November 10, 2023 Connecting the Dots Discussion

Questions posed to the participants' (our experts)

We recommend that everyone use these questions to continue the discussion with their teams:

- What do you think is causing the increase in overdose during pregnancy and the postpartum period?
- **Obstacles:** As we learned there are many obstacles women with SUD face during pregnancy, and after such as childcare, food, transportation -- what are you doing, or what can you do differently to address any of these?
- **Overdose is a leading cause of death** during pregnancy and following delivery. What should we pay attention to during this time (family support, environment, getting into treatment after delivery, etc.)?
- **Returning to Treatment**: How long after delivery should a woman return to treatment? What's been your experience & best practices?
- Family & Other Social Connections: What do we need to understand about what's going on in the mom's life (home, family, environment)? Why would we want to know? And when?
- **Engagement**: a) How do we keep moms engaged during pregnancy, prenatal, after delivery? b) What are we currently doing to keep moms engaged?
- **Rural issues**: For our rural colleagues there are different obstacles such as, access to treatment, transportation: What ideas and practices can we do to increase access and address barriers)? Some examples: home visits, uber, treatment in other communities? What else?
- If there's fear of legal percussions and other stigma, how do we help and support moms in seeking treatment?
- **Recovery Support Services**: How can Peers or Doula's be brought into the mom's life & at what point?

Questions & Perspectives/Insights via the Zoom chat from the participants:

- Do you include babies born on alcohol and drugs?
- Is the information on FASD amongst the percentages?

Perspectives/Insights from participants:

Aspects that are important and would improve care:

- Parent coaching
- peer mentoring
- Housing for birthing folx
- Extension of PP Medicaid

Social connection isn't there for babies and children for parents with FASD children. A wide percentage of parents also adopt and foster care for these children. We deal with outside residential, Doctors, psychiatry. This is important to know that FASD is the number one Developmental Disabilities. This leads to criminal-like behaviors.

It is important to know past sexual trauma and the impact on the birthing experience.

Listening is key, moms will tell you what they need.

Mandated reporting for SUD professionals needs to be adjusted so that people feel safe to come into care. The goal is treatment, not arrest.

The actual legislation needs to be understood correctly that is currently in place. I agree that it needs to be adjusted and ACT 292 abolished.