

Opioid, Stimulant, and Other Substance Use Disorders in Pregnant and Postpartum Patients

A screening and resource guide for healthcare providers, patients, and caregivers in the District of Columbia



Prepared by the MedStar Health National Center for Human Factors in Healthcare

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Partnering with Patients for a Healthy Pregnancy in the District of Columbia

A screening and resource guide for opioid, stimulant, and other substance use disorders in pregnant and postpartum patients

Module 0

Overview

Purpose

The purpose of this guide is to provide evidence-based best practices and resources to aid in screening and treating opioid, stimulant, and other substance use disorders (henceforth referred to as SUDs) in pregnant and postpartum patients. This guide synthesizes information from the American College of Obstetricians and Gynecologists' Alliance for Innovation on Maternal Health (AIM) bundles, the CDC, and peer-reviewed and gray literature. The guide is based on data collected from stakeholders in maternal health in Washington, DC. The guide aims to help providers to tailor care decisions to specific problems faced by patients within DC, and the guide contains comprehensive referral resources within DC.

How was this guide developed?

Researchers at the National Center for Human Factors in Healthcare at the MedStar Health Research Institute developed this guide with funding from the State Opioid Response grant through the District of Columbia Department of Behavioral Health.

This guide is based on extensive data collection from the following methods:

- Survey data from healthcare providers representing more than six healthcare systems across five wards in Washington, DC
- Interview data from postpartum patients, their caregivers, healthcare providers, and community and health policy leaders in Washington, DC
- Scoping review of best practices in screening and addressing SUDs from local, state, national, and professional organizations



Who should use this guide?

This resource is designed for healthcare providers who interact with pregnant patients, such as primary care and family medicine providers, obstetricians/gynecologists, midwives, maternal fetal medicine specialists, physicians, nurses, and social workers. Providers who work with patients during the preconception period may also find this resource helpful for addressing substance use disorders before pregnancy.

How will you benefit from using this guide?

This guide contains several resources that can help you partner effectively with patients:

- Patient conversation guides to help build an empathetic and trusting relationship with patients
- Building blocks to establish an infrastructure to screen and treat pregnant and postpartum patients with SUD
- Referral resources in Washington, DC region, including SUD treatment providers and facilities, and resources to support patients' unmet needs from social determinants of health (e.g., transportation, housing, employment) that can influence treatment and recovery

Module 1

Why is it Important to Screen for Opioid Use Disorders during Pregnancy and the Postpartum Period?



Opioid, stimulant, and other substance use disorders (henceforth referred to as SUD) refer to chronic use of these substances that causes clinically significant distress or impairment.² SUD during or after pregnancy can increase the risk of maternal morbidity and mortality.³



Opioid use disorder (OUD) during pregnancy can be especially harmful for infants because in-utero exposure to opioids increases the risk of Neonatal Opioid Withdrawal Syndrome (NOWS), neural tube defects, congenital heart defects, gastroschisis, stillbirth, and preterm delivery.⁴⁻⁷

90%

of maternal deaths in Washington, DC occur in Black and African American birthing patients.

Opioid-related diagnoses among pregnant patients have increased by 131% from 2010 to 2017.⁹ Although Black and African American individuals account for about 46% of the population in Washington, DC, about **90% of maternal deaths in Washington, DC occur in Black and African American birthing patients.**¹⁰⁻¹¹

Pregnant patients with opioid, stimulant, and substance use disorders often report feelings of stigma and shame when interacting with healthcare providers, and fear of child welfare involvement if they disclose substance use.^{6,12,13} Thus, there may be underreporting of SUD during pregnancy. However, research demonstrates that comprehensive care of pregnant individuals with SUD has the potential to improve delivery outcomes for both mother and child.¹⁴ Therefore, it is important to use a health equity-based comprehensive approach to detecting and treating opioid, stimulant, and substance use disorders in pregnant and postpartum individuals.

In this guide, you will learn best practices in creating a safe environment for pregnant and postpartum patients to partner with you and your clinical team in disclosing and treating opioid, stimulant, and substance use disorders.

Module 2.0

Checklist for Screening Readiness

Healthcare facilities vary in their workflow for SUD screening for pregnant and postpartum patients.

Statement	Is this statement currently applicable at your clinic?			If 'No' or 'Unsure', refer to the applicable modules in this document
Members of our care team have clearly defined roles in the screening process	Yes	No	Unsure	Module 2.3
Our site performs universal SUD screenings at initial and subsequent appointments	Yes	No	Unsure	Module 2.4
Our healthcare providers receive education (e.g., training, handouts) on how to communicate empathetically about SUDs	Yes	No	Unsure	Module 2.5
Our site provides written or scripted education for our patients on the benefits and consequences of disclosing opioid, stimulant, or other substance use to a healthcare provider	Yes	No	Unsure	Module 2.6
Our site uses a validated tool for screening SUD appropriate for our patient population	Yes	No	Unsure	Module 2.7
Patient screening is documented in the electronic health record (EHR)	Yes	No	Unsure	Module 2.7
Our healthcare providers receive education (e.g., training, handouts) on how to perform a brief intervention if a patient screens positive for SUD	Yes	No	Unsure	Module 3.1
Our healthcare providers are prepared to answer patients' questions about the influence of SUD on pregnancy	Yes	No	Unsure	Module 3.2
Our site is prepared to treat patients using medications for opioid disorder (MOUD) OR is prepared to refer patients to MOUD facilities in the community	Yes	No	Unsure	Module 3.3
Our site is prepared to treat our patients for behavioral health needs OR is prepared to refer our patients to behavioral health resources in the community	Yes	No	Unsure	Module 3.4
Our site is prepared to treat patients using medications for opioid use disorder (MOUD) OR is prepared to refer patients to social support resources in the community	Yes	No	Unsure	Module 3.5
Our site has clearly defined expectations for healthcare providers to support and follow up with our patients who screen positive for SUD	Yes	No	Unsure	Module 3.6
Our site has a list of reliable behavioral health providers and facilities to refer pregnant and postpartum patients to for SUD	Yes	No	Unsure	Resource List

Considerations to Promote Screening in the Clinical Workflow

- Include nurses, medical assistants, and clerical staff in the design of the screening workflow at your clinic to ensure the final workflow is sustainable
- Integrate SUD screening with routine screening for other conditions throughout pregnancy (e.g., gestational diabetes)
- Discuss which specific patients you need to screen that day during your daily huddle
- Include SUD screening on your checklist of tasks for pregnancy and postpartum patients"
- Integrate SUD screening into existing processes (e.g., intake forms, EHR workflow)



Module 2.1

Framework for Substance Use Detection



SBIRT^{15,16} is a framework for substance use detection that includes the following:

Screening

Use a validated tool (**Appendix A** and **Appendix B**) to assess your patient's use of substances and frequency of use.

Referral to Treatment

Connect your patients with resources for treating substance use, mental health, and pain or maternal and fetal health specialists when relevant.

Brief Intervention

Provide information about the effects of substance use and assess your patient's readiness for change using an easy-to-learn method that takes as little as 5 to 15 minutes to complete.

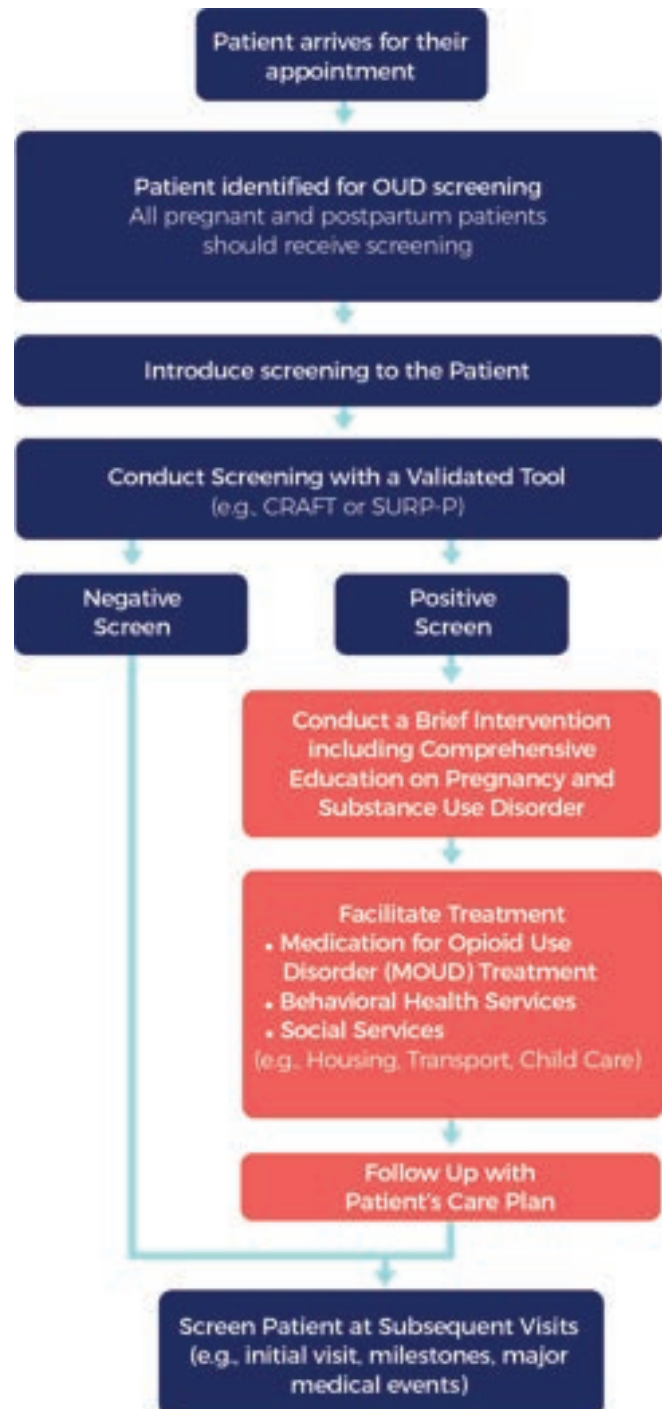
Follow Up

Check on your patients after their visit to ensure they have the information and contacts necessary for their healthcare needs.

Module 2.2

Workflow for Opioid Use Disorder Screening

The decision tree provides an overview of the steps to screen a patient for OUD, including response and treatment to a positive screen. Sites may differ on how this workflow is accomplished (e.g., the front desk provides patients with screening forms vs. medical assistants asking screening questions). However, the basic structure should remain the same across sites to ensure patients with OUD are appropriately screened and receive care.



Module 2.3

Determine Roles of the Care Team

Who performs what role in the screening process?

Consider which team members will perform what types of roles. Depending on the size and makeup of your team, you may want to consider dividing responsibilities among team members. Dividing responsibilities can help alleviate the healthcare provider's burden as the sole stakeholder responsible for administering the screening tool.



Utilizing Peer Coaches

Hiring peer recovery coaches who belong to the same or a similar demographic as your patient (e.g., same age, race/ethnic background, gender, patients in long-term recovery from SUD) may promote more truthful disclosure about SUD.

“ I think talking to someone who could relate to my experiences would have made me feel less judged and alienated.”

– Narrative from patient from DC about her experience with substance use



Proposed Division of Responsibilities

The table below provides an example of what the division of roles and responsibilities may look like in your care team. Note that multiple members of the care team can perform the same tasks.

Responsibility	Roles
Explaining the purpose of screening to your patient	<ul style="list-style-type: none"> • Nurse • Peer Recovery Coach
Administering the screening tool to your patient	<ul style="list-style-type: none"> • Nurse • Clinician or Medical Provider • Social Worker • Peer Recovery Coach
Recording screening results from paper-based forms into the EHR	<ul style="list-style-type: none"> • Medical Assistant
Interpreting the results of screening	<ul style="list-style-type: none"> • Clinician or Medical Provider • Nurse • Social Worker
Handing off the results of the screening test to the physician/midwife	<ul style="list-style-type: none"> • Nurse • Social Worker • Medical Assistant
Providing a brief intervention and educating your patient about the effects of opioids or other substance use on their health and the health of the baby	<ul style="list-style-type: none"> • Clinician or Medical Provider
Connecting your patients to appropriate referrals for treatment	<ul style="list-style-type: none"> • Nurse • Social Worker • Peer Recovery Coach • Medical Assistant
Coordinating with your patient's healthcare providers about information that is pertinent to their management	<ul style="list-style-type: none"> • Clinician or Medical Provider



Module 2.4

Decide Who Receives Screening

Every pregnant and postpartum patient should be screened for SUD

Universal screening is recommended by the World Health Organization (WHO), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the American College of Obstetrics and Gynecology (ACOG).¹⁷⁻¹⁹

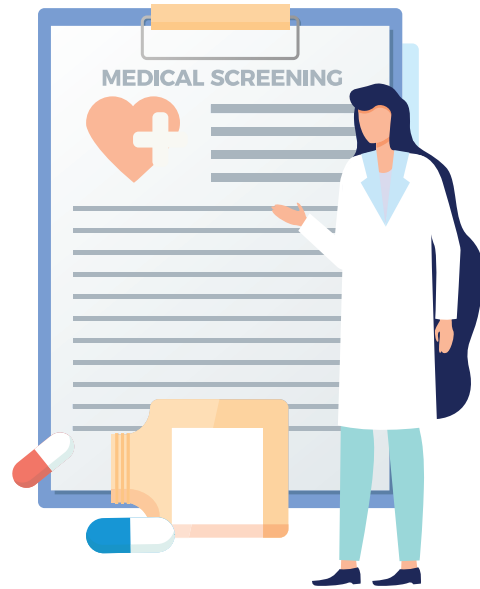
Screen for SUD universally, NOT selectively

Screening based on specific clinical indicators, social determinants of health, or patient demographics can lead to:

- Missed cases
- An increase in perceived stigma around screening
- A lack of trust and reduction in the likelihood of truthful disclosure of opioid and other substance use

Considerations for how patients interpret screening

It is important to tell your patients when and why screening is performed. Emphasize that all patients are screened, and they are not being unfairly targeted with screening. Language for introducing screening to patients can be found in **Module 2.6**.



Screen for SUD as early as possible

Early screening, ideally at the first detection of pregnancy, can help patients enter treatment for SUD earlier

Screen for opioid or other substance use at subsequent visits

Some patients will be reticent to disclose opioid or other substance use at the first visit but may feel more comfortable once a trusting relationship has been established.

- At pregnancy milestones, along with routine testing, such as testing for gestational diabetes
- During major medical events such as urgent, emergency, and hospital care
- If any risk factors or indicators for change in opioid or other substance use patterns arise during pregnancy or postpartum

Module 2.5

Build Nonjudgmental Relationships with Patients



Sharing personal information with a provider can be difficult for any patient. Still, patients who use substances during pregnancy may be particularly concerned about receiving judgment or criticism. Feeling judged or criticized by healthcare providers can make it less likely for patients to seek care.

Building Rapport

Patients are more likely to disclose drug use to people with whom they have developed a relationship of trust and common understanding. **Trust is built when providers acknowledge the many factors contributing to a patient's opioid and other substance use, including past traumas and unmet food, housing, childcare, and behavioral health needs.**

“ I didn’t go to my second appointment. I saw how the nurses were looking at me and judging me. I knew what I was doing was wrong. I felt guilty. But those looks just made it even worse.”

– Narrative from patient from DC about her experience with substance use

Nonjudgmental Language

Another method of supporting patients during the screening process is to use nonjudgmental language.

National Institute on Drug Abuse: Terms to Use and Avoid when Talking about SUDs ^{8,20,21}

Terms for the Patient and Infant

Instead of...	Use...	Because...
<ul style="list-style-type: none"> • Addict • User • Substance or drug abuser 	<ul style="list-style-type: none"> • Person with SUD • Person with OUD (when substance in use is opioids) • Patient 	<ul style="list-style-type: none"> • Use person-first language to highlight the patient’s humanity and not define them by their drug use • The change shows that a person “has” a problem, rather than “is” the problem • The terms avoid eliciting negative associations punitive attitudes, and individual blame
<ul style="list-style-type: none"> • Junkie 	<ul style="list-style-type: none"> • Person in active use • Use the person’s name, and then say “is in active use.” 	
<ul style="list-style-type: none"> • Alcoholic 	<ul style="list-style-type: none"> • Person with alcohol use disorder 	
<ul style="list-style-type: none"> • Drunk 	<ul style="list-style-type: none"> • Person who misuses alcohol/engages in unhealthy/hazardous alcohol use 	
<ul style="list-style-type: none"> • Former addict 	<ul style="list-style-type: none"> • Person in recovery or long-term recovery 	
<ul style="list-style-type: none"> • Reformed addict 	<ul style="list-style-type: none"> • Person who previously used drugs 	
<ul style="list-style-type: none"> • Addicted baby • Addicted newborn 	<ul style="list-style-type: none"> • Baby with prenatal exposure to substances • Baby born to mother who used drugs while pregnant • Baby with signs of withdrawal from prenatal drug exposure • Baby with neonatal opioid withdrawal/neonatal abstinence syndrome • Newborn exposed to substances 	<ul style="list-style-type: none"> • Babies cannot be born with addiction because addiction is a behavioral disorder—they are simply born manifesting a withdrawal syndrome. • Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions. • Using person-first language can reduce stigma.

Unconditional Positive Regard

One method of showing nonjudgement is to offer a patient unconditional positive regard: complete support and acceptance of a patient regardless of their choices. Unconditional positive regard can be difficult to practice, especially when a patient participates in behaviors that a provider disagrees with, such as using substances during pregnancy. However, one can still have positive regard for a patient in these situations by focusing on their personhood, voicing empathy for their circumstances, and believing that they are competent, capable, and able to make important decisions for themselves.



Terms for Patterns of Use

Instead of...	Use...	Because...
<ul style="list-style-type: none"> Substance habit 	<ul style="list-style-type: none"> SUD Drug addiction 	<ul style="list-style-type: none"> Inaccurately implies that a person is choosing to use substances or can choose to stop “Habit” may undermine the seriousness of the disease Acknowledge SUD as a legitimate medical condition to help patients feel comfortable seeking help from their healthcare provider
<ul style="list-style-type: none"> Substance abuse 	<p>For illicit drugs:</p> <ul style="list-style-type: none"> Substance use <p>For prescription medications:</p> <ul style="list-style-type: none"> Substance misuse Substance used other than prescribed 	<ul style="list-style-type: none"> The term “abuse” was found to have a high association with negative judgments and punishment Legitimate use of prescription medications is limited to their use as prescribed by the person to whom they are prescribed. Consumption outside these parameters is misuse

Terms in Clinical Screening and Treatment

Instead of...	Use...	Because...
<ul style="list-style-type: none"> Opioid substitution replacement therapy Medication-assisted treatment (MAT) 	<ul style="list-style-type: none"> Medication for opioid use disorder (MOUD) Opioid agonist therapy Pharmacotherapy Addiction medication Medication for a SUD 	<ul style="list-style-type: none"> It is a misconception that medications merely “substitute” one drug or “one addiction” for another The term MAT implies that medication should have a supplemental or temporary role in treatment. Using “MOUD” aligns with the way other psychiatric medications are understood (e.g., antidepressants, antipsychotics), as critical tools that are central to a patient’s treatment plan Be neutral and precise when describing the patient’s treatment
<ul style="list-style-type: none"> Clean 	<p>For toxicology screen results:</p> <ul style="list-style-type: none"> Testing negative <p>For non-toxicology purposes:</p> <ul style="list-style-type: none"> Being in remission or recovery Abstinent from drugs Not drinking or taking drugs Not currently or actively using drugs 	<ul style="list-style-type: none"> Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions Set an example with your own language when treating patients who might use stigmatizing slang. Use of such terms may evoke negative and punitive implicit cognitions
<ul style="list-style-type: none"> Dirty 	<p>For toxicology screen results:</p> <ul style="list-style-type: none"> Testing positive <p>For non-toxicology purposes:</p> <ul style="list-style-type: none"> Person who uses drugs 	<ul style="list-style-type: none"> Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions May decrease patients’ sense of hope and self-efficacy for change

Module 2.6

Introduce Screening to Patients

Patients may have questions about the consequences of disclosing using opioids or other substances. If these questions remain unanswered, it may prevent the patient from disclosing substance use. Consider clearly describing the screening process upfront to encourage patients' honest responses. Also, explain to your patient the potential outcomes of disclosing substance use, including benefits (e.g., treatment for SUD) and consequences (involvement of child protective services).

Nonjudgmental Language and Showing Empathy

When introducing the screening to patients and answering their questions, remember the importance of using nonjudgmental language described in [Module 2.5](#). Patients who feel judged by their healthcare providers are more hesitant to seek care, even when they need help. Additionally, it can be helpful to show empathy to patients and their situation by actively listening (e.g., "You said you have concerns about your baby's health."), emphasizing their autonomy (e.g., "What do you feel comfortable talking about today?"), and affirming their concerns (e.g., "It can feel scary to ask for help.").

“People who use substances are human too. We use substances as an escape from something in our lives.”

– Narrative from patient from DC about her experience with substance use



Example Language: Introducing the screening questionnaire

"The goal of screening is to understand what medicines, legal, and illegal drugs you are currently using. We ask about substance use when patients come in for [type of appointment] because not all medicines and drugs are safe to take during pregnancy. Some medicines, and both legal and illegal drugs, can negatively impact your or your baby's health. If you tell us about certain patterns of substance use, then we may be required to report you to child protective services. However, disclosing substance use to us is important because it helps us better recommend healthcare treatments and community resources to support you and your baby during and after pregnancy."

Module 2.7

Choose a Validated Screening Tool

Screening Tools Recommended for Pregnant and Postpartum Patients

The Centers for Disease Control and Prevention (CDC) did not find evidence to support using any specific tool for screening pregnant and postpartum patients for substance use.²² While the evidence is generally weak in supporting one tool versus another, the Car, Relax, Alone, Forget, Friends and Trouble (CRAFFT) and Substance Use Risk Profile-Pregnancy (SURP-P) tools are recommended for identifying SUD in pregnant and postpartum patients because they have shown the best psychometric properties for this patient population.²³ See **Appendix C** for a list of SUD screening tools for pregnancy and postpartum patients.

Considering Specific Patient Populations

Some tools are more effective for your specific patient populations. We recommend using CRAFFT for screening adolescents aged 12 to 21 and SURP-P for adult populations. See **Appendix A** and **Appendix B** for screening tool details.



Document Screening in the Electronic Health Record (EHR)

Consider who completes the screening tool, the physical space where the screening will be conducted, and how data will be recorded. Your patients can self-screen or can be screened by a provider. Screening can be recorded on paper-pencil tests or directly in the EHR. **Regardless of the method of administration, responses and results of the screening should be captured in the EHR for appropriate documentation and standardized workflow.**

Module 3.0

Guidelines for Supporting Your Patients Who Screen Positive for Opioid Use Disorder



Substance Abuse and Mental Health Services Administration (SAMHSA) and the American College of Obstetricians and Gynecologists (ACOG) state that effective **treatment of OUD in pregnant patients involves a combination of pharmacotherapy, behavioral interventions, and pregnancy support services.**^{24 25}

The clinical guidelines from SAMHSA recommend:

1.

Conducting a brief intervention with patient engagement language

2.

Providing comprehensive education on opioid and other substance use disorders during pregnancy and the postpartum period

3.

Facilitating Medication for Opioid Use Disorder (MOUD) treatment

4.

Screening and facilitating treatment for behavioral health needs

5.

Screening and supporting patients with social needs shaping their social determinants of health

6.

Following up on your patient's care plan

Module 3.1

Conduct a Brief Intervention with Patient Engagement Language

Guidelines recommend that healthcare providers offer a brief intervention when their patient screens positive for substance use. A brief intervention is a short discussion that aims to assist your patients in reducing their use of a substance.

Motivational Interviewing

How we structure conversations with our patients can impact whether they perceive the interaction as judgmental or nonjudgmental. One strategy for having nonjudgmental conversations is motivational interviewing, which aims to help our patients form their ideas. Motivational interviewing is effective because the ideas your patient generates will foster more motivation than those from an authority figure

“ I wanted to be seen and heard. I wanted my doctor to stop and ask why I was using drugs instead of judging me from the start. I felt like if I could tell my whole story, people would understand.”

– Narrative from patient from DC about her experience with substance use



Education without Patronization

As a healthcare provider, it is often important to educate your patients about their healthcare conditions and provide treatment. Patient education must not come off as patronizing or blaming. The table on the next page shows examples of a brief intervention illustrating how to have a productive conversation with your patients.

How to Conduct a Brief Intervention ^{20, 26, 27}

Skill	Intention	Examples
Raise Subject	Start the conversation about substance use and emphasize to your patient that their disclosure is optional.	"From what I understand, you are using opioids. Is it okay if we talk more about opioids and your pregnancy?"
Hear Their Story	Gather information about your patient's situation using open-ended questions, encouraging them to elaborate on their own story.	<p>"What do you think about your opioid use now that you are pregnant?"</p> <p>"Tell me about how you started your opioid use."</p> <p>"Can you tell me about the prescription and non-prescription medications you are currently taking?"</p>
Provide Feedback	Educate your patient about the risks of substance use during pregnancy and available treatment options if appropriate. When providing recommendations, avoid using statements like "I recommend..." in favor of more neutral language like "Research suggests...".	<p>"We know opioid use during pregnancy can impact the baby, such as..."</p> <p>"There can be legal consequences for opioid use during pregnancy, such as..."</p> <p>"Getting treatment for opioid use disorder can improve your health, for example..."</p> <p>"There are treatment options, such as..."</p>
Inquire About Readiness	Understand your patient's goals related to their substance use and pregnancy.	<p>"On a scale of 1 to 10, how ready are you to make any kind of changes in your opioid use?"</p> <p>"Are you interested in exploring treatment options for your opioid use?"</p>
Summarize Plan	(1) Reinforce that you understand your patient's story. (2) Check that you and your patient are on the same page about their goals, and (3) Move the conversation to another phase, such as discussing treatment or referrals.	"It sounds like you are concerned about how your opioid use could impact your pregnancy and want to start a medication for opioid use disorder. Several facilities in your area provide this treatment, such as..."



[Ncbi.nlm.nih.gov](https://www.ncbi.nlm.nih.gov) provides an example script for conducting a brief intervention.

[Schoolhealthcenters.org](https://www.schoolhealthcenters.org) outlines different brief intervention strategies when working with pediatric patients.



Demonstrating Empathy

Throughout the brief intervention, it is important that your patients feel heard and understood by you. Two ways of demonstrating empathy for your patients are affirming and reflecting upon what your patient disclosed.

1

Affirming

Acknowledge to your patient that you understand their story, their struggles, and the hard work they have already accomplished.

“I can tell that you love your children.”

“Most people struggle to manage opioid use disorder on their own.”

2

Reflecting

Show your patient that you are listening by clarifying and exploring their story and goals. Reflecting is also an opportunity to acknowledge your patient's autonomy and ask for their opinion on the next steps and the care plan.

“You previously attempted to stop opioid use. Can you tell me what that was like?”

“You have said your readiness level is X. Why did you choose that number?”

“It sounds like you are interested in receiving treatment. How do you expect receiving treatment will improve?”



Hypothetical Brief Intervention Using Motivational Interviewing

Provider: “Part of our regular new patient appointment is asking about any non-prescribed substances that you use. I noticed that you reported taking oxycodone. Are you okay discussing oxycodone and your pregnancy?”

Patient: “We can talk about that.”

Provider: “Great. Can you tell me how you started taking oxycodone?”

Patient: “About a five years ago I lost my job around the same time that my mom died. It was a lot to handle.”

Provider: “I’m so sorry to hear about your mom passing. That is such a hard thing to go through. And then losing your job on top of that must have been really difficult.”

Patient: “Yes, it was.”

Provider: “It sounds like you were going through a rough time when you started taking oxycodone. Were they prescribed to you?”

Patient: “No.”

Provider: “Have you ever tried to stop using oxycodone?”

Patient: “I tried to stop when I first learned I was pregnant. But I started to feel really bad, and I couldn’t sleep.”

Provider: “That’s fantastic! It’s so important that you tried to stop using oxycodone when you learned that you were pregnant. It sounds like you are describing symptoms of withdrawal. Feeling bad and sleep problems are very common when people stop taking opioids like oxycodone after an extended period. We know that continued opioid use during pregnancy isn’t safe for you or the baby and can potentially lead to premature birth or even birth defects. So overall, getting treatment for opioid use disorder can have a lot of positive effects for you and the baby. Are you ready or willing to seek treatment for opioid use?”

Patient: “I want to stop, but I can’t because of the withdrawal.”

Provider: “Just like you, many people struggle to stop using oxycodone on their own. And most people find that switching to a medication to help suppress cravings and withdrawal symptoms is more effective than stopping cold turkey. Would you be interested in learning more about these medications?”

Patient: “Wouldn’t I just be replacing oxycodone with these other drugs?”

Provider: “This is something that patients are often concerned about, so thank you for raising this question. I think what’s important to remember is that if someone came in with a medical condition like high blood pressure, I would prescribe them a medication to help treat their high blood pressure. They would need to take the medication on a regular basis, but it would improve their health and their quality of life. Reliance on oxycodone is also a medical condition called opioid use disorder, and just like when I prescribe medication to help someone with high blood pressure, you can be prescribed medications to help opioid use disorder. You would need to take the medication on a regular basis, but unlike the oxycodone, it can improve the health of you and your baby.”

Patient: “Are they safe to take during pregnancy?”

Provider: “Yes. Current research suggests there is no link between either of these medications and complications during pregnancy.”

Patient: “Then yes, it’s something I’m interested in. But I need to talk to my partner first.”

Provider: “Of course. How you handle your healthcare is your decision. It sounds like you are concerned about how oxycodone use might impact your pregnancy and are interested in learning more about treatment options, but you want to think about it and discuss with your partner first. I will provide you with some information about opioid use during pregnancy as well as treatment options. Then, at your next appointment I can answer any questions you have.”



Module 3.2

Comprehensive Education on Opioid and Other Substance Use Disorders during Pregnancy and the Postpartum Period

Educating your patient about the consequences of using opioids without medical supervision or SUD during pregnancy and postpartum requires covering many topics, from immediate treatment to pain management and breastfeeding.

Education Topic	Have you discussed this topic with your patient?		
What are the health consequences to your patient if opioid or other substance use continues?	Yes	No	N/A
What are the health consequences to the baby if opioid or other substance use continues?	Yes	No	N/A
Is it safe for your patient to stop using the substance abruptly?	Yes	No	N/A
Is it safe for your patient to use substances in certain quantities while pregnant?	Yes	No	N/A
How will opioid or other substance use impact labor and childbirth, if at all?	Yes	No	N/A
Can your patient lactate while using the substance?	Yes	No	N/A
What are the treatment options during pregnancy?	Yes	No	N/A
What are the treatment options after pregnancy?	Yes	No	N/A
Are you required to report your patient to a state agency?	Yes	No	N/A
What are your patient's options for conceiving in the future or contraception (depending on your patient's goals)?	Yes	No	N/A

Importance of Regular Prenatal Care



Regardless of your patient's intention to receive treatment for SUD, your patient will require a comprehensive plan for a healthy pregnancy. It is important to emphasize to your patient the importance of regular prenatal care. Make it clear to your patient that you, or a referred specialist, will help them manage their pregnancy regardless of their SUD status and whether they seek treatment.

Neonatal Abstinence Syndrome (NAS)²⁸

Opioid use during pregnancy can result in NAS in the infant, which can manifest as neurological, behavioral, and physical symptoms, including:

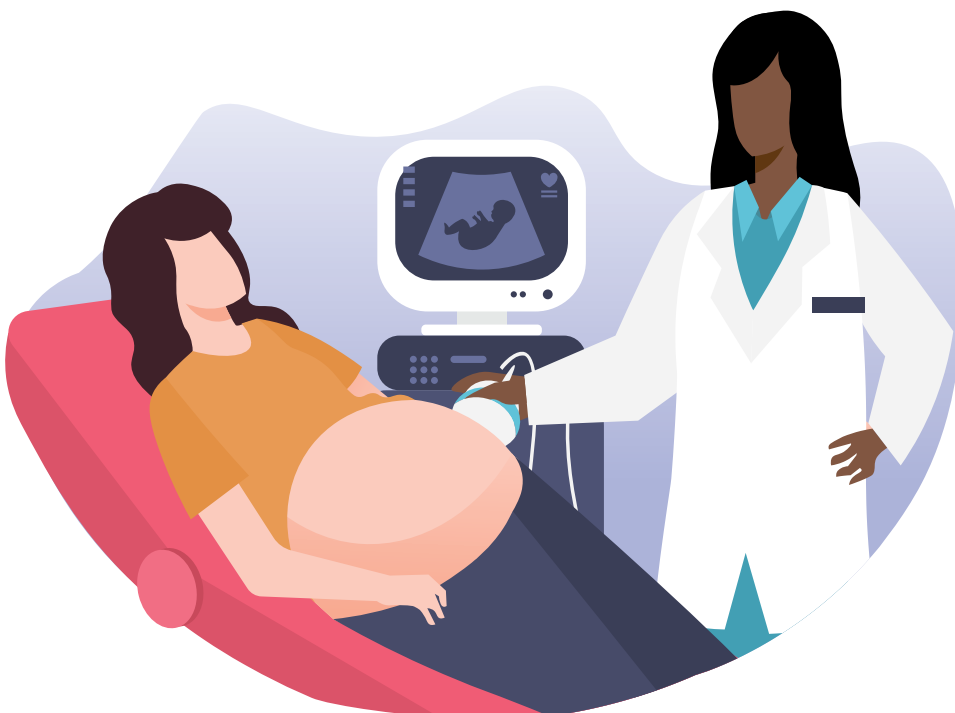
- Seizures, tremors, hyperactive reflexes
- Birth defects
- Preterm birth, low fetal growth, and low birth weight
- Breathing problems, including yawning, stuffy nose, or sneezing
- Severe irritability and discomfort
- Poor feeding, sucking, and vomiting
- Increased sweating
- Loose stools and dehydration
- Longer hospital stays and higher re-hospitalization rates

“ The conversation about potential effects of the drugs on the baby’s health was scary, but it pushed me to act and seek treatment.”

– Narrative from patient from DC about her experience with substance use

In addition to discussing these topics with your patient, consider providing them with easy-to-understand handouts about SUD and pregnancy for them to refer to when they get home.

mcpapformoms.org , www.cdc.gov, and harmreduction.org provide comprehensive and easy-to-read patient-facing education on substance use during pregnancy.



Module 3.3

Facilitate Medication for Opioid Use Disorder (MOUD) Treatment

SAMHSA recommends that any pregnant patient diagnosed with OUD be offered and counseled about the risks and benefits of MOUD.^{15, 28}

MOUD is strongly recommended

The benefits of MOUD outweigh the risks of untreated OUD. MOUD is recommended with other interventions, such as referrals to behavioral health and connections to social services. Buprenorphine and Methadone have good evidence as MOUD treatment in pregnancy and postpartum. Treatment through Buprenorphine and Methadone during pregnancy have not been shown to increase birth defects. Naltrexone is not recommended for pregnant patients due to a lack of data.²⁸

“Methadone treatment was very difficult, but it was also a blessing. Now I am happy, and my baby is safe.”

– Narrative from patient from DC about her experience with substance use



Types of Medications for MOUD Treatment ^{28, 29}

MOUD Treatment Medication	Impact on the Patient	Breastfeeding Considerations	Neurodevelopmental Outcomes of Exposed Children
Buprenorphine	Suppresses cravings for opioids	If on a stable dose of MOUD, patients are encouraged to breastfeed	Available research suggests there is not a linear cause-and-effect relationship between prenatal MOUD exposure and developmental problems compared to other opioids; the research base is limited
Methadone	Suppresses cravings for opioids and blunts or blocks the effects of opioids		

Medically supervised withdrawal is NOT recommended

Medically supervised withdrawal is not recommended due to the increased risk of return to substance use.²⁸

Opioid agonist change is NOT recommended

Changing your patient's MOUD is not recommended because it can destabilize your patient, increasing the risk of return to substance use.²⁸

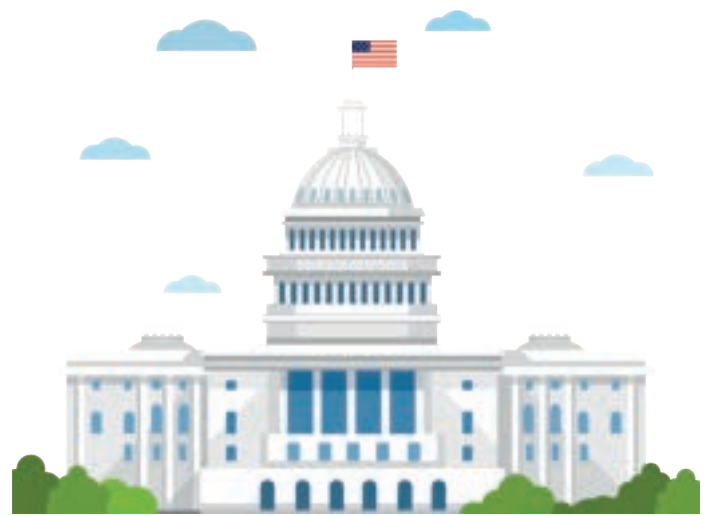
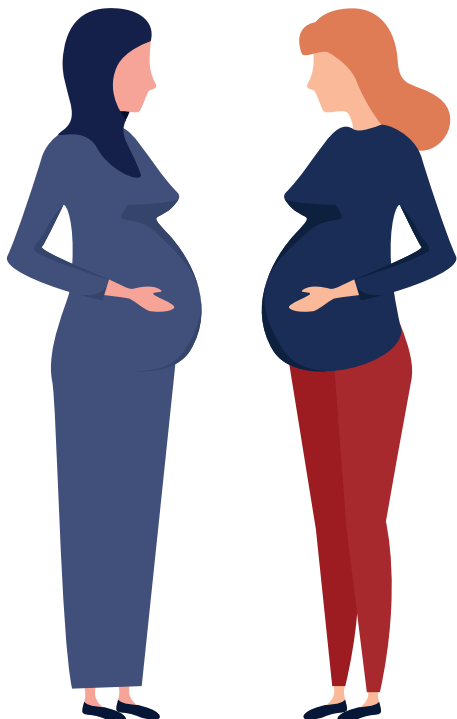
Adjusting MOUD doses should be carefully considered

Periodic adjustments to pharmacotherapy may be necessary as your patient adjusts to changes related to pregnancy or begins a new medication. However, requests to change opioid agonists are more complex and should prompt careful consideration.²⁸

Helping your patients make informed decisions

Every patient is unique and requires individualized care. It may be helpful to look at MOUD treatment as part of a holistic treatment plan for patients that acknowledges and centers care around needs during pregnancy and postpartum (e.g., breastfeeding, childcare), mental health needs (e.g., group or individual therapy to manage trauma or conditions contributing to OUD), and unmet needs that worsen social determinants of health (e.g., housing, food, transportation insecurity, unemployment). Your patients must understand the risks and benefits of MOUD when making decisions about their treatment.

SAMHSA.gov²⁸ provides more information about the risks and benefits of MOUD therapy.



Treatment Facilities in DC

See the **Resource List** at the end of this document for a list of healthcare facilities and providers in Washington, DC, who specialize in treating OUD and other SUDs in pregnant and postpartum patients.

FindTreatment.gov,³⁰ **MyRecoveryDC.org**,³¹ and **dpt2.samhsa.gov/treatment**³² provide resource lists for facilities and providers who specialize in treating SUD and other social service resources.

Module 3.4

Screen and Facilitate Treatment for Behavioral Health Needs

Patients with SUD require behavioral health treatment. Additionally, in your brief intervention with your patient, you may identify other behavioral health needs. Research suggests that 14 to 23 percent of pregnant women will experience symptoms of depression.³³ In 2016, the American College of Obstetricians and Gynecologists (ACOG) recommended that pregnant patients be screened for depression and anxiety.³⁴ To determine whether your patient requires treatment for these conditions, you may decide to conduct additional screenings using validated tools such as the Edinburgh Postnatal Depression Scale (EPDS)³⁵ or the Perinatal Anxiety Screening Scale (PASS).³⁶

Medication interactions with pharmacotherapies for OUD

Consider the potential drug interactions between MOUD and psychotropic medications. For example, combining benzodiazepines with methadone may lead to respiratory depression. Additionally, psychiatric medications may complicate the expression and severity of neonatal abstinence syndrome.

SAMHSA outlines careful considerations that need to be made when combining psychotropic and OUD medication.

“ I started seeing a counselor who was there for me and listened to me. She didn’t judge me. She was one of the reasons I stopped using.”

– Narrative from patient from DC about her experience with substance use

Behavioral Health Facilities in DC

See the [Resource List](#) at the end of this document for a list of specialty providers who can help you manage your patient's medical and behavioral health needs.

findtreatment.samhsa.gov is a database of behavioral health providers for treating substance use.

samhsa.gov/esmi-treatment-locator is a database of early serious mental illness treatment facilities (e.g., psychosis, schizophrenia, bipolar disorder).



Module 3.5

Screen and Support Patients with Social Needs

Addressing material and social stressors that modify your patient's social determinants of health such as food, housing, employment, and childcare, can support patients in adhering to treatment²⁵ Further, SAMHSA recommends that patients seeking recovery from SUD engage with peer support specialists.²⁸ It is important to assess social determinants of health early to provide your patients with timely resources.

Aafp.org³⁷ provides short, 1-3 question screening tools for different social needs, including housing, food, and transportation.

“ I enjoyed speaking with peers because I could share and listen to other women’s experiences, learn about the treatment process, and not feel alone.”

– Narrative from patient from DC about her experience with substance use

Factors Impacting Social



Housing



Food



Transportation



Utilities



Child Care



Employment



Education



Finances



Personal Safety

Referring to Social Support

Most healthcare providers cannot directly give their patients support to address unmet needs impacting social determinants of health. However, there are excellent resources for finding support for your patients. See the [Resource List](#) at the end of this document for links to social support services in Washington, DC that can support your pregnant and postpartum patients in meeting these needs.

FindHelp.org provides a searchable database of community resources, including food, housing, goods, transit, education, and legal services.

MyChildCare.DC.gov provides up-to-date information about childcare in the district as well as information about childcare vouchers.

MyRecoveryDC.org provides access to certified peer coaches in DC.

Module 3.6

Follow Up on the Patient's Care Plan

Addressing SUD during pregnancy can be a stressful experience for your patients, who may struggle with adhering to therapy and relapse during treatment. Healthcare professionals must recognize that **SUD is a chronic disease with expected relapses and that relapses are not failures.**

Check-in on your Patient

One way to show compassion for your patients is to check-in to ensure they receive necessary care. Check-ins can occur after a certain time (e.g., one week after a visit) or in reaction to specific events (e.g., a missed appointment). These check-ins are opportunities to show that you are on the patient's side and to refer to social services to make attaining healthcare easier (e.g., transportation to appointments).

Remember that check-ins do not need to be completed by the medical provider. Any care team member with appropriate training (e.g., nonjudgmental language) can connect with patients.

“Occasionally, my doctors would call me to follow up. The calls were helpful, and they made me feel heard and cared for.”

– Narrative from patient from DC about her experience with substance use




Collaborate with Other Providers and Patient Advocates

No one provider can meet all of a patient's needs, necessitating a collaborative approach. Collaborating with specialists and case management services is critical to overcoming barriers and supporting your pregnant patient.^{28, 38}

References

1. Health: Fatality Review and Prevention: Maternal Mortality Review Committee. Accessed October 27, 2022. <https://www.in.gov/health/cfr/maternal-mortality-review-committee/>
2. Jarlenski M, Krans EE, Chen Q, et al. Substance use disorders and risk of severe maternal morbidity in the United States. *Drug Alcohol Depend.* 2020;216. doi:10.1016/J.DRUGALCDEP.2020.108236
3. Yazdy M, Desai R, Brogly S. Prescription Opioids in Pregnancy and Birth Outcomes: A Review of the Literature. *J Pediatr Genet.* 2015;4(2):056-070. doi:10.1055/S-0035-1556740
4. Broussard CS, Rasmussen SA, Reefhuis J, et al. Maternal treatment with opioid analgesics and risk for birth defects. *Am J Obstet Gynecol.* 2011;204(4):314.e1-314.e11. doi:10.1016/J.AJOG.2010.12.039
5. Kellogg A, Rose CH, Harms RH, Watson WJ. Current trends in narcotic use in pregnancy and neonatal outcomes. *Am J Obstet Gynecol.* 2011;204(3):259.e1-259.e4. doi:10.1016/J.AJOG.2010.12.050
6. Nidey N, Kair LR, Wilder C, et al. Substance Use and Utilization of Prenatal and Postpartum Care. *J Addict Med.* 2022;16(1):84-92. doi:10.1097/ADM.0000000000000843
7. NAS Among Newborn Hospitalizations - HCUP Fast Stats. Accessed October 27, 2022. <https://www.hcup-us.ahrq.gov/faststats/NASServlet?setting1=IP&location1=DC>
8. Washington D.C.: Opioid-Involved Deaths and Related Harms. National Institute on Drug Abuse. Published April 2020. Accessed October 27, 2022. <https://nida.nih.gov/download/21990/washington-dc-opioid-involved-deaths-related-harms.pdf?v=afb797cf1dad4cbd917d571c85c6ab98>
9. U.S. Census Bureau QuickFacts: District of Columbia. Accessed October 27, 2022. <https://www.census.gov/quickfacts/DC>
10. Health: Fatality Review and Prevention: Maternal Mortality Review Committee. Accessed October 27, 2022. <https://www.in.gov/health/cfr/maternal-mortality-review-committee/>
11. Schiff DM, Nielsen T, Hoepfner BB, et al. Assessment of Racial and Ethnic Disparities in the Use of Medication to Treat Opioid Use Disorder Among Pregnant Women in Massachusetts. *JAMA Netw Open.* 2020;3(5):e205734. doi:10.1001/JAMANETWORKOPEN.2020.5734
12. Renbarger KM, Shieh C, Moorman M, Latham-Mintus K, Draucker C. Health Care Encounters of Pregnant and Postpartum Women with Substance Use Disorders. *West J Nurs Res.* 2020;42(8):612-628. doi:10.1177/0193945919893372
13. Bertha K. Madras NJAJWJS and the PT and RWG of the AC on C the USOE. Improving Access to Evidence-Based Medical Treatment for Opioid Use Disorder: Strategies to Address Key Barriers Within the Treatment System. *NAM Perspectives.* Published online April 27, 2020. doi:10.31478/202004B
14. Seger C, Tuten M, Storr CL, Majer JM. Delivery Outcomes Among Pregnant Women With Comorbid Psychiatric and Substance Use Disorders Receiving Comprehensive Treatment. *J Am Psychiatr Nurses Assoc.* Published online 2022. doi:10.1177/10783903221079384

15. Substance Abuse and Mental Health Services Administration | SAMHSA. Accessed October 27, 2022. <https://www.samhsa.gov/resource/dbhis/substance-abuse-mental-health-services-administration>
16. Process - New Hampshire SBIRT. Accessed October 27, 2022. <https://sbirtnh.org/process/>
17. World Health Organization. Guidelines for the identification and management of substance use and substance use disorders in pregnancy. WHO. 2014;34(3):340-341. Accessed October 27, 2022. <http://www.ncbi.nlm.nih.gov/pubmed/24783312>
18. Opioid Use and Opioid Use Disorder in Pregnancy | ACOG. Accessed October 27, 2022. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/08/opioid-use-and-opioid-use-disorder-in-pregnancy>
19. Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants | SAMHSA Publications and Digital Products. Accessed October 27, 2022. <https://store.samhsa.gov/product/Clinical-Guidance-for-Treating-Pregnant-and-Parenting-Women-With-Opioid-Use-Disorder-and-Their-Infants/SMA18-5054>
20. Pregnancy and Substance Use: A Harm Reduction Toolkit - National Harm Reduction Coalition. Accessed October 27, 2022. <https://harmreduction.org/issues/pregnancy-and-substance-use-a-harm-reduction-toolkit/>
21. Words Matter - Terms to Use and Avoid When Talking About Addiction | National Institute on Drug Abuse (NIDA). Accessed October 27, 2022. <https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>
22. Chang G, Ondersma SJ, Blake-Lamb T, Gilstad-Hayden K, Orav EJ, Yonkers KA. Identification of substance use disorders among pregnant women: A comparison of screeners. Drug Alcohol Depend. 2019;205. doi:10.1016/J.DRUGALCDEP.2019.107651
23. Knight JR, Shrier LA, Bravender TD, Farrell M, Bilt J vander, Shaffer HJ. A new brief screen for adolescent substance abuse. Arch Pediatr Adolesc Med. 1999;153(6):591-596. doi:10.1001/ARCHPEDI.153.6.591
24. Screening, Brief Intervention, and Referral to Treatment (SBIRT) | SAMHSA. Accessed October 27, 2022. <https://www.samhsa.gov/sbirt>
25. A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders | SAMHSA. Accessed October 27, 2022. <https://www.samhsa.gov/resource/ebp/collaborative-approach-treatment-pregnant-women-opioid-use-disorders>
26. Motivational Interviewing | National Institute of Corrections. Accessed October 27, 2022. <https://nicic.gov/projects/motivational-interviewing>
27. 3 steps for talking with patients about substance use disorder | American Medical Association. Accessed October 27, 2022. <https://www.ama-assn.org/delivering-care/overdose-epidemic/3-steps-talking-patients-about-substance-use-disorder>

28. Abuse S, Health Services Administration M. CLINICAL GUIDANCE FOR TREATING PREGNANT AND PARENTING WOMEN WITH OPIOID USE DISORDER AND THEIR INFANTS. Accessed October 27, 2022. <http://store.samhsa.gov>.
 29. Stancliff S, Stevens LC, Hoffmann CJ, Gonzalez CJ. NYSDOH AI Substance Use Disorder Treatment in Pregnant Adults. Published online 2022.
 30. Home | FindTreatment.gov. Accessed October 27, 2022. <https://www.findtreatment.gov/>
 31. Services By Ward - MyRecovery. Accessed October 27, 2022. <https://myrecoverydc.org/services-by-ward/>
 32. Resources for Opioid Treatment Providers | HHS.gov. Accessed October 27, 2022. <https://www.hhs.gov/opioids/treatment/resources-opioid-treatment-providers/index.html>
 33. Behavioral Health Risk Assessment for Pregnant Women | Agency for Healthcare Research and Quality. Accessed October 27, 2022. <https://www.ahrq.gov/pqmp/measures/risk-assessment-pregnant-women.html>
 34. ACOG Statement on Depression Screening | ACOG. Accessed October 27, 2022. <https://www.acog.org/news/news-releases/2016/01/acog-statement-on-depression-screening>
 35. Cox JL, Holden JM, Sagovsky R. Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. *Br J Psychiatry*. 1987;150(JUNE):782-786. doi:10.1192/BJP.150.6.782
 36. Somerville S, Dedman K, Hagan R, et al. The Perinatal Anxiety Screening Scale: development and preliminary validation. *Arch Womens Ment Health*. 2014;17(5):443-454. doi:10.1007/S00737-014-0425-8
 37. The EveryONE Project | AAFP. Accessed October 27, 2022. <https://www.aafp.org/family-physician/patient-care/the-everyone-project.html>
 38. Miclette MA, Leff JA, Cuan I, et al. Closing the gaps in opioid use disorder research, policy and practice: conference proceedings. *Addiction science & clinical practice*. 2018;13(1). doi:10.1186/S13722-018-0123-3
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Appendix

Appendix A

Car, Relax, Alone, Forget, Friends and Trouble (CRAFT) Questionnaire

The CRAFT Questionnaire (version 2.0)

Please answer all questions honestly; your answers will be kept confidential.

During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing alcohol? Put "0" if none.	<input style="width: 80px; height: 20px;" type="text"/> # of days
2. Use any marijuana (pot, weed, hash, or in foods) or "synthetic marijuana" (like "K2" or "Spice")? Put "0" if none.	<input style="width: 80px; height: 20px;" type="text"/> # of days
3. Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff or "huff")? Put "0" if none.	<input style="width: 80px; height: 20px;" type="text"/> # of days

READ THESE INSTRUCTIONS BEFORE CONTINUING:

- If you put "0" in ALL of the boxes above, ANSWER QUESTION 4, THEN STOP.
- If you put "1" or higher in ANY of the boxes above, ANSWER QUESTIONS 4-9.

	No	Yes
4. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you ever use alcohol or drugs while you are by yourself, or ALONE?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you ever FORGET things you did while using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever gotten into TROUBLE while you were using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>

NOTICE TO CLINIC STAFF AND MEDICAL RECORDS:
The information on this page is protected by special federal confidentiality rules (42 CFR Part 2), which prohibit disclosure of this information unless authorized by specific written consent. A general authorization for release of medical information is NOT sufficient.

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For more information and versions in other languages, see www.ceasar.org

Appendix B

Substance Use Risk Profile-Pregnancy (SURP-P)

MIECHV

Substance Use Risk Profile- Pregnancy Scale Form

When to Screen (Check one):

Enrolled at Pregnancy: Within 4 weeks of Enrollment 36 weeks gestational

Enrolled after Pregnancy: Within 4 weeks of Enrollment at Child's age of 12 months

Screening Questions to Ask:

1. Have you ever smoked marijuana?
2. In the month before you knew you were pregnant, how many beers, how much wine, or how much liquor did you drink?*
3. Have you ever felt the need to cut down on your drug or alcohol use?

Next Steps:

1. **Scoring:** Review responses and add up points.
 - Yes = 1 (any drinks before pregnancy is a "Yes")
 - No = 0
 Enter the Score in the appropriate box below.

Enrolled at Pregnancy		Enrolled after Pregnancy	
Score at Enrollment		Score at Enrollment	
Score at 36 weeks		Score at Child's age 12 mo.	

2. **Assessing Risk: Determine Level of Risk**
 - 0 points = Low Risk
 - 1 point = Moderate Risk
 - 2-3 points = High Risk (positive screen)

3. **Response and Referral (Check those that apply):**
 - Education (all risk levels)
 - Brief Intervention (all risk levels)
 - Referral (positive screen)

4. **Referrals Provided (Check if applicable):**
 - Medical / Primary Care
 - Clinical Assessment (MH, CADC)
 - Recovery Support (AA, ACOA, NA)
 - Treatment (Inpatient, Outpatient)
 - Community Agencies

Brief Intervention: Low Risk
 * "You're doing the best thing for your baby by not using _____ during pregnancy..."

Brief Intervention: Moderate/High Risk
 1. Express concern about substance use: "Since I know you want a healthy baby, it's important you don't use any _____ while pregnant because..."
 2. Advise woman to stop use: "I'm glad you let me know you've had some _____ because it can have a harmful impact on your baby."
 3. Assess/validate woman's reaction and discuss her feelings & thoughts.
 4. Ask: "Would you like some help to stop using _____ during your pregnancy?"
 5. Assist or Refer

Staff Signature: _____ Date: _____

Appendix C

Validation of screeners for substance use detection among pregnant patients⁹

Tool	Brief Description	Substances	No. Of Questions	Sensitivity ^d	Specificity ^e	Accuracy ^c
CRAFFT Questionnaire^a	<ul style="list-style-type: none"> Elicits risky behavior associated with alcohol and substance use Targeted towards adolescents and adults below the age of 21 Recommended as the screening tool for substance use for patients below the age of 26 by the American College of Obstetricians and Gynecologists 	<ul style="list-style-type: none"> Alcohol Marijuana Other substances 	6	0.63	0.79	0.78
Substance Use Risk Profile-Pregnancy (SURP-P)^a	<ul style="list-style-type: none"> Focuses on patient attitudes towards substance use Includes questions about substance use before pregnancy 	<ul style="list-style-type: none"> Alcohol Other substances 	3	0.75	0.67	0.68
National Institute on Drug Abuse (NIDA) Quick Screen	<ul style="list-style-type: none"> Focuses on the frequency of substance use in the past 12 months Includes follow-up questions for patients that report significant substance use 	<ul style="list-style-type: none"> Alcohol Tobacco Prescription drugs Illicit and recreational substances 	4	0.41	0.97	0.92
5Ps Questionnaire	<ul style="list-style-type: none"> Uses non-confrontational language Elicits substance use in the patient, their family, and friends Has follow-up questions for opioid use Includes questions about substance use before pregnancy 	<ul style="list-style-type: none"> Tobacco Alcohol Non-prescription, illicit, and recreational substances 	5	0.96	0.37	0.42
Wayne Indirect Drug Use Screener (WIDUS)	<ul style="list-style-type: none"> Poses indirect questions about correlates of substance use 	<ul style="list-style-type: none"> Illicit and recreational substances 	6	0.68	0.75	0.74

^aSensitivity – the “true positive” rate for the screening tool
^bSpecificity – the “true negative” rate
^cAccuracy – a combination of the sensitivity and specificity of the tool in correctly detecting the presence or absence of a substance use disorder
^dRecommended by the CDC to screen pregnant patients for substance use

Medicine for Opioid Use Disorder (MOUD) Centers for Pregnant Patients in Washington, DC



Assessment and Referral Services

Assessment and Referral Center (ARC)

Services: Same day assessment and referral to treatment, detoxification, medication assisted treatment, individual and group counseling, recovery activities, residential treatment

Ages Served: Adults

Insurance: Accepts all patients regardless of ability to pay. All DC Medicaid, some Maryland Medicaid, Medicare, and most commercial insurance

Availability: Mon-Fri, 7AM-6PM. Must be a DC Resident with a valid photo ID.

Address:

75 P St NE, Washington DC, 20002

Phone Number:

(202) 727-8473

MOUD Treatment Centers by Ward

WARD 1

Samaritan Inns

Services: The Women with Children Treatment Program creates a safe home where mothers recovering from substance abuse can receive treatment and family services while establishing a foundation for long-term independent living. Sobriety counseling and case management also provided along with housing for up to 12 women and 16 children

Languages: English

Ages Served: Youths and Adults

Insurance and Referral: Insurance and Referral: Email juanita@samaritaninns.org for information on insurance and referrals

Address:

75 P St NE, Washington DC, 20002
Ward 1

Phone Number:

(202) 727-8473

Email:

juanita@samaritaninns.org

Unity Healthcare: Columbia Road

Services: Medication Assisted Treatment and Behavioral Counseling, Substance Use Disorder Treatment (Detoxification), Mental Health Services, Case Management Services, Primary Care

Ages Served: Youth and Adults

Insurance: Accepts all patients regardless of ability to pay. All DC Medicaid, some Maryland Medicaid, Medicare, and most commercial insurance

Availability: MAT Fast Track Provider, No referral necessary (call to schedule)

Address:

1660 Columbia Rd NW, Washington DC, 20009
Ward 1

Phone Number:

(202) 469-4699

Unity Healthcare: Upper Cardozo

Services: Medication Assisted Treatment and Behavioral Counseling, Substance Use Disorder Treatment (Detoxification), Mental Health Services, Case Management Services, Primary Care

Ages Served: Youth and Adults

Insurance: Accepts all patients regardless of ability to pay. All DC (District of Columbia) Medicaid, some Maryland Medicaid, Medicare, and most commercial insurance

Availability: MAT Fast Track Provider, No referral necessary (call to schedule)

Address:

3020 14th St NW, Washington DC, 20009
Ward 1

Phone Number:

(202) 469-4699

Community of Hope: Marie Reed

Services: Medication Assisted Treatment and Counseling, Substance Use Disorder Treatment (Detoxification), Mental Health Services, Case Management Services (includes transportation), Primary Care, Dental and Prenatal Care

Ages Served: Youth and Adults

Insurance: Accepts DC Medicaid, UnitedHealthcare, Cigna, Aetna, Blue Cross Blue Shield, AmeriHealth, Amerigroup Trust Health Plan, and Maryland Medicaid with no MCO (Managed Care Organization) selected (limited services)

Availability: MAT Fast-Track Provider, No referral necessary (call to schedule)

Address:

2155 Champlain St NW, Washington DC,
20009
Ward 1

Phone Number:

(202) 540-9857

Howard University Hospital: Women's Wellness Center

Services: Medication Assisted Treatment and Counseling, Substance Use Disorder Treatment (Detoxification)

Ages Served: Youth and Adults

Insurance: Accepts Medicaid/Alliance, other private and government funded insurance.

Availability: Same day service, No referral necessary (Call or access hours online)

Address:

2041 Georgia Ave NW, Washington DC,
20059
Ward 1

Phone Number:

(202) 865-3692

WARD 2**Whitman-Walker Health**

Services: Medication Assisted Treatment and Counseling, Substance Use Disorder Treatment, Children, Youth, and Family Services, Mental Health Services, Primary Care, Substance Use Disorder Treatment, Case Management, Buprenorphine Treatment

Ages Served: Youth and Adults

Insurance: Accepts DC, MD, and Veteran Affairs Medicare and Medicaid, AmeriHealth, Amerigroup, Trusted Beacon, UnitedHealthcare, Aetna, Cigna Priority Partners, Johns Hopkins Health Plan, and Care First

Availability: MAT Fast-Track Provider, No referral necessary (call to schedule)

Address:

1525 14th St NW, Washington DC, 20005
Ward 2

Phone Number:

(202) 745-7000

MedMark Treatment Centers (Formerly Partners in Drug Abuse Rehabilitation Counseling or PIDARC)

Services: Medication Assisted Treatment and Behavioral Counseling, Substance Use Disorder Treatment (Detoxification), Primary Care, Mental Health Services, Residential Treatment, Case Management Services, Methadone Treatment

Ages Served: Youth and Adults

Insurance: Medicaid, Local Dollars, Self-pay, Kaiser (must have referral from Kaiser)

Availability: MAT Fast Track Provider, must be referred by ARC

Address:

2112 F St NW, Suite 102, Washington DC,
20037
Ward 2

Phone Number:

(202) 296-4455

WARD 3**Aquila Recovery Clinic**

Services: Medication Assisted Treatment and Behavioral Counseling, Substance Use Disorder Treatment (Detoxification), Mental Health Services, Case Management Services, Buprenorphine Treatment, Naltrexone Treatment

Ages Served: Youth and Adults

Insurance: Most private health insurance, cash, or self-pay

Availability: MAT Fast-Track Provider, No referral necessary (call to schedule)

Address:

5101 Wisconsin Ave NW, Suite 325,
Washington DC, 20016
Ward 3

Phone Number:

(202) 244-1600

WARD 5

Unity Healthcare: Brentwood Health Center

Services: Medication Assisted Treatment and Behavioral Counseling, Substance Use Disorder Treatment (Detoxification), Mental Health Services, Case Management Services, Primary Care

Ages Served: Youth and Adults

Insurance: Accepts all patients regardless of ability to pay. All DC Medicaid, some Maryland Medicaid, Medicare, and most commercial insurance

Availability: MAT Fast Track Provider, No referral necessary (call to schedule)

Address:

1251 -B Saratoga Ave NE, Washington DC, 20018
Ward 5

Phone Number:

(202) 469-4699

Veterans Affairs Medical Center Substance Abuse Recovery Program

Services: Medication Assisted Treatment and Behavioral Counseling, Substance Use Disorder Treatment (Detoxification), Mental Health Services, Primary Care, Buprenorphine treatment, Methadone Treatment, Naloxone Treatment, Case Management, Transportation Assistance

Ages Served: Youth and Adults

Insurance: Medicare, Medicaid, most private health insurance, cash, or self-pay, federal or government funding for substance use programs

Availability: Same day service, No referral necessary (call or access hours online)

Address:

50 Irving St NW, 3-C North, Unit 116-A, Washington DC, 20422
Ward 5

Phone Number:

(202) 745-8336

So Others Might Eat (SOME)

Services: Medication Assisted treatment and Behavioral Counseling, Substance Use Disorder Treatment, Mental Health Services, Career Services, Primary Care, Case Management, Buprenorphine Treatment, Naltrexone Treatment

Ages Served: Youth and Adults

Insurance: Cash or self-payment, Medicaid, private health insurance, federal or government funding for substance abuse programs

Availability: MAT Fast-Track Provider, No referral necessary (call to schedule)

Address:

71 O St NW, Washington DC, 20001
Ward 5

Phone Number:

(202) 797-8806

Community of Hope: Family Health and Birth Center

Services: Medication Assisted Treatment and Counseling, Substance Use Disorder Treatment (Detoxification), Mental Health Services, Case Management Services (includes transportation), Primary Care, Dental and Prenatal Care

Ages Served: Youth and Adults

Insurance: Accepts DC Medicaid, UnitedHealthcare, Cigna, Aetna, Blue Cross Blue Shield, AmeriHealth, Amerigroup Trust Health Plan, and Maryland Medicaid with no Managed Care Organization (MCO) selected (limited services)

Address:

2120 Bladensburg Rd NE, Washington, DC 20018
Ward 5

Phone Number:

(202) 540-9857

WARD 6

Unity Healthcare: Southwest Health Center

Services: Medication Assisted Treatment and Behavioral Counseling, Substance Use Disorder Treatment (Detoxification), Mental Health Services, Case Management Services, Primary Care

Ages Served: Youth and Adults

Insurance: Accepts all patients regardless of ability to pay. All DC Medicaid, some Maryland Medicaid, Medicare, and most commercial insurance

Availability: MAT Fast Track Provider, No referral necessary (call to schedule)

Address:

555 L St SE, Washington DC, 20003
Ward 6

Phone Number:

(202) 469-4699

WARD 7

Unity Healthcare: East of the River

Services: Medication Assisted Treatment and Behavioral Counseling, Substance Use Disorder Treatment (Detoxification), Mental Health Services, Case Management Services, Primary Care

Ages Served: Youth and Adults

Insurance: Accepts all patients regardless of ability to pay. All DC Medicaid, some Maryland Medicaid, Medicare, and most commercial insurance

Availability: MAT Fast Track Provider, No referral necessary (call to schedule)

Address:

123 45th St NE, Washington DC, 20019
Ward 7

Phone Number:

(202) 388-7891
(202) 540-9857

Unity Healthcare: Parkside Health Center

Services: Medication Assisted Treatment and Behavioral Counseling, Substance Use Disorder Treatment (Detoxification), Mental Health Services, Case Management Services, Primary Care

Ages Served: Youth and Adults

Insurance: Accepts all patients regardless of ability to pay. All DC Medicaid, some Maryland Medicaid, Medicare, and most commercial insurance

Availability: MAT Fast-Track Provider, No referral necessary (call to schedule)

Address:

765 Kenilworth Ter NE, Washington DC,
20019
Ward 7

Phone Number:

(202) 388-8160

Unity Healthcare: Minnesota Avenue

Services: Medication Assisted Treatment and Behavioral Counseling, Substance Use Disorder Treatment (Detoxification), Mental Health Services, Case Management Services, Primary Care

Ages Served: Youth and Adults

Insurance: Accepts all patients regardless of ability to pay. All DC Medicaid, some Maryland Medicaid, Medicare, and most commercial insurance

Availability: MAT Fast Track Provider, No referral necessary (call to schedule)

Address:

3924 Minnesota Ave NE, Washington DC,
20019
Ward 7

Phone Number:

(202) 398-8683

Ellaine Ellis Center of Health

Services: Medication Assisted Treatment and Counseling, Prevention Treatment and Education, Mental Health Services for Substance Abuse Patients

Ages Served: Youth and Adults

Insurance: Accepts Medicaid/Alliance, sliding scale fees, and most other insurances

Availability: Same day service, No referral necessary (call or access hours online)

Address:

1627 Kenilworth Ave NE, Washington DC,
20019
Ward 7

Phone Number:

(202) 803-2340

WARD 8

Unity Healthcare: Anacostia Health Center

Services: Medication Assisted Treatment and Behavioral Counseling, Substance Use Disorder Treatment (Detoxification), Mental Health Services, Case Management Services, Primary Care

Ages Served: Youth and Adults

Insurance: Accepts all patients regardless of ability to pay. All DC Medicaid, some Maryland Medicaid, Medicare, and most commercial insurance

Availability: MAT Fast Track Provider, No referral necessary (call to schedule)

Address:

1500 Galan St SE, Washington DC, 20020
Ward 8

Phone Number:

(202) 610-7160

Unity Healthcare: Stanton Road Health Center

Services: Medication Assisted Treatment and Behavioral Counseling, Substance Use Disorder Treatment (Detoxification), Mental Health Services, Case Management Services, Primary Care

Ages Served: Youth and Adults

Insurance: Accepts all patients regardless of ability to pay. All DC Medicaid, some Maryland Medicaid, Medicare, and most commercial insurance

Availability: MAT Fast Track Provider, No referral necessary (call to schedule)

Address:

3240 Stanton Road, SE Washington DC,
20020
Ward 8

Phone Number:

(202) 889-3754

Community of Hope: Conway

Services: Medication Assisted Treatment and Counseling, Substance Use Disorder Treatment (Detoxification), Mental Health Services, Case Management Services (includes transportation), Primary Care, Dental and Prenatal Care

Ages Served: Youth and Adults

Insurance: Accepts DC Medicaid, UnitedHealthcare, Cigna, Aetna, BCBS, AmeriHealth, Amerigroup Trust Health Plan, and Maryland Medicaid with no MCO selected (limited services)

Availability: MAT Fast-Track Provider, No referral necessary (call to schedule)

Address:

4 Atlantic St SW, Washington DC, 20032
Ward 8

Phone Number:

(202) 407-7747

Behavioral Health Group Recovery of Washington DC

Services: Medication Assisted Treatment and Behavioral Counseling, Substance Use Disorder Treatment (Detoxification), Mental Health Services, Case Management Services, Primary Care, Methadone Treatment, Buprenorphine Treatment, Naltrexone Treatment

Ages Served: Adults

Insurance: Cash or self-payment, Medicaid, private health insurance, federal, or government funding for substance abuse programs

Availability: Same day service, No referral necessary (call or access hours online)

Address:

1320 Good Hope Rd SE, Washington DC,
20020
Ward 8

Phone Number:

(202) 610-1886

Mental Health Resources for Pregnant and Postpartum Patients with Opioid or other Substance Use Disorders in the Washington, DC Area



DC Call Center for Mental Health Referrals

Postpartum Support International (PSI), DC Call Center

Description: PSI's coordinators are trained to provide supportive counseling and local resources and referral information to mothers, their families, and the providers who serve them. Providers are welcome to refer their patients to PSI coordinators directly, or to contact coordinators themselves to obtain information and referrals.

Phone number:

(202) 643-7290

Email:

info@postpartumdc.org

DC Coordinator:

Nina Ashford

Hospital and District Facilities

George Washington University Medical Center - Department of Psychiatry & Behavioral Sciences - The Five Trimesters Clinic

Description: Help women to assess the need for treatment before, during, or after pregnancy for mood or anxiety disorders. Each woman meets once or twice with a psychiatrist-in-training; partners may be included. Each case is reviewed by senior psychiatrists specializing in perinatal mental health.

Services: Outpatient evaluation and screening; short-term individual therapy and medication management; couples and family therapy; access to community resources.

Languages: English

Ages Served: Adults

Insurance: Sliding scale fee available

Referral: Asks that patient provides the referring physician's name to the intake coordinator to ensure appropriate referral.

Address:

2120 L St NW, 6th Floor, Washington, DC 20037
Ward 2

Phone Number:

(202) 741-2888

(Please specify that you want to be seen in the 5 trimesters clinic)

<https://gwdocs.com/specialties/psychiatry>

MedStar Georgetown University Hospital - Perinatal Mental Health Clinic

Services: Offers outpatient evaluation and treatment of psychiatric disorders and adjustment problems experienced by women who are transitioning into motherhood. Provides diagnostic evaluations and multidisciplinary treatment for women experiencing mood and anxiety disorders during pregnancy and postpartum, infertility-related distress, pregnancy loss, and difficulty with the transition to motherhood. In cases where psychiatric medication is necessary, psychiatrists with expertise in use of medication in pregnant and lactating women are available. Reproductive psychiatrists on staff, as well as residents in training, and part-time therapists who specialize in perinatal mental health. Services are time-limited for 1 year postpartum (may be longer dependent on when woman is diagnosed).

Languages: English, Spanish

Ages Served: Adults

Insurance: Most major private insurance and D.C. Medicaid (AmeriHealth and Fee-for-Service).

Referral: Referral from MedStar provider. Accepting new patients.

Address:

2115 Wisconsin Ave, Suite 200, Washington, DC 20007
Ward 3

Phone Number:

(202) 944-5400

<https://www.medstargeorgetown.org/our-services/psychiatry/treatments/womens-mental-health/>

MedStar Washington Hospital Center (WHC) - Women's Mental Health Clinic

Services: Work with social workers. Assess patients with a depression scale. Patients must be receiving services at WHC to be referred to the clinic. Women that are not WHC patients can receive care at the MedStar outpatient program at Trinity Square (202) 877-6321.

Languages: English

Ages Served: Child-bearing age women

Insurance: DC Fee-for-Service, AmeriHealth, Alliance, MD Medicaid, MedStar Family Choice, Beacon, most private plans

Referral: Women must be receiving services at WHC and/or delivered at WHC to qualify for services. Currently accepting new patients that meet referral criteria.

Address:

110 Irving St NW Washington, DC 20010
Room 5 in the O.B. clinic on the ground floor
Ward 5

Phone Number:

(202) 877-7101

Community Based Mental Health Clinics and Programs

Samaritan Inns

Services: The Women with Children Treatment Program creates a safe home where mothers recovering from substance abuse can receive treatment and family services while establishing a foundation for long-term independent living. Sobriety counseling and case management also provided along with housing for up to 12 women and 16 children.

Languages: English

Ages Served: Youths and Adults

Insurance and Referral: Contact juanita@samaritaninns.org for information on insurance and referrals

Address:

2523 14th St NW, Washington, DC 20009
Ward 1

Phone Number:

(202) 234-0904

<https://www.samaritaninns.org/samaritan-inns-media/>

Hillcrest Mental Health Services

Services: Hillcrest center provides individual, group, and family therapy and counseling to resolve symptoms of behavioral, emotional, social, and cognitive disorders. Additionally, Hillcrest center offers psychiatric evaluation, parenting education, anger and stress management counseling, adult substance abuse treatment, group and individual addiction counseling, and community support services that are designed to help clients manage symptoms because of mental health diagnosis.

Languages: English

Ages Served: Youths and Adults

Insurance and Referral: Contact info@hillcrest-dc.org for more information on insurance and referrals

Address:

915 Rhode Island Ave, NW, Washington, DC 20001
Ward 6

Phone Number:

(202) 232-6100

<http://hillcrest-dc.org/services/adult-services/>

Mamatoto Village

Services: Labor Support, Postpartum Support (Day or Night), Lactation Consultations, Family and Social Service Support, Blossoming Bellies (health and nutrition), Bellies Strides (fitness), Mama Mingles (group for breastfeeding, pregnant and new mothers), Education (breastfeeding, parenting, nutrition, fitness, single motherhood), care coordination and in-home visits. Services are most beneficial for women with a racially or ethnically diverse background with an array of psychosocial factors and social determinants of health.

Languages: English, Sign Language

Ages Served: Child-bearing age pregnant or postpartum women

Insurance: AmeriHealth, Amerigroup, Trusted, and Health Services for Children with Special Needs (HSCSN). There are some pro-bono spots every year if insurance is a barrier to care.

Referral: Providers can refer through the online platform or call the office or emergency appointments at (202) 248-2877. Once a referral is made, the organization will follow-up directly with the patient within the first 24-48 hours and can get them linked to services within a week. Provides feedback to the referring provider.

Address:

311 47th Street NE Washington, DC
20019
Ward 7

Phone Number:

(202) 248-3434,
(202) 248-2877 (Intake number)

www.mamatotovillage.org

Mary's Center - Behavioral Health Department - Maternal Mental Health Program

Services: Perinatal mental health therapist, psychiatry, social services including support applying for benefits

Languages: English, Spanish

Ages Served: Child-bearing age women

Insurance: Aetna, AmeriHealth, Beacon (Behavioral Health), Amerigroup, CareFirst, DC Fee-for-Service Medicaid, Health Services for Children with Special Needs (HSCSN), ... , UnitedHealthcare (Optimum Choice and Mid Atlantic Medical Services, Inc.-MAMSI), Maryland Medicaid, Uninsured DC residents

Referral: No referral necessary. Call to schedule.

Address:

1707-B Kalorama Rd NW, Washington,
DC 20009
Ward 1

Phone Number:

(202) 545-2061

<https://www.maryscenter.org/behavioral-health/>

SPRING Project

Services: The SPRING Project offers affordable psychotherapy for expectant and postpartum mothers and their families experiencing perinatal mood problems. The Project has a network of experienced psychodynamic therapists trained in work with this population committed to working on a reduced fee basis with session fees set as low as \$20/session for a period of up to one year.

Languages: English

Ages Served: Child-bearing age women

Insurance: Within network insurance availability is limited but all providers will work on a reduced fee basis so that insurance limitations are not a concern

Referral: Contact Dr. Laura Hickok at (hickoklaura@gmail.com) or Dr. Elizabeth Fritsch (DrElizabethFritsch@gmail.com). The patient will be connected to an available, conveniently located provider.

Address:

Multiple locations in NW Washington,
Maryland, and Virginia

Phone Number:

(301) 654-2322 (Dr. Laura Hickok),
(703) 356-4710 (Dr. Elizabeth Fritsch)

<https://springproject.org/>

Healthy Babies Project

Services: Supports pregnant and parenting women and children to move out of the cycle of poverty. Collaborates with service provider partners to connect women and families to resources including health care, housing, nutrition, mental health services, educational support, skills building, substance abuse support, and employment. Free classes are offered for pregnant or parenting young adults. Participants in the program and/or classes can access a psychologist. Free childcare and transportation.

Languages: English

Ages Served: Ages 16-21 years

Insurance: Free

Referral: Register for all classes by calling or sending an email to hbpprograms@gmail.com. Intake must be completed which includes proof of income, mom and baby's social security card or birth certificate, proof of residency, and I.D. card. Can be faxed or shown in person.

Address:

4501 Grant Street NE Washington, DC
20019
Ward 7

Phone Number:

(202) 396-2809

<http://www.healthybabiesproject.org/>

Pieur Wellness

Services: Provides initial psychiatric evaluation, medicine management, and substance abuse treatment. Specializes in women's mental health related to pregnancy and breastfeeding, pregnancy-related trauma, perinatal mood and anxiety disorders, miscarriages, stillbirth, neonatal death, infertility, premenstrual dysphoric disorder, and peri-and-post menopausal mood disturbances. Offers psychiatric telehealth and urgent care appointments.

Languages: English

Ages Served: Adults

Insurance: Cigna, CareFirst Blue Cross Blue Shield, Anthem. Self-pay options available

Referral: Complete intake forms on the website or call to schedule. Accepting new patients.

Address:

1300 I St NW, Suite 400E, Washington, DC
20005
Ward 2

Phone Number:

(202) 902-7324

<http://pieurwellness.com/>

The Northwest Center

Services: Provides prenatal and postnatal support resources, counseling, education, health education referrals, transitional housing for pregnant women, and case management. Does not offer Cognitive Behavioral Therapy but their social workers can make the appropriate referral if necessary. Services are for pregnant women and up to three months postpartum.

Languages: English, Spanish, Amharic

Ages Served: Adults

Insurance: Free

Referral: Provider or patient can call directly or schedule an appointment online. Will be processed within one week.

Address:

2702 Ontario Rd NW, Washington, DC
20009
Ward 1

Phone Number:

(202) 483-7008

<http://www.northwestcenter.net/>

East of the River Lactation Support Center

Services: Provides prenatal breastfeeding education classes, community lactation support services, Mom-to-Mom breastfeeding support groups, Back-to-Work breastfeeding consults

Languages: English, translation services

Ages Served: Child-bearing age women

Insurance: Free

Referral: Call to confirm schedule of events

Address:

2101 Martin Luther King Jr. Ave SE,
Washington, DC 20020
Ward 8

Phone Number:

(202) 476-6941

Other Resources for Mental Health and Pregnant/Postnatal Care

Resource Name

Perinatal Mental Health Community Resources List

DBH (Department of Behavioral Health) Evidence Based Practices Fact Sheet (Mental Health Resource List)

Website

https://www.dchealthcheck.net/documents/PMH%20Resources_2020.pdf

https://dbh.dc.gov/sites/default/files/dc/sites/dmh/publication/attachments/EBP%20Fact%20Sheet_Updated.pdf

Support Services for Pregnant and Postpartum Patients with Opioid or other Substance Use Disorders in the Washington, DC Area



Child, Family, and Youth Services

Child Care Services Division: Congress Heights Service Center	<p>Address: 4049 South Capitol St, SW, Washington, DC 20032</p> <p>Phone: (202) 727-0284</p> <p>https://dhs.dc.gov</p>
Child and Family Services Agency	<p>Address: 400 6th St, SW, Washington, DC 20024</p> <p>Phone: (202) 442-6000</p> <p>www.cfsa.dc.gov</p>
Child Support Services Division	<p>Address: 441 4th St NW, Suite 550N, Washington, DC 20001</p> <p>Phone: (202) 442-9000</p> <p>www.ccsd.dc.gov</p>
D.C. Children and Youth Investment Trust Corporation	<p>Address: 1400 16th St NW, Suite 500, Washington, DC, 20036</p> <p>Phone: (202) 347-4441</p> <p>www.cyitc.org</p>
D.C. Department of Human Services	<p>Address: 64 New York Ave NE, 6th Floor, Washington, DC 20002</p> <p>Phone: (202) 671-4200</p> <p>www.dhs.dc.gov</p>
National Center for Children and Families	<p>Address: 603 50th St NE, Washington, DC 20019</p> <p>Phone: (202) 396-9330</p> <p>www.nccf-cares.org</p>

Food Assistance

D.C. Food Project: Northwest Center	<p>Address: 2702 Ontario Rd, NW, Washington, DC 20009</p> <p>Phone: (202) 483-2857</p> <p>https://dcfoodproject.org/</p>
Food For All	<p>Address: 1810 16th St NW, Washington, DC 20009</p> <p>Phone: (240) 505-4607</p> <p>https://foodforalldc.wordpress.com/</p>
Greater New Hope Baptist Church	<p>Address: 816 8th St NW, Washington, DC 20001</p> <p>Phone: (202) 842-1036</p> <p>https://gnhbc.org/</p>
Martha's Table	<p>Address: 1474 Columbia Rd NW, Washington, DC 20009</p> <p>Phone: (202) 329-6608</p> <p>https://marthastable.org/</p>

Food Assistance

Miriam's Kitchen	<p>Address: 2401 Virginia Ave NW, Washington, DC 20037</p> <p>Phone: (202) 452-8926</p> <p>https://www.miriamskitchen.org/</p>
Sixth Church Food Closet	<p>Address: 5413 16th St NW, Washington, DC 20011</p> <p>Phone: (202) 723-5377</p> <p>http://www.sixthpresbyterian.org/</p>
St. Paul's Lutheran Church	<p>Address: 4900 Connecticut Ave NW, Washington, DC 20008</p> <p>Phone: 202-966-5489</p> <p>http://www.stpaulslutherandc.com/</p>
The Salvation Army	<p>Address: 3335 Sherman Ave NW, Washington, DC 20010</p> <p>Phone: (202) 829-0100</p> <p>https://salvationarmynca.org/sherman-ave/</p>
The Table Church	<p>Address: 1459 Columbia Rd NW, Washington, DC 20009</p> <p>Phone: (202) 618-6050</p> <p>http://thetablechurchdc.flywheelsites.com/</p>
YWCA National Capital Area Food Pantry	<p>Address: 2303 14th St NW, Washington, DC 20009</p> <p>Phone: (202) 626-0700</p> <p>https://www.ywcanca.org/</p>

Housing and Employment Assistance

Community Preservation and Development Corporation	<p>Address: 5313 Connecticut Ave NW, Suite 250, Washington, DC, 20009</p> <p>Phone: (202) 396-5710</p> <p>www.cpdcc.org</p>
DC Housing Authority	<p>Address: 1133 North Capitol St NE, Washington, DC, 20002</p> <p>Phone: (202) 535-1000</p> <p>www.dchousing.org</p>
Department of Employment Services	<p>Address: 64 New York Ave NE, Suite 3000, Washington, DC, 20002</p> <p>Phone: (202) 724-7000</p> <p>www.does.dc.gov</p>
Taylor Street Service Center	<p>Address: 1207 Taylor St NW, Washington, DC 20011</p> <p>Phone: (202) 704-2345</p> <p>https://washington.dc.networkofcare.org</p>

Alternative Interventions for Patients with OUD/SUD in Washington, DC

Massage Therapy for Infants

Breathing Space DC

Description:

Classes through Breathing Space teach parents massage techniques in a progressive sequence over several weeks – focusing on various parts of the body each week, which provides an opportunity to practice strokes at home between lessons. The curriculum is progressive, so drop-ins are not allowed.

Besides teaching the time-tested massage techniques, valuable parenting tips will be shared and topics on child development will be covered. Our instructors are experienced parents and early childhood educators. Class discussions are also designed to enable parents to learn from each other.

Mailing Address:

713 14th St SE, Washington DC, 20003

Phone:

(202) 599-0434

Email:

Inquiries@breathingspacedc.com

<https://breathingspacedc.com/prenatal-postnatal-yoga-wellness/infant-massage/>

Mom and Healthy Baby Touch

Description:

Edwina Davis, MS, MCHES, LMT has 20 years of experience in public health in Maternal and Child Health, 20 years of experience in massage therapy specializing in prenatal, post-partum and infant massage, and has been involved in Research studies on the effects of massage in reducing post-partum depression. She is also a Certified Infant Massage Educator through Infant Massage USA.

Her mission is to teach parents/caregivers how to massage their infants to enhance parent/child bonding and attachment and infant's growth and development

Contact:

Edwina Davis, CEO

Phone:

(202) 365-7369

Email:

edwina.davis@verizon.net

Website:

<https://www.momandbabyhealthytouch.com/>

NOVA Birth Partners - Vyana Infant Massage

Description:

Are you a parent struggling with calming your infant, alleviating gas/colic, or improving their immune function? Learn how daily infant massage addresses all of these and more! NOVA birth Partners provides a 4-class series for parents/caregivers to learn over 40 strokes to help address common issues in infants. Text, call, or email for more information on how to sign up for an appointment at your local health facility.

Phone:

(571) 406-7705

Email:

info@novabirthpartners.com

Breastfeeding Services

Children's National: Children's Health Center Anacostia Lactation Services

Address:
2101 Martin Luther King Jr. Ave SE, Washington, D.C. 20020

Phone:
(202) 476-6941

Email:
LactationSupport@childrensnational.org

Website:
<https://childrensnational.org/visit/resources-for-families/family-services/lactation-services#tab-1>

D.C. Health Website on Breastfeeding information and support

Description:

Additional information on available breastfeeding and lactation services

Website:
<https://dchealth.dc.gov/service/breastfeeding-information-and-support-0>

District of Columbia Breastfeeding Resource Guide

Description:

Includes information on breastfeeding, health benefits, useful tips, and a list of DC-based resources to support safe breastfeeding to support safe breastfeeding

Website:
<http://dcbfc.org/pdfs/dcbguide2015-English-rev5-web.pdf>

Howard University Hospital National Breastfeeding Support Center

Address:
2041 Georgia Ave, Washington, DC 20060

Phone:
(202) 865-3028

Website:
<https://www.huhealthcare.com/health-services/pediatrics/>

Mamatoto Village Perinatal Family Support Organization

Address:
4315 Sheriff Rd NE, Washington, DC 20019

Phone:
(202) 248-3434

Email:
Info@mamatotovillage.org

Website:
<https://www.mamatotovillage.org/breastfeeding-2/>

MedStar Georgetown University Hospital Parenting and Lactation Services

Address:
3800 Reservoir Rd NW, Washington, DC 20007

Phone:
(202) 295-0544

Website:
<https://www.medstarhealth.org/services/parenting-and-lactation-services>

Breastfeeding Services

Sibley Memorial Hospital Lactation Services

Address:

5255 Loughboro Rd NW, Washington, DC 20016

Phone:

(202) 243-2321

Email:

sibleylactation@jhmi.edu

Website:

https://www.hopkinsmedicine.org/gynecology_obstetrics/specialty_areas/birthing-services/sibley-memorial-hospital/lactation-services.html

The Breastfeeding Center DC

Address:

1020 19th St NW, Suite 150, Washington, DC 20036

Phone:

(202) 293-5185

Email:

info@breastfeedingcenter.org

Website:

<https://www.breastfeedingcenter.org/>

Additional Treatment/Inpatient Services for Pregnant Patients

The following locations provide services for pregnant and postpartum patients who are currently struggling with opioid/substance abuse. Services provided at these locations can include inpatient residential long-term rehab, residential treatment, drug prevention and education, faith-based rehab, halfway house, rehab for pregnant women, rehab for women, relapse prevention, residential beds for clients' children, substance abuse counseling, substance abuse treatment, treatment for co-occurring disorders, and twelve-step rehab programs. Use the links for each location for additional information.

Abstinent Living at the Turning Point at Washington, Inc - Residential Half-Way House

Address:

199 North Main St, Washington, PA 15301

<https://directory.addicted.org/abstinent-living-at-the-turning-point>

Abstinent Living at the Turning Point in Washington, Inc - Three-Quarter-Way House (North Main Street)

Address:

224 North Main St, Washington, PA 15301

<https://directory.addicted.org/abstinent-living-at-the-turning-point-at-washington-inc-three-quarter-way-house-north-main-street>

Abstinent Living at the Turning Point in Washington, Inc - Three-Quarter-Way House (West Walnut Street)

Address:

32 West Walnut St, Washington, PA 15301

<https://directory.addicted.org/abstinent-living-at-the-turning-point-at-washington-inc-three-quarter-way-house>

Abstinent Living at the Turning Point at Washington, Inc - Women with Children

Address:

14 West Walnut St, Washington, PA 15301

<https://directory.addicted.org/abstinent-living-at-the-turning-point-washington-women-with-children>

Additional Treatment/Inpatient Services for Pregnant Patients

Action for a Better Community, New Directions CD Outpatient Clinic	<p>Address: 33 Chestnut St, Rochester, NY 14604</p> <p>https://directory.addicted.org/action-for-a-better-community-new-directions-cd-outpatient-clinic-2</p>
Bergen County Department of Health Services - Addiction Recovery Program	<p>Address: 103 Hudson St, Hackensack, NJ 07601</p> <p>https://directory.addicted.org/bergen-county-dept-of-health-services-addiction-recovery-program</p>
Bridge Over Troubled Waters	<p>Address: 47 West St, Boston, MA 02111</p> <p>https://directory.addicted.org/bridge-over-troubled-waters-inc</p>
Crawford County Drug & Alcohol Executive Commission, Inc.	<p>Address: 920 Water St, Downtown Mall, Suite 12, Meadville, PA 16335</p> <p>https://directory.addicted.org/crawford-county-drug-and-alcohol-executive-commission-inc</p>
Crossroads for Women - Windham	<p>Address: 114 Main St, Windham, ME 04062</p> <p>https://directory.addicted.org/crossroads-for-women-kennebunk-counseling-center</p>
CSNPC - Bernice E Meade House	<p>Address: 1211 North Chester St, Baltimore, MD 21213</p> <p>https://directory.addicted.org/bernice-e-meade-house-of-safe-haven</p>
Delmarva Adult & Teen Challenge - Home of Hope Women's Campus	<p>Address: 10847 Leadership Way, Bridgeville, DE 19933</p> <p>https://directory.addicted.org/adult-teen-challenge-delmarva-home-of-hope-women-children-s-center</p>
Good News Home for Women	<p>Address: 33 Bartles Corner Rd, Flemington, NJ 08822</p> <p>https://directory.addicted.org/good-news-home-for-women</p>

Whitman Walker Health - DC Hotlines

Abuse/Neglect	<p>Child Abuse Phone: (800) 422-4453</p> <p>DC Elder Abuse Phone: (202) 541-3950</p>
Alcohol and Drug Abuse	<p>DC Assessment and Referral Center (ARC) Phone: (202) 727-8473 Address: 75 P St NE, Washington, DC 20002</p> <p>Helpline and Treatment Phone: (800) 234-0420</p>
Domestic Violence	<p>ACCION Hotline (para-Español) Phone: (866) 962-5048</p> <p>DC Victim Hotline Phone: (844) 443-5732</p> <p>National Domestic Violence Hotline Phone: (800) 799-7233</p>
Emergency Food	<p>DC Food Hotline Phone: (202) 644-9807</p>
Emergency Housing	<p>DC Shelter Hotline Phone: (800) 535-7252</p> <p>National Help for Homeless Veterans Phone: (877) 424-3838</p>
HIV Prevention	<p>Post-Exposure Prophylaxis (PEP) Line (working hours) Phone: (202) 797-4439</p>
Local Emergency Room	<p>Children's National Medical Center Phone: (202) 476-5000 Address: 111 Michigan Ave NW, Washington, DC 20010</p> <p>George Washington University Hospital Phone: (202) 715-4000 Address: 900 23rd St NW, Washington, D.C. 20037</p> <p>Howard University Hospital Phone: (202)865-1141 Address: 2041 Georgia Ave NW, Washington, DC 20060</p> <p>MedStar Georgetown University Hospital Phone: (855) 633-0364 Address: 3800 Reservoir Rd NW, # 6, Washington, DC 20007</p> <p>MedStar Washington Hospital Center Phone: (855) 546-1686 Address: 110 Irving St NW, Washington, DC 20010</p> <p>Sibley Memorial Hospital Phone: (202) 537-4080 Address: 5255 Loughboro Rd NW, Washington, DC 20016</p> <p>United Medical Center Phone: (202) 574-6000 Address: 1310 Southern Ave SE, Washington, DC 20032</p>

Whitman Walker Health - D.C. Hotlines

Mental Health/Psychiatry	DC Access Helpline Phone: (888) 793-4357
Mental Health/Psychiatry Emergencies in DC	Comprehensive Psychiatric Emergency Room (CPEP) Phone: (202) 673-9319 Address: 1905 E St SE, Building #14, Washington, DC 20003 Psychiatric Institute of Washington Phone: (202) 885-5610
Sexual Assault	DC Rape Crisis Hotline Phone: (202)333-7273 DC.Safe (Protective Orders) Phone: (800) 407-5048 National Hotline Phone: (800) 656-4673
Suicide Prevention	National Lifeline Phone: (800) 273-8255 Phone: (888) 628-9454 (para-Español) Trans Lifeline Phone: (877) 565-8860 Trevor Lifeline (LGBTQ) Phone: (866) 488-7386

Medicaid Managed Care Organizations

Medicaid Managed Care Organizations (MCOs) provide enrolled members of the District of Columbia with comprehensive health care and medical services.

AmeriHealth Family Choice	Address: 1120 Vermont Ave NW, Suite 200, Washington DC 20005 Phone: (202) 407-8758 Fax: (888) 604-2378
Health Services for Children with Special Needs, Inc. (HSCSN)	Address: 1101 Vermont Ave NW, Washington, DC 20036 Phone: (202) 467-2737 Fax: (202) 721-7193
Medstar Family Choice	Address: 1101 Vermont Ave NW, Washington, DC 20036 Phone: (202) 467-2737 Fax: (202) 721-7193
Trusted Health Plan	Address: 1100 New Jersey Ave SE, Suite 840, Washington, DC 20003 Phone: (202) 821-1100 Fax: (202) 821-1099