or cornered. This can create a safe space for the patient to be honest about their substance use.



### Use reflective listening.

- **Example:** “It sounds like you’ve been dealing with a lot of stress. How has that impacted your substance use?”
- **Purpose:** Shows empathy and understanding, helping to build rapport and trust.



### Ask clarifying questions.

- **Example:** “When you mentioned using substances to cope, could you tell me more about what that looks like for you?”
- **Purpose:** Ensures that the provider fully understands the patient’s situation and the context of their substance use.



### Use normalizing statements.

- **Example:** “It’s common for people to struggle with substance use, especially during stressful times. How can we support you?”
- **Purpose:** Helps the patient feel less isolated and more comfortable discussing their substance use.



### Ask strength-based questions.

- **Example:** “What strategies have you used in the past to manage stress or cravings?”
- **Purpose:** Focuses on the patient’s strengths and past successes, empowering them to feel more in control of their situation.



### Ask solution-focused questions.

- **Example:** “What do you think could help you reduce or stop using substances during your pregnancy?”
- **Purpose:** Encourages the patient to think about and articulate their own solutions, which can lead to more personalized and effective care plans.





### Use gentle probing.

- **Example:** “I noticed that you hesitated when we talked about substance use. Is there something specific you’re worried about?”
- **Purpose:** Allows the provider to explore sensitive areas without pushing the patient too hard, respecting their comfort levels.



### Be culturally sensitive.

- **Example:** “How do your cultural or spiritual beliefs influence you on substance use and pregnancy?”
- **Purpose:** Acknowledges and respects the patient’s cultural background, which can be crucial in understanding their behavior and beliefs.



### Validate and encourage patients.

- **Example:** “You’ve taken an important step by coming here today. What do you think your next step might be?”
- **Purpose:** Validates the patient’s effort and encourages them to continue engaging in care.







# Example: Supportive Office Visit for a Pregnant Patient with SUD

**Setting:** Obstetric Clinic



## Key participants:

	<b>Patient (Emily):</b> A pregnant woman in her late 20s, dealing with SUD.
	<b>Receptionist (Linda):</b> Warm and welcoming, she greets patients and checks them in.
	<b>Nurse (Sarah):</b> Compassionate and attentive, she handles initial intake and vital signs.
	<b>Doctor (Dr. Roberts):</b> An experienced OB-GYN, empathetic and skilled in working with patients who have SUD.

## Reception Area

[Emily walks into the clinic, looking a bit anxious. She approaches the reception desk.]



**Linda (Receptionist):**

*Smiling warmly*

“Good morning! How can I help you today?”



**Emily:**

“Hi, I have an appointment with Dr. Roberts.”



**Linda:**

“Of course, let me check you in. May I have your name, please?”



**Emily:**




“Emily Johnson.”



**Linda:**

*Typing on the computer*

“Got it, Emily. You’re all checked in. Dr. Roberts is just about ready, so it shouldn’t be too long of a wait. How are you feeling today?”

	<p><b>Emily:</b> <i>Nervously</i> “Okay, I guess... a bit nervous.”</p>
	<p><b>Linda:</b> <i>With a reassuring smile</i> “That’s completely understandable. We’re here to help you every step of the way. If you need anything while you wait, just let me know, okay?”</p>
	<p><b>Emily:</b> <i>Softly</i> “Thank you.”</p>

**[Emily takes a seat in the waiting area. After a few minutes, Nurse Sarah calls her name.]**



## Exam Room

[Emily follows Nurse Sarah into the exam room.]



**Sarah (Nurse):**

*Smiling*

“Hi, Emily! It’s nice to meet you. I’m Sarah, and I’ll be helping you today before Dr. Roberts comes in. How are you doing?”



**Emily:**

“A little nervous.”









**Sarah:**

*With empathy*

“It’s perfectly normal to feel that way. We’re here to support you, no matter what. Let’s start with your vitals, and then we’ll talk a bit before Dr. Roberts comes in.”

**[Sarah takes Emily’s blood pressure and records her weight.]**

	<p><b>Sarah:</b> “Everything looks good so far. Now, before we continue, is there anything specific on your mind that you’d like to discuss today?”</p>
	<p><b>Emily:</b> <i>Hesitantly</i> “Well, I’ve been struggling with... um... using [DRUG, ALCOHOL, TOBACCO]. I’m really worried about my baby.”</p>
	<p><b>Sarah:</b> <i>Gently</i> “Thank you for sharing that with me, Emily. It’s important that we know so we can give you the best care possible. A lot of people face challenges with substance use, and it’s a brave step to talk about it. You’re not alone in this.”</p>
	<p><b>Emily:</b> <i>Relieved</i> “Thanks... I didn’t know how to bring it up.”</p>
	<p><b>Sarah:</b> “That’s okay. We’re here to help you figure out what’s best for you and your baby. Dr. Roberts is really good at working with moms who are in similar situations. Let’s get you comfortable, and we’ll talk about some ways we can support you. I have a few questions for you before you see Dr. Roberts. I ask all our patients these questions. Please correct me if any term I use doesn’t feel accurate to you. Is this OK with you?”</p>
	<p><b>Emily:</b> <i>Feeling relieved</i> Yes...thanks!</p>

**[Sarah finishes her tasks and leaves the room to get Dr. Roberts.]**



## Consultation with Dr. Roberts

[Dr. Roberts enters the room with a warm smile.]



**Dr. Roberts:**

“Hi, Emily. I’m Dr. Roberts. It’s nice to meet you. How are you feeling today?”



**Emily:**

“A bit nervous... but okay.”



**Dr. Roberts:**

*Kindly*

“Nervous is normal. I want you to know that this is a safe space, and we’re here to support you. Sarah mentioned that you’ve been dealing with some substance use. Would you like to talk more about that?”



**Emily:**

“Yeah... I’ve been using [DRUG, ALCOHOL, TOBACCO], and I’m really scared about what it could mean for my baby.”



**Dr. Roberts:**

*Listening carefully*

“It’s good that you’re sharing this with me, Emily. It shows that you care deeply about your baby’s health. Can you tell me more about what’s been going on?”



**Emily:**

*Taking a deep breath*

“I tried to stop when I found out I was pregnant, but it’s been really hard.”



**Dr. Roberts:**

*Nods understandingly*

“Thank you for being honest with me. It’s important that we work together to keep both you and your baby as healthy as possible. You’ve already taken a big step by coming in today. What methods have you tried in the past that have helped you reduce or stop using?”



**Emily:**

“I’ve tried cutting down on my own, but I always end up using again.”



**Dr. Roberts:**

*Reassuringly*

“That’s a very common experience. We can explore some options that might work better for you, like connecting you with a support program or medication-assisted treatment. What do you think about that?”



**Emily:**

“I don’t know...what if the treatment hurts my baby?”



**Dr. Roberts:**

“Let’s explore treatment options that are safe and effective during pregnancy. There are programs designed specifically for pregnant women to ensure both your health and your baby’s health.”



**Emily:**

“I really don’t [USE, SMOKE] that much. It’s not that big a deal, really.”



**Dr. Roberts:**

“It’s good that you’ve cut down [USING SUBSTANCE/SMOKING]. My goal is to help you reach your goals. Let’s talk about what you want to do to reduce [USING SUBSTANCE /SMOKING]. This can make a big difference in your health and your baby’s.”



**Emily:**

“OK, but I’m scared that if I try to get help, I’ll get reported and I’ll lose my baby.”



**Dr. Roberts:**

“It’s obvious that you care deeply about your baby. Let’s work for the best outcome for both of you. I understand that you’re worried about the potential consequences of seeking help, such as losing custody or facing legal issues. It’s important to know that your health and your baby’s well-being are the top priorities here. Many people are afraid that seeking help might lead to punitive actions, but my role is to support you and ensure you get the care you need without judgment.”



**Emily:**

“I think... I think I’d like to try something. I want to do what’s best for my baby.”



**Dr. Roberts:**

“That’s a great place to start. We’ll take it one step at a time, and we’ll be here to support you throughout your pregnancy. You’re not alone in this, Emily.”



**Emily:**

*Feeling more hopeful*

“Thank you, Dr. Roberts. I really appreciate that.”



**Dr. Roberts:**

*With a smile*

“You’re doing the right thing by reaching out for help. Let’s make a plan together and get you the support you need.”

## Departure

[Emily walks back to the reception desk after the appointment.]



**Linda (Receptionist):**

*Smiling*

“How did everything go?”



**Emily:**

“It went well. I feel better about things.”



**Linda:**

“I’m so glad to hear that. If you need to schedule a follow-up or if there’s anything else you need, we’re here for you.”



**Emily:**

*Smiling slightly*

“Thank you, Linda.”



**Linda:**

“Take care, Emily. We’ll see you next time.”

[Emily leaves the clinic feeling a bit more hopeful and supported, ready to take the next steps in her care.]



## Resources:

- The National Institute on Drug Abuse (NIDA) has developed a comprehensive guide, [“Your Words Matter – Language Showing Compassion and Care for Women, Infants, Families, and Communities Impacted by Substance Use Disorder.”](#) offering preferred terms to use and avoid for fostering empathy and understanding in communication about substance use disorder.
- The American College of Obstetricians and Gynecologists (ACOG) has released a critical resource, [“Substance Abuse Reporting and Pregnancy: The Role of the Obstetrician–Gynecologist.”](#) providing essential guidelines for managing and reporting substance abuse in pregnant patients.
- PubMed Central (PMC) has published [“Consensus Guidelines and State Policies: The Gap Between Principle and Practice at the Intersection of Substance Use and Pregnancy.”](#) highlighting the discrepancies between established guidelines and their real-world application in managing substance use during pregnancy.
- Through five training modules [“Supporting Perinatal Patients with Substance Use Disorder”](#) provides a thorough framework for healthcare professionals to effectively address and manage substance use issues during the perinatal period, enhancing care and support for both mothers and infants.
- The [“Supporting Pregnant and Parenting People with Substance Use Disorders Series”](#) from the National Center on Substance Abuse and Child Welfare offers information and strategies for providers to support pregnant and parenting people with SUD in the child welfare system.

- The [“Cost-effectiveness of Treatments for Opioid Use Disorder”](#) offers an in-depth cost effective analysis of various treatment approaches, providing critical insights into their economic efficiency and impact on managing opioid use disorder.
- The resource [“Pregnant People With Substance Use Disorders Need Treatment, Not Criminalization”](#) presents a compelling argument for prioritizing medical treatment over legal repercussions for pregnant individuals with substance use disorders, emphasizing the need for compassionate and effective care.
- The Massachusetts Child Psychiatry Access Program for Moms (MCPAP) has developed a quick reference resource titled [“Substance Use and Mental Health Disorders in Perinatal Individuals: A Toolkit for Substance Use Disorder Treatment Providers.”](#) offering essential resources and strategies for effectively addressing substance use and mental health challenges during the perinatal period.
- The Agency for Healthcare Research and Quality (AHRQ) has released [“Implementing Medication-Assisted Treatment for Opioid Use Disorder in Rural Primary Care: Environmental Scan Volume 2 Tools and Resources.”](#) providing a comprehensive set of tools and insights for effectively integrating medication-assisted treatment into rural primary care settings.
- The resource [“A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders”](#) offers an extensive framework for coordinating care and developing multidisciplinary strategies to effectively address opioid use disorders in pregnant women.
- The SAMHSA Advisory, [“Evidence-Based, Whole-Person Care for Pregnant People Who Have Opioid Use Disorder.”](#) provides a comprehensive guide to implementing integrated, evidence-based care strategies for supporting pregnant individuals with opioid use disorder.
- The resource [“Substance Abuse Reporting and Pregnancy: The Role of the Obstetrician–Gynecologist”](#) explores how obstetricians and gynecologists can effectively identify, report, and address substance abuse issues during pregnancy.

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