



A Program of the
American Academy of Pediatrics

Partner with Mothers to Seek and Support Recovery Post Prenatal Opioid Exposure

4x 

The number of women with opioid use disorder (OUD) at delivery has increased 4x since 1999. **Less than 1%** of these women are receiving adequate treatment.

Every 15 min. 

a baby is born with neonatal abstinence syndrome (NAS).

49% of infants

who entered into foster care in 2017 were placed there due to parental substance use.

Primary care

Supportive environments, community collaborations and evidence-based treatment will help **mothers and infants stay together** and grow healthy.

Pediatricians have the unique opportunity to identify and engage mothers with OUD in seeking treatment and follow-up care as part of the patient and family-centered medical home. Supporting mothers in their recovery improves health outcomes for both mothers and infants.

PEDIATRICIANS' ROLE

Screen



Early identification of prenatal opioid exposure is key to sustaining the mother-infant dyad.

- Develop a **standards script** for infant and new patient health supervision visits to ask about prenatal substance exposure. Always use the script when talking to mothers about birth history and prenatal care.
- Incorporate **questions for assessing** maternal opioid use when gathering the patient health history.
- Consider that 1 in 5 infants is exposed to opioids prenatally. Implement developmental **surveillance and screening practices**. Cognitive and motor delays may be evident as early as 6 months.
- Use available **clinical guidance** to assure a healthier start for the mother-infant dyad.

OUD is treatable. Patient and family-centered medical homes support recovery and resilience.

- The most effective OUD recovery plans include:
 - Medication-assisted treatment (MAT) paired with behavioral and psychotherapy, and peer and community support for mothers.
 - Early intervention programs for infants.
- Refer mothers with OUD for **treatment** and infants with NAS to appropriate intervention programs.
- Learn about available treatment options and resources in your community to support your patients and their families.

Refer



Follow Up



Caring for and treating the mother-infant dyad will serve their health needs best.

- Use health supervision visits to integrate check-ins and follow-ups with mothers referred to treatment.
- Learn how to advance a **family-centered approach** focused on infant development, nutrition, and adult recovery services.
- Visit aap.org/opioid to access the best clinical guidance for developmental surveillance, breastfeeding, and care coordination.

The stigma associated with OUD is a barrier to a mother's decision to seek treatment.

- Approach mothers and pregnant women with OUD with empathy and non-judgmental attitudes and language—words matter to everyone.
- Learn about **implicit bias** and how to promote an empathetic and positive approach, and destigmatize language in your practice.

Address Stigma



Dec. 2019

This material is supported by the Cooperative Agreement Number, NU38OT000282, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the American Academy of Pediatrics, Centers for Disease Control and Prevention, or the Department of Health and Human Services.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

