



# Detox and Pregnancy: WHAT FAMILY AND FRIENDS NEED TO KNOW



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# Detox and Pregnancy:

## WHAT FAMILY AND FRIENDS NEED TO KNOW

This book answers common questions family and friends of pregnant women have about detox. Working on recovery is an important step for her and her baby. Your support will be very important to her during this process.

### What is detox?

Detox is a place for people to get help to safely stop drinking or using drugs. Detox staff can help people get sober and ready for treatment and recovery.

When people don't feel good unless they drink or use drugs, they may be ***“dependent”*** on them. People who are dependent often need to go through detox to safely stop drinking or using drugs.

### How do you know if she is dependent? Does she...

- Need to drink more or use more drugs to get an effect than she used to?
- Feel sick when she tries to stop drinking or using drugs?
- Use more alcohol or drugs than she means to?
- Want to cut down, but hasn't been able to?
- Spend a lot of time getting alcohol or drugs?
- Spend a lot of time recovering from drinking or using?
- Miss out on activities with family, friends, or work so she can drink or use?
- Keep drinking or using even though it causes problems?

If she does any of these things, she may be ***dependent***.

## What will happen to her in detox?

- **A doctor or nurse will give her a physical exam and ask about her alcohol and drug use.** This will help her and the detox staff create a treatment plan that is right for her.
- **Her body has gotten used to taking drugs, and it takes time for her body to recover.** The physical sickness she may feel is called withdrawal. The detox staff can help her be more comfortable during withdrawal. Some withdrawal effects are very serious, but most just make you uncomfortable — like feeling itchy, dizzy, or sick to your stomach. She may also have trouble sleeping.
- **Her doctor may offer medicines to keep her and her baby safe during withdrawal.** These medicines can make her more comfortable and make it safer for her baby. Her doctor's knowledge of her use history and how she is currently feeling will help them make decisions about what medicines will be best for her.

Not everyone has serious withdrawal symptoms, but some serious withdrawal problems can include:

- Seizures
- Hallucinations (seeing and hearing things that are not there)
- Anxiety
- Vomiting
- Diarrhea
- Pain
- Pelvic pain and/or bleeding

**It is important that she finish the full length of care in a detox setting because it can be risky to detox at home, especially if she is pregnant. If she is uncomfortable or worried about her health or the health of the baby, she should tell her providers at the detox program right away.**

It is important that she gets care from a doctor while she goes through withdrawal while pregnant. Withdrawal without medical care in a detox could make it more likely that she will have a miscarriage or start **labor** (giving birth) too soon. A **miscarriage** is when the unborn baby dies before you reach the 5th month of pregnancy.

Whether or not she also sees a pregnancy doctor (called an obstetrician, or OB) will depend on where she is in her pregnancy, whether she's seen an OB already, and how long she spends in detox. If she is concerned about her baby's health or safety, she should ask right away to be taken to an OB. The detox staff can arrange that for her.



## How long will she be in detox?

Every person is different. The time a person needs in detox depends on a lot of things, including:

- How her body reacts to detox. The doctor may think that the right treatment for her is in a hospital setting, where she can receive obstetrical (OB) services in addition to detox.
- What drugs she was using, how much, how often, and for how long.
- If she has other health or mental health problems.
- What type of insurance she has.

Before she leaves detox, the staff will help her develop a recovery plan. This plan will include services, support, and other activities that will help her maintain her recovery. These suggestions are very important: she may need help sticking to this plan, but all the things on it should be things that she herself thinks will help. Over time, she may need to adjust this plan or add to it, especially after she gives birth and may be parenting her child.

## What can I do to help her?

There are 2 important things you can do.

1. **Support her recovery.** Encourage her to stay in detox even though it's hard for her. Tell her to be honest with her doctors and detox staff so she can get the right care. Detox during pregnancy is not easy, because she has to plan for both her recovery and her childbirth. Support her in finding a community provider, recovery coach, or outpatient counselor to help her. You can't do this for her, but your support matters a lot.
2. **Begin your own recovery.** Her drug or alcohol use has affected you. You likely have a lot of feelings about her use. It's okay to be angry, sad, and afraid. Talk to a close friend about how you feel, or find a support group. There are 12-step style meetings for friends and families, as well as special meetings for parents of people with opioid use disorder, such as Learn to Cope. See page 25.

**REMEMBER, YOU DON'T HAVE TO HAVE ALL OF THE ANSWERS. SOMETIMES STEPPING BACK, TO TAKE CARE OF YOURSELF, IS THE BEST WAY TO HELP.**

If she takes opioids (like heroin, OxyContin, or Percocet), see the special section about treatment for opioid withdrawal on page 9.

## KINSHIP CARE

If she has older children, the Department of Children & Families (DCF) can help you care for them. Make sure you talk with her openly about any parenting concerns you have and what her options are.

In situations where a woman is not ready or able to be a full-time parent, DCF may ask extended family members (like aunts and uncles) and other adults who have a special relationship with the child(ren) to become kinship care providers. Kinship care is when you become the full-time parent of her child(ren). Kinship families may be related by blood, marriage, or adoption. Or, they might have no relation to the child(ren), but are considered family based on culture, caring, or family values.

Kinship care providers receive money from DCF for the care of the child(ren) and must be licensed (approved) by DCF. To become licensed, you need to fill out an application and go through home study and training. For more information, call toll-free **1-800-KIDS-508** or **1-800-543-7508**.

If you are helping to take care of her child(ren), you can also get help with child care. Visit **[mass.gov/eec](https://mass.gov/eec)** for more information about child care services and vouchers.



## **What will happen to her children while she is in detox?**

In Massachusetts, if a woman goes to detox while she is pregnant, it does not mean her baby or other children will be taken away. You, another family member, or a friend may be able to take care of her children safely until she is stable in her treatment or recovery.

The law says detox staff and doctors must send a report (called a 51A) to the Department of Children & Families (DCF) if there are children for whom she is responsible at home who have been, or are at risk of being, hurt (abused) or neglected. The law does NOT say detox staff and doctors have to file a 51A because a woman is pregnant and is using addictive drugs. Still, you may decide to call DCF yourself, as DCF can offer support and services, if they are needed.

For additional information about women using methadone or Subutex/Suboxone and DCF's responsibility, please see page 14.

**REMEMBER, EVERY FAMILY IS DIFFERENT. IT'S IMPORTANT TO REASSURE HER THAT HER CHILDREN ARE SAFE AND THAT THE BEST WAY FOR HER TO PREPARE TO BE A MOTHER IS TO FOCUS ON HER TREATMENT AND RECOVERY.**

If she is taking methadone or Subutex/Suboxone through a treatment program to treat her opioid dependence, see the special section about methadone and pregnancy on page 12.

## How do I explain detox to her children?

Children can tell when adults are upset. They also notice changes at home. Even if they can't tell you how they feel, it's important to explain what's happening. What you tell them depends on how old they are. All children need to understand that their mother is sick right now, but will come back soon.

### Some things you can do to help include:

- Plan phone calls so they can hear her voice.
- Bring the children to see her (if it's okay with her detox staff).
- Honestly answer their questions. It's normal for children to want to know the name of the detox center, what it looks like, and what their mom does there.
- Keep the children's days as normal as you can. It helps them to keep going to school and doing regular activities. Keeping the children on a consistent schedule, and imposing fair, predictable rules and limits will make them feel safe and loved.

## RESOURCES FOR CHILDREN

Children need help to recover, too. Teens and pre-teens can go to a free, 12-step group specifically for young people who are dealing with a family member who is dependent on alcohol or other drugs. To learn more and find meetings near you, visit

**[www.ma-al-anon-alateen.org](http://www.ma-al-anon-alateen.org)** or call **1-508-366-0556**.

Very young children (babies to age 3) can get Early Intervention (EI). EI is a free, voluntary service for children with special needs or risk factors. All children who have a substance-using parent may be eligible. EI can offer all sorts of free services, including play groups and one-on-one coaching. For information about EI services near you, call toll-free

**1-800-905-TIES** or **1-800-905-8437** or visit **[www.massfamilyties.org](http://www.massfamilyties.org)**.







## Do insurance plans offer any special help?

Many health insurance plans offer special help for pregnant women. They can include medical care and other services. Some health plans will help her get to her appointments (by paying for her bus or taxi). Some will come to the detox center to see her.

It's important to let her health insurance know as quickly as possible that she is pregnant and in detox.

## What if she doesn't have insurance?

All state-funded detox programs can help pregnant women apply for insurance through MassHealth. She can contact the Health Connector at toll-free **1-877-623-6765** or visit **[www.mahealthconnector.org](http://www.mahealthconnector.org)**. She can also apply for MassHealth by calling toll-free **1-800-841-2900** or by visiting **[mass.gov/eohhs/gov/departments/masshealth](http://mass.gov/eohhs/gov/departments/masshealth)**. Both provide health insurance for pregnant women with different options depending on their income.



## QUESTIONS AND ANSWERS ABOUT OPIOIDS

### What are her treatment options?

There are special medications for people who use opioids that reduce cravings and help with recovery. A doctor may give her a medication, methadone, or Subutex/Suboxone, to help her safely get through withdrawal and stay off other opioids.

**Medication for opioid use disorder (OUD) is recommended for pregnant women who are dependent on opioids.**

Opioids include:

- Heroin
- Fentanyl
- OxyContin
- Methadone
- Morphine
- Percocet
- Vicodin

### Opioid Treatment Program

One type of medication for OUD is methadone. Programs that offer methadone are called Opioid Treatment Programs, and are often referred to as OTPs. Methadone treatment starts in detox. During detox, she will start taking methadone. Once she is stabilized medically and her body is used to methadone, she will go to an OTP for ongoing methadone treatment. Subutex/Suboxone (both types of buprenorphine) are medications like methadone. They can reduce cravings and lower the risk of relapse. These medications are prescribed by a doctor and taken at home. Which medication will work for a woman is an individual choice she will make with her doctor.

Methadone or Subutex/Suboxone treatment is recommended for pregnant women taking opioids. Detox with medication is safer than detox without medication because it:

- Helps with cravings
- Makes her feel less sick during withdrawal
- Can keep withdrawal from starting for 24 hours or more
- Blocks the effects of other opioids
- Lowers her risk of relapse

The medical staff in detox or at an OTP can provide more information about medication options. Or, you can call the Massachusetts Substance Use Helpline at toll-free **1-800-327-5050**.

## Medically Supervised Withdrawal

Medically supervised withdrawal is another type of medication-assisted treatment. In medically supervised withdrawal, she starts to take medication during detox. Then she will go to an OTP to complete withdrawal. During medically supervised withdrawal, she takes smaller and smaller amounts of medication until her body finishes withdrawal. The amount of medication she takes and how long she takes it will depend on what she was taking, how much, and for how long.

Medications are recommended for pregnant women taking opioids. But if she chooses medically supervised withdrawal, make sure she knows that it:

- Is not recommended in the first 3 months of pregnancy (the first trimester) because she might have a miscarriage.
- Is not recommended in the last 3 months of pregnancy (the third trimester) because she could go into labor too soon.
- Studies have shown that people dependent on opioids who withdraw completely are more likely to relapse, compared to people who stay on medication treatment.

**It's important to remember that any treatment is better than no treatment. She needs to choose a treatment that is best for her and her baby.**



## Is medication-assisted treatment safe during pregnancy?

Many pregnant women have safely taken medications to treat OUD. Methadone and Buprenorphine have not been shown to cause physical birth defects. Most babies do go through withdrawal after they are born (called **neonatal abstinence syndrome (NAS)**). Babies usually start withdrawal a few days after being born, but withdrawal could start as late as four weeks after birth. A baby's withdrawal can last for a few days or a few weeks. Babies who have been exposed to substances during pregnancy are usually kept in the hospital for 5 days for observation. Depending on the baby, they may stay for a few extra days, or even a few weeks to make sure they're healthy enough to go home.

Babies going through withdrawal may:

- Be fussy or restless
- Not eat or sleep well
- Have a fever
- Vomit (throw-up)
- Tremble or shake

If the baby starts to experience withdrawal after the baby leaves the hospital, you may see the same symptoms. If this happens, contact the baby's doctor. The baby is not in danger, but may need help getting through the withdrawal period. Sometimes these symptoms last for a while. There are many things that the mother or family can do, with a doctor's help, to help the baby recover quickly.

Some babies exposed to Subutex/Suboxone (instead of methadone) may experience withdrawal for a shorter period of time, or their symptoms may not be as bad – but this is not true for all babies. If the woman is interested in Subutex/Suboxone, she can ask medical staff in detox. If she goes to an Opioid Treatment Program after detox, she can also ask about her options there.

Babies whose mothers smoke cigarettes or use nicotine products during pregnancy have a longer period of withdrawal, and can have more severe symptoms. That is why it is important for pregnant women to cut down or quit smoking if possible before or during pregnancy. Being around people who are smoking is also harmful to the baby during pregnancy and after birth.

It has been proven that a mother's care is the best treatment for a baby experiencing withdrawal or NAS. Sitting in a quiet, calm place with low lighting, and holding her baby against her body will make her baby feel better. Breastfeeding her baby and skin-to-skin contact is also very helpful. Her baby will cry as it recovers, but it is best if the mother can sit and hold her baby during this process.

Usually, if babies can eat, sleep, and be comforted, they are on their way to recovery! If they are having trouble with these things, the doctors may prescribe medicine to help. The doctor can also give more information about how to make the baby more comfortable without medicine. Make sure she tells the doctors and nurses that she wants to be a part of her baby's treatment.





Babies born to mothers in treatment or recovery can be healthier than babies born to women who use substances and are not in treatment. Early Intervention and other support programs for mothers and children can also help a child fully recover from any substance exposure during pregnancy.

### **Opioid maintenance and giving birth**

It is very important that her doctors and nurses where she will give birth know that she is taking methadone or buprenorphine. It is also important to give them the name and phone number of her Opioid Treatment Program (OTP) counselor or prescribing doctor. The labor and delivery doctors will need to manage her pain differently during labor if she is using medication as part of her treatment. Many obstetricians know about opioid maintenance treatment, but some may need more information. It is a good idea to have her obstetrician talk with the OTP, especially if the doctor has questions about methadone or buprenorphine.

## **What will happen to her baby if she is on methadone or Subutex/Suboxone?**

Women and their new babies may be tested to see if there are drugs or medications in their system. This is called a toxicology screen. If she is taking methadone or buprenorphine, it will show up on the test.

The law says her doctor must report a positive toxicology screen that shows drug or medication use, including methadone or Subutex/Suboxone, to the Department of Children & Families (DCF). This report is called a 51A.

DCF will decide if they need to follow up on her case. DCF may choose not to investigate her case if **all of these three things are true:**

1. The only drug found in her system is methadone, buprenorphine (the drug that is the basis for Subutex/Suboxone), or a prescribed medicine (from her doctor) that is being taken to treat a medical problem.
2. The drug found in her blood is approved by a doctor, and the doctor who gave her the medicine confirms to DCF that it is being taken to treat a medical problem.
3. There are no signs of abuse, neglect, or risk to her baby or other children at home.

To learn more about DCF, visit **mass.gov/dcf**. If you would like to talk to parents who have been involved with DCF, you can contact **Parents Helping Parents** at toll-free **1-800-632-8188** or **www.parentshelpingparents.org**.



## What if she overdoses on opioids?

Using too much of any opioid can lead to overdose. An overdose can cause coma and/or death within a short time.

### Signs that a person has overdosed on opioids include:

- Not responding to yelling, shaking, or attempts to wake her
- Having damp, cool skin
- Having blue lips or fingernails
- Breathing slowly or lightly
- Having a slow pulse or heart rate
- Having pupils (the black circle at the center of the eye) that are very small (called pinpoint pupils)
- Having seizures or convulsions
- Not responding to knuckles being rubbed hard on the center of her chest (breastbone)



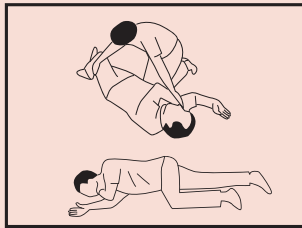
## If you think she has overdosed on opioids, CALL 911 right away.

### Tell 911:

- ☐ The address
- ☐ If she is pregnant
- ☐ That she has had an overdose, so the ambulance can bring a medicine called naloxone (often known by the brand name Narcan)

### While you wait for the ambulance:

- ☐ Put her on her side (for pregnant women, the left side is best, since more blood will flow to the baby).
- ☐ Administer naloxone if you have it.
- ☐ Check to see if she is breathing.
- ☐ Do rescue breathing if she isn't breathing.



**Do NOT try to make her vomit.**

## Is there medicine to help people who have overdosed?

Yes, a medicine called ***naloxone*** (often known by the brand name Narcan) can stop an opioid overdose. Naloxone can save a person's life, but it can also cause serious withdrawal. Naloxone can cause a pregnant woman to have a miscarriage or give birth too soon. Naloxone can also cause very serious withdrawal in babies right after birth, including being stillborn (dead). Still, naloxone is the best choice if the woman is not breathing.



## AFTER DETOX

### Which treatment is right for her?

Detox is the first step toward recovery. Her next step is to find a treatment program that works for her. Treatment programs have education and counseling that will support her journey of recovery. Many treatment programs will encourage family support, communication, and planning for when she comes back to live in the community. In order to be part of this planning process, she will need to give permission for the staff to talk to you. This permission needs to be written on a release of information form.

**Here are some of the treatment service options that she may consider:**

#### **Clinical Stabilization Services or Transitional Support Services:**

- Live-in
- Short-term (30 days max)
- Daily recovery programming

#### **Outpatient Treatment**

- Live at home
- Counseling and education

#### **This may be a good option if she:**

- Is detoxing from drugs that take a long time to get out of her system (like tranquilizers, valium, Librium, Xanax, benzodiazepines).
- Needs short-term support for other health problems.
- Needs more time to plan her next steps for treatment, such as a residential treatment program.
- Does not have a safe place to stay.

#### **This may be a good option if she:**

- Has family and friends at home that are not, and will not be, using alcohol or drugs.
- Has strong support.
- Can get to treatment appointments regularly (she has a way to get there, can get out of work, or has reliable child care).

### **Residential Rehab**

- Live-in
- Long term (at least 3 months)
- Counseling and education
- Help finding employment and housing
- May allow her to keep her children with her in the program

### **This may be a good option if she:**

- Has family and friends at home who are using alcohol or drugs. She will need a lot of support in early recovery.
- Feels unsure or shaky about being able to stop using alcohol or drugs. She worries that she will start using again (relapse).
- Has mental health conditions that make it difficult to plan and know what to do.
- Does not have a safe place to stay.

### **Opioid Treatment Program**

- Available whether she is at residential rehab, transitional support, or at-home
- Methadone treatment with counseling and education
- Office based treatment with buprenorphine and counseling

### **This may be a good option if she:**

- Is detoxing from opioids (like heroin or Percocet).
- Plans to use medication to assist with her treatment and recovery.

## Where can she find treatment?

### **Bureau of Substance Addiction Services (BSAS)**

BSAS has a helpline to find treatment programs. **Toll-free: 1-800-327-5050**

**TTY: Use Mass Relay at 711 or 1-800-439-2370 | [HelplineMA.org](https://www.HelplineMA.org).**

### **Institute for Health and Recovery (IHR)**

IHR can guide her in finding treatment services, including residential treatment services for pregnant and post-partum women. **Toll-free: 1-866-705-2807 or 1-617-661-3991**

**[www.healthrecovery.org](https://www.healthrecovery.org).**

Detox staff can help her find treatment, too.



## IS SHE IN AN ABUSIVE RELATIONSHIP?

Abuse can be physical, financial, and emotional. The main sign that a relationship is unsafe is if she fears her partner. Some other signs are if her partner:

- Hits or threatens to hit her
- Threatens to take her kids away, commit suicide, or damage her home
- Forces her to have sex or do drugs
- Calls her names and puts her down
- Cuts her off from family and friends
- Does not let her have a job or a bank account
- Is overly suspicious or controlling of her clothing choices, friendships, or behavior
- Insults her, calls her names, or tells her that she is stupid or powerless
- Does not trust her or believe what she says

**Abuse often gets worse during pregnancy.** It can also make a relapse more likely. If you are worried about her relationship, or if you are scared of someone becoming violent, call Safelink for advice on how to talk to her and give her support. **Toll-free: 1-877-785-2020**  
**TTY: 1-877-521-2601**

If you are being violent towards your partner, or scared you might hurt her or her children, you can get help. Find a program that can help you at **[mass.gov/dph/violence](https://mass.gov/dph/violence)**.

## What if she starts using again?

People who are dependent on drugs or alcohol can be treated, but recovery takes time. Sometimes people will begin to use alcohol and/or drugs again. This is called a **relapse**.

A relapse is serious and can be dangerous, but it is also common. Making a plan to prevent relapse is an important part of treatment. When a relapse happens, people might not believe that they can be successful in their recovery. Many times family and friends will be angry and upset. But a relapse is not the end of recovery. Usually, a relapse is a sign that she needs more support and more tools in order to maintain abstinence and stay connected to her recovery.

When she finishes detox, talk with her about her treatment plan. Make sure you know where to call if she starts using again.

### Some relapse prevention tips for helping her include

- Know what social events may have people drinking and/or using drugs, and learn how to stay out of those situations (called **triggering situations**)
- Find ways to deal with high-risk or triggering situations if they do occur.
- Know how to identify a craving to drink or use, and find ways to stay sober until the craving goes away.
- Find a group of helpful family members and friends who support her recovery.
- Understand relapse triggers, and try to build skills and learn tools to prevent relapse.
- Know that no matter how many times she relapses, she can recover. Recovery can happen at any time.

For helpful resources, refer to pages 25, 26, and 27.



## Is there a way to make her get treatment?

Yes, Section 35 (MGL 123) is a law that allows the court to order a person to go to live-in treatment for alcohol or drug abuse, whether they want to go or not. It is sometimes talked about as 'a section' or 'to section' someone.

In order for the court to consider it, she must be both:

1. Using alcohol or drugs, and
2. In danger of hurting herself or others



**You may file for a Section 35 court order. To find out more about Section 35, go to: [mass.gov/section-35](https://mass.gov/section-35)**



## **Where can I find help?**

Many treatment programs provide support for family and friends. Ask her treatment program if they have meetings or help for family and friends.

There are 12-step and self-help groups for families (like Al-Anon). To find Al-Anon meetings near you visit **[www.ma-al-anon-alateen.org](http://www.ma-al-anon-alateen.org)** or call the Al-Anon Central Office in your area.

## **Learn to Cope**

Learn to Cope is a statewide support group for parents whose children are addicted to opioids or who have other substance use problems. Learn to Cope provides training on naloxone administration at every meeting. Call **1-508-738-5148** or visit **[www.learn2cope.org](http://www.learn2cope.org)**.

## **Allies in Recovery (AIR)**

AIR trains families on how to change the conversation about addiction through training and encouraging a loved one into treatment. Visit **[www.alliesinrecovery.net](http://www.alliesinrecovery.net)**.



## STAYING HOPEFUL

**This is just the beginning of a new life for your loved one and for you. To help her stay in recovery, you must take care of yourself. Ask for help. There are many people out there in the same situation as you. It is easier when you are not alone.**



## MORE RESOURCES FOR FAMILY AND FRIENDS

### Massachusetts Organization for Addiction Recovery (MOAR)

MOAR is a statewide organization of individuals, families, and friends who join together to educate the public about the value of recovery. Call toll-free **1-877-423-6627** or **1-617-423-6627**, or visit **[www.moar-recovery.org](http://www.moar-recovery.org)**.

### Journey Recovery Project

The Journey Recovery Project offers support and inspiration to pregnant and parenting families who have questions about substance use or who are in recovery. The free website features videos of real women who share their experience, strength, and hope. Visit **[www.journeyrecoveryproject.com](http://www.journeyrecoveryproject.com)**.

### Parenting

The Children's Trust Fund of Massachusetts keeps a list of agencies that offer help with parenting, including how to parent babies and young children. Call **1-617-727-8957** or visit **[www.childrenstrustma.org](http://www.childrenstrustma.org)**.

### Women and Infant Care (WIC)

WIC provides vouchers (used in place of money) for food (like milk, eggs, cereal, and infant formula) for pregnant women and young children based on income (how much money a woman makes) and if she lives in Massachusetts. An ID, like a driver's license or passport, is needed to prove identity. For more information, call toll-free **1-800-WIC-1007** or **1-800-942-1007** or visit **[mass.gov/wic](http://mass.gov/wic)**.

For information about child care, visit **[mass.gov/eec](http://mass.gov/eec)**. Links for child care programs, parent and family support programs, and other helpful resources are listed on the left side of the web page.

### Early Intervention

Early Intervention (or EI) is a free home visiting program for infants and toddlers that provides family-centered services that support a child's development. A family is automatically able to receive EI services if the baby had a diagnosis of NAS after birth, or if certain family factors are present. EI is voluntary and can be a really good way to work on a family service or treatment plan if you have one.

You can ask the hospital, the baby's doctor, or a social worker to refer your family to EI. Also, you can call the EI office yourself. To learn more about EI, call the Central Directory at toll-free **1-800-905-8437**, or visit **[www.massfamilyties.org](http://www.massfamilyties.org)** for a listing of EI programs in your city or town.

## WORDS TO KNOW

**Here are some words that you will hear during her detox, at her doctor's office, or when she is in treatment. If her detox staff or her doctor use a word you don't understand, ask them what it means.**

**Buprenorphine:** a prescription medication used to treat opioid dependence or support long-term recovery. Also called Subutex/Suboxone.

**Dependence:** an adaptive state that a body develops when substances are repeatedly used, meaning withdrawal occurs when substance use stops.

**Detoxification:** the time when a person is getting a drug and/or alcohol out of his or her body.

**Ectopic:** an abnormal (not normal) pregnancy where the baby develops outside of the uterus (womb), usually in the fallopian tubes.<sup>1</sup>

**Embryo:** the beginning form of a baby. A baby is called an embryo from the moment it's conceived (when the egg and sperm meet) to the end of month 2 of a pregnancy.<sup>2</sup>

**Fetal Alcohol Syndrome Spectrum Disorders (FASD):** a range of growth, mental, and physical problems that may occur in a baby when the mother drinks alcohol during pregnancy.<sup>1</sup> (Also includes Fetal Alcohol Syndrome (FAS) and Alcohol-Related Birth Defects (ARBD).)

**Fetus:** another name for the unborn baby from the end of week 8 of pregnancy until birth.<sup>2</sup>

**Gestation:** the time period of pregnancy, when the baby is growing.<sup>2</sup>

**Hepatitis:** a disease of the liver that is spread from person to person (through sex or sharing needles) or from taking substances (like alcohol and drugs).

**HIV (Human Immunodeficiency Virus):** the virus that causes AIDS (Acquired Immune Deficiency Syndrome). People die of AIDS because their bodies can't fight the illnesses they develop.<sup>3</sup>

**Hyperemesis:** extreme, non-stop nausea (feeling like you need to throw up) and vomiting (throwing up) during pregnancy that may lead to dehydration (not having enough water in your body).<sup>1</sup>

**Methadone:** a prescription drug used to treat people who are dependent on opioids.

**Miscarriage:** when the fetus dies before you reach week 20 (5 months) of pregnancy.

**Naloxone:** a drug given to stop an opioid overdose (also known by the brand name Narcan).



**Neonate:** a newborn (a baby less than 28 days old).<sup>2</sup>

**Obstetrician:** a doctor who gives care to a pregnant woman, including when she is giving birth and the time right after the baby is born.

**Opioid:** a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone (OxyContin), hydrocodone (Vicodin), codeine, morphine, and many others.<sup>4</sup>

**Over-the-counter:** a medicine available without a prescription.

**Perinatal:** happening before, during, or after the time of birth (from week 28 of pregnancy through the first six months after birth).<sup>2</sup>

**Postnatal:** after birth.<sup>2</sup>

**Prenatal:** before birth.<sup>2</sup>

**Prescription:** a medicine ordered by a doctor.

**Preterm:** labor that begins before week 37 of pregnancy (early labor).<sup>5</sup>

**Release of Information:** a form that a patient signs, allowing one health care provider to share the patient's medical information with another health care provider.

**Substance use disorder (SUD):** occurs when the ongoing use of alcohol and/or drugs causes serious issues, such as health problems, disability, and not being able to meet major responsibilities at work, school, or home.<sup>6</sup>

**Subutex/Suboxone:** prescription medications used to treat people who are dependent on opioids.

**Tolerance:** the body's ability to get used to having alcohol and drugs in it, making a person drink or use more to get an effect.

**Trimester:** one third (three months) of the nine months of pregnancy.

**Ultrasound (also known as sonogram):** the use of sound waves (that you can't hear) to get pictures of organs (like your stomach or heart) and structures inside the body (like a baby). During pregnancy, doctors use ultrasound to look at the baby.<sup>7</sup>

**Withdrawal:** the physical reaction a body has when a person stops taking drugs or alcohol.

<sup>1</sup> Medline

<sup>2</sup> TIP 2 Pregnant, Substance Abusing Women

<sup>3</sup> Heile's Newbury Dictionary of American English (online)

<sup>4</sup> National Institute on Drug Abuse (NIDA)

<sup>5</sup> National Institute of Health (NIH) website

<sup>6</sup> Substance Abuse and Mental Health Services Administration (SAMHSA)

<sup>7</sup> TIP 45 Detoxification and Substance Abuse Treatment

