



Policies and Programs to Address Drug-Exposed Newborns

The use or abuse of either illegal or prescription drugs during pregnancy can have serious health consequences for both mother and infant. Neonatal abstinence syndrome (NAS) refers to cases in which newborns experience drug withdrawal shortly after birth due to drug exposure in utero. In the case of opioids, NAS can result from the use of prescription drugs as legitimately prescribed, from the abuse of prescription drugs, or from the use of illegal opioids like heroin.

Pregnant women who are addicted to opioids often do not seek prenatal care until late in pregnancy because they are worried that they will be stigmatized or that their newborn will be taken away. The March of Dimes supports policy interventions that enable women to access services in order to promote a healthy pregnancy and build a healthy family.

The March of Dimes supports policy initiatives aimed at providing care for mother and baby.

- **Access to comprehensive services:** Pregnant women who abuse drugs, such as opioids, should have access to comprehensive services, including prenatal care, drug treatment, and social support services. These women often have other psychosocial risk factors that need to be addressed in order to ensure they successfully stop abusing drugs.
- **Priority access and flexible treatment:** Drug treatment programs should be tailored to pregnant or parenting women, taking into account the woman's family obligations, and should provide priority access to pregnant women.
- **Immunity during prenatal visits:** Research has shown that obtaining prenatal care, staying connected to the health care system, and being able to speak openly with health care providers about drug use creates a healthy environment for mothers at risk of drug abuse to seek treatment that can improve birth outcomes.
- **Provider Education:** Provider education and public awareness efforts can increase the patient-provider discussion on the risks and benefits of various medications, including opioids, and potential risks to the unborn child. Additionally, providers should be educated on the most updated substance abuse screening tools and the standard of care for all obstetrics patients.

The March of Dimes opposes policies and programs that impose punitive measures on pregnant women who use or abuse drugs.

In some states, policymakers have proposed punitive measures for women whose infants experience NAS. The March of Dimes believes that targeting women who used or abused drugs during pregnancy for criminal prosecution or forced treatment is inappropriate and will drive women away from treatment vital both for them and the child.

Key Points

- NAS can result from the use or abuse of prescription drugs during pregnancy. Not all babies exposed to opioids in utero will develop NAS.
- It is important for providers and families to be aware of the possible signs and symptoms of drug abuse.
- Patients should feel comfortable talking to their providers during prenatal care. By establishing trust, providers can assess whether there is a potential problem, and link women with effective treatment.
- Punitive policies deter women from seeking prenatal care, and can result in unhealthy pregnancies and negative birth outcomes.
- The March of Dimes supports increased funding for drug treatment centers. These facilities should also prioritize care of pregnant women in a way that is flexible and family-friendly.

Contact information:

Emily Jones, Deputy Director, State Affairs
 ejones@marchofdimes.org