Issue Brief

# Innovative and Holistic Programs that Offer Medications for Opioid Use Disorder to Pregnant and Parenting Women

## Overview

Opioid use during pregnancy can impact pregnant individuals and their babies. Pregnant and parenting women (PPW), like many other populations, have been negatively affected by the opioid crisis. Drug overdose mortality for pregnant individuals increased approximately 81 percent from 2017 to 2020, particularly related to synthetic opioids such as fentanyl.[1] Additionally, the number of babies born with neonatal abstinence syndrome (NAS), the physiologic and neurobehavioral signs of withdrawal that may occur in a newborn exposed to substances (e.g., opioids) in utero, continues to be a significant public health problem with prenatal substance use exposure continuing to increase.[2] Opioid use during pregnancy is also associated with increased likelihood of preterm labor and poor fetal growth, and women who use opioids during pregnancy are 4 times more likely to have a prolonged hospital stay or die before they are discharged.[3,4]

Pregnant women with opioid use disorder (OUD) may avoid seeking prenatal care and other preventative health care services due to social stigma or discrimination, unavailability of services, and fear of prosecution or loss of child custody.[5] In addition, pregnant women with OUD may lack access to treatment programs or services that offer women-specific services or accommodate specific needs, such as on-site childcare or obstetric services.[5] Given that pregnancy is a "window of opportunity" to focus on the health of the woman and unborn baby, current initiatives that offer an integrative or holistic approach unique to the needs of PPW are most effective.

Current successful innovations for the treatment and care management for PPW incorporate several aspects to improve overall health and social outcomes:

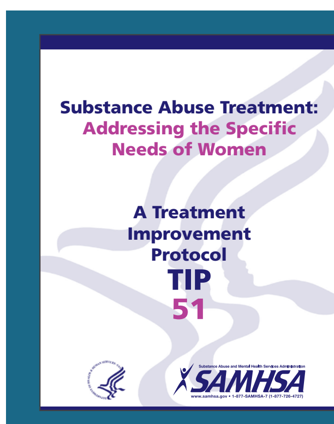
- Partnerships with community-based harm reduction programs to support engagement of pregnant individuals

- Evidence-based practices (EBPs) to support substance use disorder (SUD) identification and person-centered interventions, such as screening to identify risks for SUD, motivational interviewing to engage patients, clinical assessments to guide person-centered treatment planning, overdose prevention education and naloxone distribution (OEND) to prevent overdose, and medications for opioid use disorder (MOUD)
- Multidisciplinary care teams, including physicians, nurses, peers, substance use counselors, doulas, and social workers, in the same treatment/practice setting to facilitate holistic care
- Stigma reduction activities at the individual, family, community, and clinical levels
- Clinicians experienced in obstetrical care, OUD treatment, harm reduction, and recovery to address the needs of both the mother and baby during pregnancy, childbirth, and the postpartum period
- Care through the first postpartum year to support the health of the mother and baby post delivery

As stated by the Substance Abuse and Mental Health Services Administration (SAMHSA) Advisory on *Addressing the Specific Needs of Women for Treatment of Substance Use Disorders*, fundamental treatment approaches to consider for PPW with SUD should include the following:[6]

- Approaches that take into consideration positive and negative familial and partner influences and relationships, and promote a safe and caring treatment environment
- Treatment programs that integrate the whole person, including family and parenting responsibilities
- Consideration of appropriate medications and appropriate doses for pregnant women
- Provider recognition of women's cultural expectations to help improve engagement and retention in treatment programs

To highlight innovative and holistic programs that offer MOUD for PPW, this brief features two SAMHSA-funded programs that offer women's specific support to increase the health and wellness of both parent and child.




**SAMHSA TIP 51 states that substance use treatment addresses the specific needs of women by:**

- Maintaining a gender-responsive treatment environment
- Addressing women's unique health concerns
- Adopting a trauma-informed approach

## State Highlights

New York's **Enhanced-Maximizing Opportunities for Mothers Success (E-MOMS) Program**, operated by Samaritan Daytop Village, and Kansas' **Helping Empower and Recover Together (KS HEART) Program** provide models of innovative programming for PPW. This brief describes the history, services, partnerships, populations of focus, and staffing for these two programs to highlight example models for the consideration of Single State Agencies, partners, and the SUD treatment community.

### New York's Samaritan Daytop Village Enhanced-Maximizing Opportunities for Mothers Success (E-MOMS) Program:

The E-MOMs program capitalizes on proven strategies from a previous SAMHSA-funded Services Program for Residential Treatment for Pregnant and Postpartum Women grant. This program empowers women to attain recovery, develop secure attachments with their child(ren), repair relationships with their families, and address social determinants of health. E-MOMS provides residential substance use and mental health treatment, parenting support, and trauma-informed interventions to reconnect families and support healthy integration in the community following treatment.

### Kansas' Helping Empower and Recover Together (KS HEART) Program:

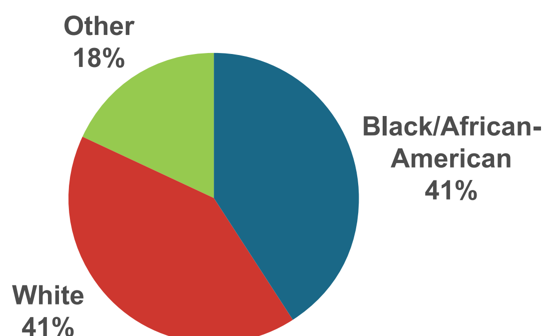
The KS HEART program provides evidence-based, family-centered treatment services to PPW in Kansas with SUD through family-centered therapy, expanding outpatient programs, and providing community-based wraparound services. The KS HEART program aims to accomplish the goals of decreasing substance use, including opioids, among PPW by increasing family stability and support and maintaining recovery for the whole family unit.

# E-MOMS Program

## Overview

New York's Samaritan Daytop Village has received two awards from the SAMHSA Services Grant Program for Residential Treatment for Pregnant and Postpartum Women for their E-MOMS Program. The initial five-year grant was funded in September 2017 and ended in September 2022 when the new grant began without interruption. The current grant ends in September of 2027.

*Demographics of Women in the E-MOMS Program*




E-MOMS was developed to provide culturally competent, family-centered SUD treatment services for PPW and their children. The program addresses gaps in services identified by previous clients and partners, including improving outreach, adding harm reduction interventions, enhancing clinical programming, and adding a focus on housing services and post-discharge recovery support. The program is currently serving 18 women, with the goal of serving 210 unique clients over the five-year project period. Approximately 40% of the current client population is diagnosed with OUD; significant populations also present with cocaine use disorder, cannabis use disorder, and alcohol use disorder.

## Features

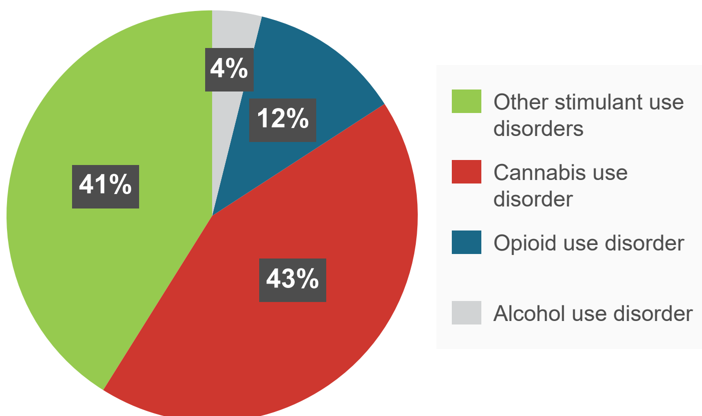
E-MOMS serves low-income PPW and their minor children (<18), with a focus on women of color, as they experience elevated rates of trauma, morbidity, and mortality.[7] With the addition of the SAMHSA grant, E-MOMS has been able to expand its capacity and add a team of licensed social workers, mental health counselors, family therapists, a housing specialist, and a peer recovery coach.

The E-MOMS Program has 6 overarching goals/ objectives:

- Expand access to family-centered residential SUD treatment to PPW and their minor children
- Provide comprehensive screening and assessments to PPW and their minor children
- Implement comprehensive treatment services to PPW to promote recovery
- Implement peer recovery support services to PPW and improve recovery capital among the population of focus
- Reduce health disparities and improve health among PPW, their infants, and minor children
- Enhance child development and bonding

E-MOMS staff undergo continuous training on the impact of trauma and the benefits of providing services within a trauma-informed care approach to help women attain and sustain recovery and wellness.

**Client Primary Diagnosis**




## Partnerships

E-MOMS has established various partnerships with state and local agencies. The primary sources of referral are New York City's Administration of Children's Services, New York State Child Protective Services, local problem-solving courts, other SUD treatment programs, family courts, and self-referrals. The program also has a child coordinator who works closely with a dedicated intake counselor located at the Samaritan Daytop Intake Center to identify women who may be suited for the program.

Women are offered treatment for OUD based on patient preference through collaborative relationships with a variety of MOUD providers. The Center for Comprehensive Health Practice's program for pregnant persons and mothers, which prescribes methadone, is the most frequently utilized. Other referral options afforded to clients based on their choice are sublingual buprenorphine via Sun River Health, a Federally Qualified Health Center (FQHC), injectable buprenorphine via the Addiction Institute at Mount Sinai Hospital, and in rare instances, injectable naltrexone, provided at Damian Family Care Centers FQHC. The opportunity to collaborate with a variety of providers allows for an individualized, person-centered approach and the ability to offer patients choice to self-direct their care, which has resulted in improved treatment engagement.

In addition, there are established service partnerships with local hospitals to offer prenatal, birthing, and postpartum services. Clients are permitted to choose where they want to receive prenatal and postnatal services, with one of the primary sites being the Metropolitan Hospital Center Prenatal Program, conveniently located near the treatment program. A bridge program for women with OUD was started by an Obstetrician-Gynecologist (OB-GYN) to offer prenatal house-call appointments to women, and Brightpoint Health, which operates one of the largest Medicaid case management programs in the State of New York,

provides integrated primary care and behavioral health services. Bright Horizons New York provides early education for the children of mothers enrolled in the program.

## Funding

E-MOMS is an enhancement to the program and services of Samaritan Daytop Village's Young Mothers Program that is licensed and funded by the New York State Office of Addictions Services and Supports to provide residential SUD treatment. As stated, E-MOMS is funded through the SAMHSA Services Grant Program for Residential Treatment for Pregnant and Postpartum Women to provide comprehensive SUD treatment services, recovery support services, and harm reduction interventions to pregnant and postpartum women. Additional discretionary grant funding allowed the program to continue uninterrupted delivery of services to clients enrolled in the previously funded Maximizing Opportunities for Mothers' Success (MOMS) program.

## Challenges

Program coordinators cited initial challenges with integrating licensed staff funded through the SAMHSA residential PPW grant with existing certified staff members and ensuring that this dynamic would not negatively influence the overall clinical and family-centered care model of the E-MOMS program. Another challenge was addressing reduced admissions during and post-COVID-19 pandemic due to the shuttering of the court system and other partners that frequently referred women to treatment. E-MOMS coordinators also shared challenges with decision-making and communication while working with the bureaucracy of New York state agencies, such as the Administration for Children's Services. Finally, many clients in the program had difficulty finding housing after successfully completing the E-MOMS program. In response, a housing specialist was hired to assist with the process via the New York City Department of Homeless Services Family Services unit.

## Benefits

The E-MOMS program implements evidence-based treatment services to promote recovery for their PPW clients. For example, clients may receive individual, group and family counseling, trauma-specific groups, perinatal and postnatal care, on-site pediatric health care, psychiatric services, benefit assistance, employment services, and other recovery support services.

The program also facilitates culturally relevant EBP groups, including:

- SAMHSA Anger Management
- Relapse Prevention
- Helping Women Recover and Healing Trauma+: A Brief Intervention for Women and Gender-Diverse People
- Beyond Anger and Violence: A Program for Women

### CURRENT OUTCOMES:

**60%** of participants (287 of 478 discharges) have completed some, most, or all treatment plan goals over the past five years, compared to the pre-COVID average of 40%.

**43** participants have received support network-inclusive counseling interventions over the past 12 months.

*Interventions include counseling services (e.g., psychoeducational, family counseling, and discharge planning sessions) provided to clients and their identified support network.*

## Lessons Learned

The dedicated staff at E-MOMS shared the following lessons learned:

**Serving the mother and children:** Balancing the needs of the mother and their children in treatment is key. If providers make decisions to support the well-being and safety of the child, it will help guide decisions for both mother and child.

**Parenting:** After stabilizing a mother's SUD issues, providers often need to focus on the mother's parenting skills and the developmental needs of their children.

**Community Integration:** SUD programs for PPW should be holistic and connect families to the community at every opportunity (e.g., programs in libraries, events in senior centers). These connections provide support to help integrate women and their families back into the communities where they live following treatment.

**Maintain Flexibility:** Although E-MOMS was not originally tailored to treat women with OUD, the program has adapted based on increasing OUD among PPW. Through expanded partnerships and services, E-MOMS meets the needs of women and their children impacted by OUD.

# KS HEART Program

## Overview

The Kansas Department of Aging and Disability Services was awarded a SAMHSA [State Pilot Grant for Treatment of Pregnant and Postpartum Women](), known in the state as the KS HEART program. The 3-year grant was funded from September 2021 to September 2024. The program was implemented in two locations: the Women's Recovery Center, a SUD treatment program operated by DCCCA, Inc. in urban Wichita, and Bridgehouse, operated by CKF Addiction Treatment in rural Salina.

The KS HEART program was designed to meet the needs of PPW with SUD, including OUD, and served approximately 55 women per year. Women who entered the program were diagnosed with several SUDs, most commonly cannabis use disorder, followed by stimulant use disorder and OUD. Approximately 12% of the client population had a diagnosis of OUD. To enable effective treatment and recovery, women in the program may remain in the program for up to 12 months post-childbirth.

Both KS HEART locations were state-designated women's treatment programs that provided priority treatment to PPW and services that were gender-responsive, culturally competent, trauma-informed, and included services for both mother and child. Services were available to women regardless of the legal custody status of the child.

## Features

The KS HEART program's unique features included its diverse menu of clinical and community services that enhanced care beyond what was available through the state's designated women's residential programs. In addition to women's residential treatment, KS HEART expanded the availability of outpatient treatment, including telehealth, home visits, and family-centered care. The holistic medical needs of mothers and children were assessed and managed as part of this innovative programming. Children received preventive and pediatric care, and expectant mothers received prenatal, postnatal, and primary care, including general health services such as HIV and hepatitis testing.

KS HEART provided a range of wraparound services and peer recovery support services, including a fully licensed on-site childcare center available during and following treatment, parenting and budgeting classes, instructional courses concerning domestic violence, and connections to sober housing. The program also provided transportation assistance to ensure access to care.

In delivering care to its clients, KS HEART utilized two primary EBPs that are fundamental to its success:

**Family Centered Treatment (FCT) -** This treatment framework involves the woman, her child(ren) and other family members (as defined by the women) in SUD treatment, medical care, and community social supports. A core belief of the KS HEART program was that PPW are more likely to experience successful outcomes and long-term recovery when their families are engaged in the treatment process.

**Medications for SUD -** KS HEART clients who were diagnosed with an opioid use or alcohol use disorder could receive any of the Food and Drug Administration-approved medications for these disorders. MOUD were provided at FQHCs or Opioid Treatment Programs. If a woman already had an MOUD provider, she could continue to receive care with that agency. KS HEART clients who were referred or received MOUD through another program could be reimbursed through KS HEART.

## Partnerships

KS HEART maintained several partnerships to engage clients. Referrals to the program were received from various parts of the SUD treatment system, primarily from residential treatment programs. Referrals were also received from women and family shelters, primary care providers, and OB-GYNs. Additionally, Department of Children and Families Prevention and Protection Services staff often made referrals through the Family Preservation program to reduce the risk of a child being placed in foster care by connecting families to SUD treatment and prenatal care. In delivering services, KS HEART worked with a network of SUD treatment and recovery support service providers who offer services, including medications for SUD and access to sober living homes. FQHCs were key partners that offered primary and pediatric care to women and their children.

## Funding

As stated, the KS HEART program was funded through SAMHSA's State Pilot Grant for Treatment for Pregnant and Postpartum Women but also utilized other funding sources to support the holistic nature of this program. Participating providers braided existing funding streams, such as the Substance Use Prevention, Treatment, and Recovery Services Block Grant, State Opioid Response Grant (SOR), and Medicaid to cover potential service gaps and provide safety net care. MOUD was supported through SOR and Medicaid funds.

## Challenges

The KS HEART Program staff identified several challenges that served as barriers to clients accessing the program and maintaining recovery. Due to stigma and the fear of being reported to child welfare, a significant percentage of women entered the KS HEART Program late in their pregnancy, with a notable number of women having not received needed prenatal care. Initially, it was difficult to find OB-GYNs who would treat these women due to their lack of prenatal care. The KS HEART staff were able to identify and successfully work with local FQHCs to provide prenatal care to clients.

Additionally, many women entering the KS HEART program had unstable personal relationships. Partners and family members, who frequently had substance use problems themselves, were not always supportive of clients' participation in SUD treatment. The women in the program often did not have personal resources and relied on unhealthy relationships for basic needs such as shelter, childcare, and transportation. Due to the frequent lack of a healthy support system and basic resources, program staff responded creatively in how they connected with the clients and provided needed support.

## Benefits

The KS HEART program helped women navigate many barriers that made entering treatment and maintaining recovery challenging. By filling gaps in Kansas' current designated women's programs, KS HEART helped meet the needs of women and their children. Women and children had no wait time for treatment and, if eligible, could enter the program on the same day. Children could remain with their mother as they transitioned through treatment into continuing care and recovery services. The program assisted women with reducing major barriers to accessing and remaining in treatment by providing on-site childcare, transportation, and connections to safe housing.

KS HEART staff implemented practical strategies that helped keep clients engaged while they managed the day-to-day activities of life. For example, peer recovery support staff transported children and mothers to treatment services, treatment staff provided in-home services, and recovery staff met clients in convenient locations to provided support. Finally, involving the family unit in treatment was an important approach to help reduce return to use and improve family functioning and stability.

OUTCOMES:

**93%** of babies were born substance free

**73%** of participants have attended therapy with a family member

**100%** of participants identified a primary care provider for general healthcare services

## Lessons Learned

Several lessons were learned through the KS HEART program that may be helpful for other states to consider:

**Stigma Reduction:** To increase the likelihood that pregnant women will access care earlier in their pregnancies, education and outreach to women, families, medical providers, and child welfare is necessary to dispel myths and negative attitudes about SUD treatment for pregnant women, the availability of services, and the effectiveness of treatment.

**Community Engagement:** Engaging the community and SUD treatment providers in planning and implementing the KS HEART Program and sharing the program's benefits was key to promoting the program and recruiting participants and funders. Engaging with the community sustained vital referral and support networks for the program.

**Client Engagement:** Having a designated KS HEART staff person assigned to each client, including those who left treatment or returned following a return to use, was very effective in promoting client understanding, connection, engagement, and retention.

**Recovery Support:** The PPW that seek SUD treatment in the publicly funded system have many social, emotional, and basic living needs and often require staff to implement creative strategies and supports during and following treatment to aid their recovery. Peer recovery support staff can be instrumental in facilitating needed assistance.

# Summary

Opioid use during pregnancy can affect pregnant women and their babies, and it is vital that treatment responds to meet the unique needs of PPW. The current overdose crisis has seen rising rates of women with an OUD at delivery and babies born with NAS. There is, however, significant research on effective approaches to treat SUD in PPW and numerous SAMHSA grants focused on serving this priority population from which to learn. Critical elements for women's SUD treatment should include:

- Family-centered care that involves the family as defined by the client in harm reduction, treatment, and recovery services
- Holistic services and supports for the women and child(ren) by integrating primary and pediatric care, peer support, OEND, SUD treatment, medications for opioid and alcohol use disorders, children's services, and recovery supports
- Recognition of the individual's age, socioeconomic status, culture, and gender to help improve engagement and retention in treatment programs

This issue brief highlights two SAMHSA-funded grant programs, E-MOMS and KS HEART, to illustrate the implementation of critical service elements for women's SUD treatment in two states. The E-MOMS and KS HEART Programs offer comprehensive services to reduce the barriers to SUD treatment and recovery for women and their children. To implement these programs, each agency engages several partners. Partners play an essential role in referring PPW to the programs, providing needed services and support that the agencies do not offer directly, and supporting community integration following treatment. The programs also share lessons about serving the mother and child, maintaining program flexibility, reducing stigma, engaging clients, and providing recovery supports. Both programs emphasize the importance of engaging the community in the planning and implementation of the programs. Through comprehensive and flexible models that apply proven approaches to women's SUD treatment, PPW and their families can achieve positive SUD treatment, recovery, and health outcomes.

# Resources

The section below provides helpful state, federal, and other resources to identify and treat OUD in PPW. These resources and tools can assist states in implementing comprehensive and clinically appropriate services for these priority populations.

## State Resources

| Resource | Description |
|---|---|
| Guidelines for Identifying Substance-Exposed Newborns<br><br>Arizona Statewide Task Force on Preventing Prenatal Exposure to Alcohol and Other Drugs | This document provides guidelines and resources related to prenatal exposure to substances, including opioids. It discusses prevention, maternal screening for SUD, screening tools for NAS, maternal SUD treatment, NAS treatment options, and long-term follow-up for parents who received treatment as well as their children. |

## State Resources

| Resource | Description |
|---|---|
| Louisiana Substance Use in Pregnancy Toolkit<br>Louisiana Department of Health and Department of Children & Family Services | This toolkit provides key information about the impact of substances, including opioids, on a woman's pregnancy. It describes EBPs and tools to improve care and decrease risks associated with substance use during pregnancy as well as address co-morbid conditions. It provides guidance on the use of MOUD treatment. It also aims to improve collaboration among primary care and behavioral health treatment providers in the care of pregnant women. |

## Federal Resources

| Resource | Description |
|---|---|
| A Collaborative Approach to the Treatment of Pregnant Women With Opioid Use Disorders: Practice and Policy Considerations for Child Welfare, Collaborating Medical, and Service Providers<br>SAMHSA, the Children's Bureau, and the Administration for Children and Families | This guidance document provides background on the scope of maternal opioid use and NAS, guidelines for supporting collaborative policy and practice among multiple agencies, and an intervention framework for substance-exposed infants. |
| Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants<br>SAMHSA | This clinical guide provides comprehensive, national guidance for optimal management of PPW with OUD and their infants. It provides information for healthcare professionals to determine the most clinically appropriate action for a particular situation and individualized treatment decisions. |
| SAMHSA Harm Reduction Framework<br>SAMHSA | This document outlines harm reduction and its role in providing services to people who use drugs. It includes pillars, principles, and core practice areas of harm reduction. The harm reduction framework informs SAMHSA's harm reduction activities, as well as related policies, programs, and practices. |
| Evidence-Based, Whole-Person Care for Pregnant People Who Have Opioid Use Disorder<br>SAMHSA | This advisory document outlines EBPs, harm reduction services, screening and assessment tools, and pharmacotherapy options for pregnant people with OUD. |
| TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women<br>SAMHSA | This document provides a comprehensive overview of addressing the specific needs of women who misuse substances or have a diagnosed SUD, including patterns of substance use and its physiological effects on women, as well as screening women, engaging them in treatment, and supporting them in their recovery from SUD. |

### Federal Resources

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|---|---|
| TIP 63: Medications for Opioid Use Disorder<br><br>SAMHSA | This document provides a comprehensive overview of the three FDA-approved medications for OUD and detailed information on initiatives and approaches to support those in recovery. |
| TIP 58: Addressing Fetal Alcohol Spectrum Disorders (FASD)<br><br>SAMHSA | This guide reviews screening tools for alcohol use and interventions for pregnant women and women of childbearing age to prevent fetal alcohol spectrum disorders (FASD). |
| Treatment for Opioid Use Disorder Before, During, and After Pregnancy<br><br>Centers for Disease Control and Prevention (CDC) | This webpage compiles guidance for supporting pregnant women with OUD. It covers MOUD, treatment for NAS, Plans of Safe Care, treatment for women with OUD after delivery, and screening for other mental health conditions, including depression and anxiety. |

### Other Resources

| | |
|---|---|
| Opioid Use and Opioid Use Disorder in Pregnancy<br><br>The American College of Obstetricians and Gynecologists (ACOG) | This webpage outlines ACOG's recommendations related to opioid use during pregnancy, which include universal screening for SUD, strategies to minimize the use of opioids for pain management during pregnancy, opioid agonist pharmacotherapy, breastfeeding for those who are stable and taking MOUD, adequate postpartum psychosocial support services, and other recommendations. |
| Clinical Care for Opioid-Using Pregnant and Postpartum Women: The Role of Obstetric Providers<br><br>American Journal of Obstetrics & Gynecology | This article reviews clinical care issues related to illicit and therapeutic opioid use among pregnant and postpartum women and outlines the major responsibilities of obstetrics providers. |

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SAMHSA coauthors/contributors include Erica McCoy, MPA (Public Health Advisor, Center for Substance Abuse Treatment, Office of Performance Analysis and Management), Talisha Searcy, MPA, MA (Director, Center for Substance Abuse Treatment, Office of Performance Analysis and Management) and Robert Baillieu, M.D., M.P.H. (Senior Advisor, Center for Substance Abuse Treatment, Office of the Director).

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