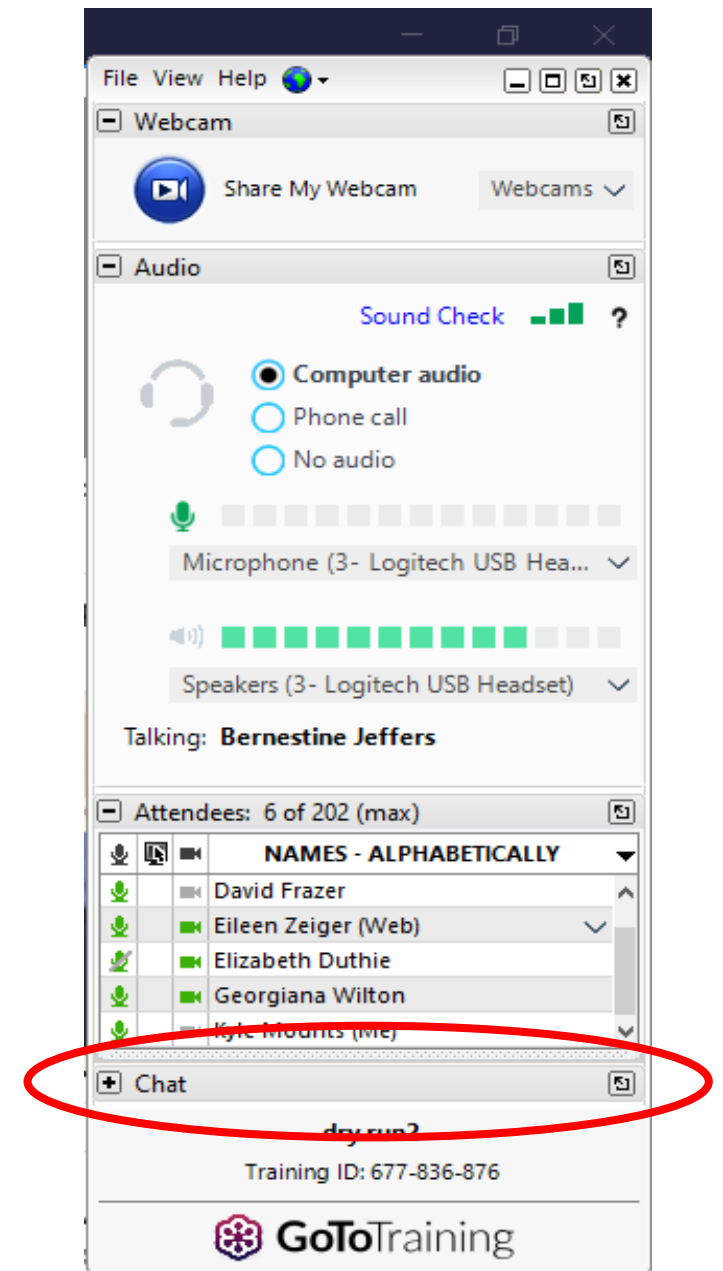


# Introductions

- Thank you for joining us today.
- To introduce yourself, please enter your name and agency/organization in the chat box and send to all.





Wisconsin Collaborative of Treatment Professionals  
FOR EDUCATION AND CAPACITY TRAINING

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# Welcome and Thank You for attending the fifth

Wisconsin Collaborative of Treatment Professionals  
FOR  
EDUCATION AND CAPACITY TRAINING  
Event today

# ECHO Etiquette

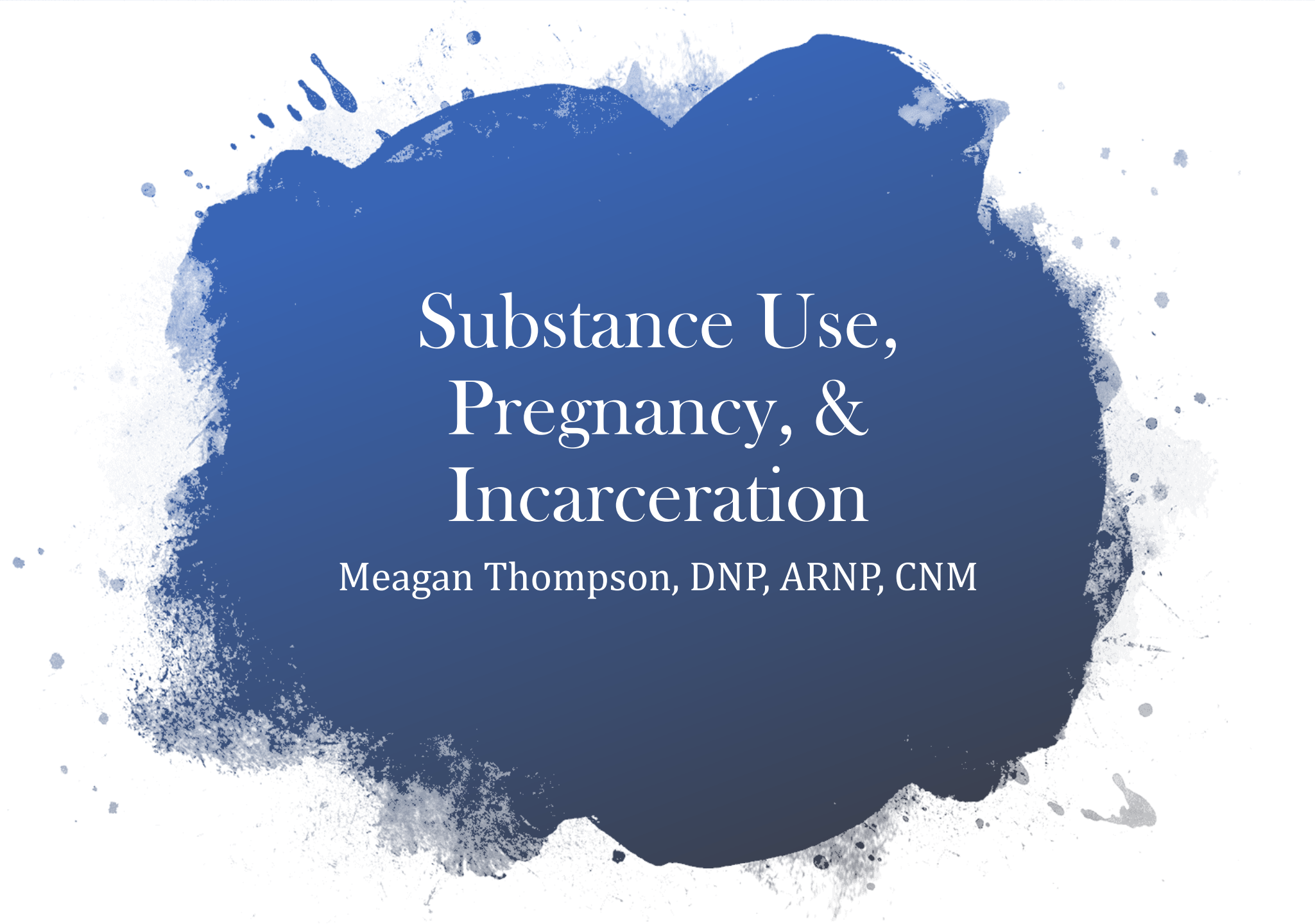
- Stay muted when we are not speaking to reduce extraneous noise
- Use the “raise hand” function to ask a question or make a comment, or put it in the Chat Room
- Be respectful of everybody, even if their ideas don’t resonate with you
- Never disclose protected health information or any identifying information regarding the case study
- Help us keep the learning environment productive, positive, helpful, and safe

# Reminders

- If you ever have questions or comments about any of our programs, please use the “Contact” function on the Wisconsin CONNECT website
- The didactic will be recorded and posted on the website along with responses to your questions.
- This is your last chance to **“introduce yourself”** to your colleagues in the **chat room**. Once the didactic begins, we’ll reserve that space for questions.
- If the PowerPoint slides aren’t large enough on your screen, drag the “gray bar” above the slide up or down to change the size—and you can remove the webcam coverage to just see the slides.

# Accreditation for CME

- The Wisconsin Association for Perinatal Care (WAPC) is accredited by the Wisconsin Medical Society to provide continuing medical education for physicians.
- The Wisconsin Association for Perinatal Care (WAPC) designates this internet live course for a maximum of 1 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
- NOTE: Credit will be awarded at the end of the series.



# Substance Use, Pregnancy, & Incarceration

Meagan Thompson, DNP, ARNP, CNM

# What We Know

- Not much!
  - Difficult to track
  - No standard reporting system
  - Transient nature of incarceration
    - Jail vs prison
  - Policies vary by location
    - May need to be incarcerated for 2 weeks before receiving pregnancy test without paying
  - Very little data about incidence of pregnancy, substance use, and incarceration
    - Many women are incarcerated due to substance use

# National Statistics

- In 2016, 214,000 women were incarcerated
  - **30% of women incarcerated globally are in the U.S**
  - $\frac{3}{4}$  of incarcerated women are 18-44
  - $\frac{3}{4}$  of incarcerated women are mothers
    - Often the head of household





## FACTORS ASSOCIATED WITH INCARCERATION

- High rates of trauma
  - Sexual abuse
  - Emotional abuse
  - Physical abuse
- High rates of mental illness
  - Depression
  - PTSD
  - Borderline personality disorder
  - Polysubstance Use

# FACTORS ASSOCIATED WITH PREGNANCY AND OUD

- 72% had a positive history of abuse
  - 53% sexual
  - Of the 53%, 54% had experienced sexual abuse before the age of 13
  - 51% involved physical abuse
  - 10% used opioids for chronic pain

# WHAT WE KNOW about women with SUD

- 72% had a positive history of abuse
  - 53% sexual
    - Of the 53%, 54% had experienced sexual abuse before the age of 13
  - 51% involved physical abuse
  - 10% used opioids for chronic pain

# How are substance use disorders treated while incarcerated?

- Varying!
- Jails:
  - Depends on size
  - Depends on number of medical staff
- Prisons
  - Depends on policies
    - Public vs. private healthcare
    - Standard of care
      - Some offer MAT to nobody
      - Some offer MAT to only pregnant women
      - Some offer MAT to everyone

# What happens during and after delivery?

- Shackling laws vary by state
  - Women may be shackled to bed during delivery
- Baby goes to partner, family, foster care, or adoption depending on mother's wishes and length of incarceration
- Outcomes for baby varies depending on type of substance used, frequency of use, and timing of use (early pregnancy vs late pregnancy)



# Takeaways

- Pregnancy is likely underreported during incarceration
- Pregnancy and incarceration are often complicated by substance use/polysubstance use
- Each incarceration system has its own policies
- Most women who are incarcerated have histories of trauma especially relevant for those who have substance use and or are pregnant

# What can you do?

- Trauma informed care
- Advocate for policies that impact incarceration
- Doulas for incarcerated pregnant women
- Increase your own awareness
- Build relationships with local incarceration systems



# Case Presentation



# Is everything clear?

- If you need anything clarified, please raise your hand or enter your question in the chat box. We will answer as many questions as possible in the time we have.
- There will be time for discussion coming up.

# Discussion and recommendations

- Recommendations:
  - Mother-child dyad-level recommendations
  - Family-level recommendations
  - Staff-level recommendations
- Summary

# Case Update

# Closing

- Thank you for participating.
- Plan to attend the next ECHO
  - September 10 from 11:00-12:00
  - Topic: *Fetal Alcohol Spectrum Disorders: Implications for Women's Treatment*
  - Speaker: Georgiana Wilton
  - Case presentation: Meta House in Milwaukee
- You will receive an email following this session with a link to an evaluation. Please take the time to fill it out and help us make this ECHO as useful to you as possible. If you want CME credits, and evaluation is required.