

## Department of Behavioral Health & Developmental Services

### Staying the Course Quick Reference

#### Supporting Pregnant & Postpartum Women's Use of Medications

##### Medication Assisted Treatment for Substance Use Disorders (MAT)

- Screen all pregnant women for substance use disorders in a non-judgmental manner.
- Using nicotine replacement products to quit smoking is safer for the fetus than cigarettes.
- For alcohol use disorder, a woman and her provider must weigh the risks of MAT versus drinking.
- Using MAT for opioid use disorder makes it less likely an infant will be born with neonatal abstinence syndrome (NAS) and is more effective than medically-supervised withdrawal.

##### Psychotropic Medications in Pregnancy

- Pregnant women often stop or reduce their medications without consulting their provider.
- Treating psychiatric disorders in pregnancy should focus on minimizing the risks of: maternal relapse, effects of the illness and fetal exposure.
- Untreated psychiatric illness can impact the pregnancy and the child's development.

##### Non-medical Support for Women Experiencing Perinatal Depression

Recovery from perinatal depression should also include:

- self-care - such as sleep, nutrition, exercise and time to herself
- social support - time with friends, family, faith communities and peer support groups
- talk therapy - can be social worker, psychologist or professional counselor

##### Medical Disorders

- Medication use during pregnancy must weigh the risks versus benefits.
- Only a few medications pose a high risk of harm to a fetus.
- Compliance is important for the mother and child's health.
- Not addressing reflux or nausea in pregnancy can lead to medication non-compliance.