

Detox and Pregnancy: WHAT YOU NEED TO KNOW

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Detox and Pregnancy:

WHAT YOU NEED TO KNOW

This book is just for pregnant women like you who are starting detox. Working on your recovery is important for you and your baby. This book will answer some of your questions about detox.

What is detox?

Detox is a place to help you safely stop drinking or using drugs. Detox staff can help you get sober. They can also help you get ready for treatment and recovery after you leave. They will take good care of you and your baby.

If you don't feel good unless you are drinking or using drugs, you may be ***“dependent”*** on them. People who are dependent often need to go to detox to safely stop drinking or using drugs.

Do you...

- Need to drink more or use more drugs to get an effect than you used to?
- Feel sick when you try to stop drinking or using drugs?
- Use more alcohol or drugs than you mean to?
- Want to cut down, but haven'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 you can drink or use?
- Keep drinking or using even though it causes problems?

If you do any of these things, you may be ***dependent***.


How long will I be in detox?

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

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

What will happen to me during detox?

- **A doctor or nurse will give you a physical exam and ask about your alcohol and drug use.** It's important to tell the doctor or nurse about all the drugs you are taking, including prescription drugs and ones you buy without a prescription. This will help you and the detox staff create a treatment plan that is right for you.
- **Your body has gotten used to taking drugs, and it takes time for your body to recover.** The physical sickness you may feel is called withdrawal. The detox staff is here to help you be more comfortable during withdrawal. Some withdrawal effects are very serious, but most are just uncomfortable — like feeling itchy, dizzy, or sick to your stomach. You may also have trouble sleeping.
- **Your doctor may give you medicines to keep you and your baby safe during withdrawal.** These medicines can make you more comfortable and make it safer for your baby. Make sure your doctor knows how you are feeling so that you can get the medicines that are right for you.



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

If you have any of these problems, tell detox staff right away.

Tell detox staff about all drugs and medications you are taking.

Some medications shouldn't be taken at the same time, so it's important that the detox staff know everything that could be in your system before they give you any new medication.

It's important to get care from a doctor when you are in withdrawal and pregnant. Withdrawal without medical care during detox could make it more likely that you 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.

Detox staff will help you make a recovery plan for when you leave detox. It's important to get lots of support and good treatment when you are in recovery.

If you take opioids (like heroin, OxyContin, or Percocet), see the special section about treatment for opioid withdrawal on page 12.

What will happen to my children while I am in detox?

In Massachusetts, going to detox while you are pregnant does not mean your unborn baby or other children will be taken away.

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 you are responsible at home who have been, or are at risk of being, 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 substances.

REMEMBER, EVERY FAMILY IS DIFFERENT. Talk with detox staff to find good care for your children.


If you take methadone through a treatment program to treat your opioid dependence, see the special section about methadone and pregnancy on page 13.

How will I feel during detox?

Women have many different feelings during detox.

You may feel stressed about not drinking or taking drugs. You might not want to be there at all. You might be afraid of what happens during detox. You might be worried about your family and what will happen to them. You might also feel excited and hopeful about changing your life.

All these feelings and many more are normal to feel when you are in detox.



WHEN YOU ARE DEPENDENT ON DRUGS AND ALCOHOL, YOU ARE MORE LIKELY TO BE DEPRESSED. SOME SIGNS OF DEPRESSION INCLUDE:

- A sad, anxious, or “empty” mood that doesn’t go away
- Loss of interest in activities you used to enjoy
- Restlessness, irritability, being moody, or crying too much
- Feeling guilty, worthless, helpless, and/or hopeless
- Sleeping too much or too little, waking up early in the morning and not being able to go back to sleep
- Not being hungry, or being more hungry than usual
- Losing weight or gaining weight when you are not trying to
- Not having enough energy, feeling tired or “slowed down”
- Thoughts of death or **suicide** (killing yourself) or suicide attempts
- Having a hard time paying attention, remembering, or making decisions
- Ongoing physical problems that don’t get better with treatment, such as headaches
- Stomach problems or pain that doesn’t go away

Many of these symptoms get better once you heal from withdrawal. But depression can happen in recovery, too. If you have some or most of these signs, it’s important to let your doctor or detox staff know. You can also get help by calling the statewide Emergency Services Program (ESP) at toll-free **1-877-382-1609** and entering your zip code. You will be given the number of the nearest ESP. Or, visit **www.masspartnership.com** and click on “Emergency Services Program” on the top navigation bar of the web page for more information.



Contacting your health insurance plan

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


Most health insurance plans have two numbers to call. Make sure you contact both:

- The behavioral health plan (the part of your health insurance plan that pays for detox)
- The medical plan (the plan that pays for your health care during pregnancy)

What if I don't have insurance for care during my pregnancy?

All state-funded detox programs can help you apply for insurance through MassHealth. Contact the Health Connector at toll-free **1-877-623-6765** or visit **www.mahealthconnector.org**.

You can also apply for MassHealth yourself by calling toll-free **1-800-841-2900** or by visiting **mass.gov/eohhs/gov/departments/masshealth**. Both provide health insurance for pregnant women with different options depending on your income.



When I was sent to detox, I was really worried about how I was going to pay for it. I talked to Linda, a detox counselor, and she helped me call my health insurance plan and gave them the information they needed. It really helped to have someone who knew all the right things to say to the insurance people.

-Ana

Drug-free for 4 years

PREGNANCY

What do I do if I just found out I'm pregnant?

Many women find out they are pregnant when they come to detox. This is because all women take a pregnancy test when they start detox.

If you just found out you are pregnant, you may not know how long you have been pregnant. You can find out how many weeks you have been pregnant by getting an **ultrasound** (also called a sonogram). Getting an ultrasound is easy and it doesn't hurt. The ultrasound will let you and your doctor see how your baby is growing. If you don't have a doctor for your pregnancy (called an obstetrician or OB), the detox staff may be able to help you find one.

You may not know what you want to do about your pregnancy. These are difficult choices to make. The feelings you are having in detox may make it even harder for you to decide. If you want to discuss your choices about the pregnancy, you can talk with your doctor or call a counseling agency like Planned Parenthood at **617-616-1616** or toll-free **1-800-258-4448 30-7526**, option #3. Or, contact the Massachusetts Adoption Resource Exchange (MARE) at **1-617-964-6273** or **www.mareinc.org**.

Baby Safe Haven: Even if you continue your pregnancy, you may decide that you do not want to keep the baby. There are a number of options you may consider. Adoption provides the most direct route to a permanent home for your child. If you are unsure about what to do, there are resources that can help you. Massachusetts also has a program called Baby Safe Haven. This program lets a parent give up a newborn baby (less than 7 days old) without facing any legal charges. The parent must take the baby to a hospital, police station, or manned fire station. The staff will then contact DCF. DCF will place the baby in a foster or pre-adoptive home. The Baby Safe Haven hotline can be reached 24 hours a day, 7 days a week at toll-free **1-877-796-HOPE** or **1-877-796-4673**. This hotline will also help you understand your options. Or, visit **www.amtchildrenofhope.com/HelpsHere.php** for more information.

NOTE: If you or your baby tests positive for certain substances when you give birth, the hospital may file a 51A (a report to DCF). If a report is screened in, a DCF social worker will contact you and may come to your home to learn more about your family and to decide if any help is needed.

What can I expect during pregnancy?

First trimester (0-12 weeks pregnant)

In your first trimester, your doctor probably will not be able to hear your baby's heartbeat. This is normal. You likely won't feel the baby moving yet. You might feel tired and **nauseous** (like throwing up).

Second trimester (13-27 weeks pregnant)

Some time at the beginning of your second trimester, your doctor may be able to hear the baby's heartbeat. This trimester is when you might start to feel the baby move. Tell the detox staff if you feel your baby move. Your body will start to change a lot during this time.

Third Trimester (28 weeks pregnant to birth)

The third trimester begins around 28 weeks.

It's very important that you let your **prenatal** (before birth) doctor know you are in detox. The doctor can help make sure that you and your baby are healthy. Having contractions (a tightening of muscles in your **uterus** (womb) or your water breaking are signs that labor might be starting. You need to tell the detox staff and go to the hospital. If you are close to your due date, the detox staff might decide that it's best for you and for the baby to finish your detox at the hospital.

What warning signs should I watch out for?

These are signs that you or your baby might be sick or in trouble. Be sure to tell detox staff or call your doctor if you:

- Have felt the baby move before, but the moving stops and does not start again.
- Have any pain or vaginal bleeding (like a period or heavier).
- Have cramps, contractions, or any pain you have not felt before.
- Have to **vomit** (throw up) and have trouble keeping food or liquids in your stomach. If you are vomiting too often, you might get **dehydrated** (which means your baby also isn't getting enough water).



HOW CAN I CARE FOR MY BABY BEFORE BIRTH?

Contact a *prenatal* (before birth) doctor.

It's very important that you meet with a prenatal doctor (called an obstetrician or OB). Your prenatal doctor can help you and your unborn baby stay healthy.

Many women find it helpful for detox staff to talk with their prenatal doctor. You will be asked if you want to sign a form saying that it's okay for the detox staff to share information with your doctor. This form is called a Release of Information.

To keep you and your baby healthy, be sure to:

- Tell your prenatal doctor that you are in detox.
- Take prenatal vitamins with folic acid.
- Eat a well-balanced diet with fresh fruits and vegetables and lots of water.
- If you smoke, cut down or quit if you can.
- Tell your doctor what type of medicines you are taking and/or what type of treatment you are doing.
- Get enough sleep.

Remember — Your prenatal doctor needs to know what medicines you are taking at detox and what type of treatment you are doing. When you talk to your doctor, remember that you are the expert about you. Before your appointment, think ahead about what you want to know and what you want to ask. Take notes. Bring a friend or support person to the appointment with you.

If you are dependent on alcohol, it's very important that you get the help that you need to stop drinking. Alcohol is harmful to your baby and can cause Fetal Alcohol Spectrum Disorder. It may be useful to take *thiamine* (a kind of vitamin B in prenatal vitamins). Ask your detox staff if this is necessary for you.

If you smoke cigarettes while you are pregnant, consider calling the Massachusetts Smokers Helpline at toll-free **1-800-QUIT-NOW** or **1-800-784-8669** for free information about quitting and for telephone counseling. Entering detox means you may be required by the facility to stop smoking or smoke less often. This may be a good time to consider cutting down or quitting for good, as it will greatly improve your health and the health of your baby. A nicotine patch is usually available at the detox program.



Benefits to Quitting Smoking while Pregnant

- Lowers your risk of bleeding, improving your chance of a safe delivery.
- Lowers your chance of having your baby early.
- Lowers your chance of having a baby who is small. Babies who are small often have health problems and are more likely to get sick.
- Increases the amount of air your baby will get.
- Increases the chances your baby's lungs will work well after birth.
- Decreases the chances of sudden unexpected infant death, or SUIDS, after birth.
- Improves your health.

QUESTIONS AND ANSWERS ABOUT OPIOIDS

What are my treatment options?

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

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

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, you will start to take methadone. Once you are through detox and your body is used to methadone, you will go to an OTP for ongoing methadone treatment. Subutex and 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 you is an individual choice you will make with your doctor.

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

- Gets rid of cravings
- Makes you feel less sick during withdrawal
- Can keep withdrawal from starting for 24 hours or more
- Blocks the effects of other opioids
- Lowers your risk of relapse

Ask medical staff at detox or at an OTP if you would like more information about Subutex/Suboxone. You can also contact the MA Substance Use Helpline at toll-free **1-800-327-5050** or visit **HelplineMA.org**.

IT'S IMPORTANT TO REMEMBER THAT ANY TREATMENT IS BETTER THAN NO TREATMENT. YOU AND YOUR DOCTOR NEED TO DECIDE WHAT TREATMENT IS BEST FOR YOU AND YOUR BABY.



Medically Supervised Withdrawal

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

Medications are recommended for pregnant women taking opioids.

But if you choose medically supervised withdrawal, make sure you know that:

- It's not recommended in the first three months of your pregnancy (your first trimester) because you might have a miscarriage.
- It's not recommended in the last three months of your pregnancy (your third trimester) because you 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 methadone treatment.**

Is medication-assisted treatment safe when I'm pregnant?

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. Some babies are kept in the hospital for monitoring and treatment for NAS.

Babies going through withdrawal may:

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

If your baby starts to experience withdrawal after you leave the hospital, you may see these symptoms. If this happens, let your baby's doctor know. Your 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 you can do, with your doctors, to help your baby recover quickly.

Subutex and Suboxone are medications similar to methadone that are sometimes used to help treat OUD. Some babies exposed to Subutex/Suboxone (instead of methadone) experience withdrawal for a shorter period of time, or their symptoms may not be as bad — but this is not true for all babies exposed to Subutex/Suboxone. If you are interested in Subutex/Suboxone, ask the medical staff in detox. If you go to an Opioid Treatment Program after detox, you can also ask about Subutex/Suboxone 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 to try 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 your baby against your body will make your baby feel better. Breastfeeding your baby and skin-to-skin contact is also very helpful. Your baby will cry as it recovers, but it is best if you can sit and hold your baby as they cry.

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 you more information about how to make your baby more comfortable without medicine. Make sure the doctors and nurses know that you want to be a part of your baby's treatment.

If you are taking medications to assist your recovery, make sure that you have signed a Release of Information form so your doctor and the program staff can tell the Department of Children & Families (DCF) that you are in treatment, how often you go to treatment, and how you are doing in your recovery.



Babies born to mothers in treatment or recovery are much 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.

I was so scared when I started detox and found out I was pregnant. I didn't know if I had made my baby sick. It really helped to talk to an OB outside of the detox center. She answered a lot of my questions and helped me focus on getting better.

-Sarah

Drug-free for 3 years

Opioid treatment and giving birth

It is important to tell your doctors and nurses that you are taking methadone or Subutex/Suboxone (buprenorphine). It is also important to give them the name and phone number of your OTP counselor or prescriber. When you have one of these medications in your body, your labor and delivery doctors will need to manage your pain differently during labor and birth. These medications affect the type and amount of pain medication you take. There are medications for giving birth that you cannot take when you are taking opioid maintenance medications. If your doctors don't know you are taking methadone or Subutex/Suboxone, they might give you something that could harm you or your baby. Make sure they know everything that you are on so that they can give you safe pain medications instead.

If you worry about telling your doctor you are taking methadone or Subutex/Suboxone, don't forget: you are the expert about you. Most obstetricians know about opioid treatment, but some may need more information. It's a good idea to have your obstetrician talk with your Opioid Treatment Program (OTP), especially if your doctor has questions about methadone or Subutex/Suboxone.

What will happen to my baby if I'm on methadone or Subutex/Suboxone?

Women and their new babies may be tested to see if there are drugs or medications in their system when the baby is born. This is called a toxicology screen. If you are taking methadone or Subutex/Suboxone, it will show up on the test. The law says your doctor must report a positive toxicology screen that shows drug or medication use, including methadone or buprenorphine, to the Department of Children & Families (DCF). This report is called a 51A.

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

1. The only drug found in your system is methadone, buprenorphine (the drug that is the basis for Subutex and Suboxone), or a prescribed medicine (from your doctor) that is being taken to treat a medical problem.
2. The drug found in your system is approved by a doctor, and the doctor who gave you the medicine confirms to DCF that it is being taken as part of a treatment program to treat a medical or substance use problem.
3. There are no signs of abuse, neglect, or risk to your 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 I overdose on opioids during pregnancy?

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).

That's why being in treatment now is such a good choice. If you feel that you are at risk of an overdose, go immediately to a detox center or an Emergency Room and ask for help.



AFTER DETOX

Detox is the first step toward recovery. You have choices about what to do next, but it's often a good idea to go directly to another treatment program. Talk with the detox staff about your choices, needs, and preferences. There are different ways that you can continue your treatment. It's important to find a program that works best for you.

Here are a couple of service options:

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 you:

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

This may be a good option if you:

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

Talk with detox staff about your choices.

Some health plans offer special programs and services for pregnant women. These services can help you make appointments with your doctor and counselor, and help you get to appointments and recovery support groups. To find out what services your health plan has, call them and ask as soon as you can. The phone number for your plan should be on your insurance card.

Residential Rehab

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

Opioid Treatment Program

- Available whether you are 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 you:

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

This may be a good option if you:

- Are detoxing from opioids (like heroin or Percocet).
- Plan to use medication-assisted treatment.

Where can I 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.

Institute for Health and Recovery (IHR)

IHR can guide you in finding treatment services, including residential treatment services for pregnant and parenting women and families. Toll-free: **1-866-705-2807 or 1-617-661-3991**
www.healthrecovery.org.

Your detox staff can help you find further treatment, too.

What if I start using again?

People who are dependent on drugs or alcohol can be treated, but not cured. 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 you need more support and more tools in order to maintain abstinence and stay connected to your recovery.

To prevent relapse, you need to:

- 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 that support your recovery.
- Understand why you have relapsed in the past, and try to build skills and learn tools so you don't relapse again.
- Know that no matter how many times you have relapsed, you can recover. Don't give up.

Dealing with Family and Friends

People who are dependent on drugs or alcohol often stop doing things they enjoy, like spending time with family and friends. Using drugs and alcohol hurts relationships.

Everyone will react differently to you and your alcohol or drug use. Family members may be angry. Friends may not trust you. Some may be worried about your health. The good news is that many of your relationships can be repaired. When you are in recovery, you can find support to help rebuild your life. Often, your family and friends will support you in getting help.

If you have family or friends that are helping you, you can refer them to these resources:

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**.

Allies in Recovery (AIR)

AIR trains families on how to change the conversation about addiction and encourage a loved one to get treatment. Call **1-413-272-8170** or visit **www.alliesinrecovery.net**.

ARE YOU IN AN ABUSIVE RELATIONSHIP?

Abuse can be physical, financial, and emotional. The main sign that a relationship is unsafe is if you fear your partner. Some other signs of unsafe relationships include:

- Hitting or threatening to hit you
- Threatening to take your kids away, commit suicide, or damage your home
- Forcing you to have sex or do drugs
- Calling you names and putting you down
- Cutting you off from family and friends
- Not letting you have a job or a bank account
- Being overly suspicious or controlling about your clothing, your friendships, or your behavior
- Insulting you, calling you names, or telling you that you are stupid or powerless
- Not trusting you or believing what you say

Abuse often gets worse during pregnancy. It can also make a relapse more likely. If you think your relationship is unsafe, or if you are scared of someone becoming violent, now is the time to do something about it.

You can ask detox staff to help you. You can also get help through Safelink by calling toll-free: **1-877-785-2020** | **TTY: 1-877-521-2601**.

Children

Children may be confused, scared, and nervous. Sometimes when children have a parent in detox, they do worse in school and act out. The good news is that children can also get better by seeing you get better, and by talking to a counselor of their own. Many families feel happier and closer when everyone is alcohol and drug-free. For more information about parenting while in recovery, visit the Journey Recovery Project at **www.journeyrecoveryproject.com**.



RESOURCES FOR PREGNANT WOMEN AND MOTHERS

Plan of Safe Care (POSC)

Developing a POSC during pregnancy will help connect you to services and can help you show DCF all of the work you are doing to prepare for parenting in recovery. The resource map on the POSC landing page shows treatment and parenting resources all over the state. Visit mass.gov/safecare

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. WIC can also offer other services, like breastfeeding counselors. Whether you can get WIC services is based on your income (how much money you make) and if you live in Massachusetts. For more information, call toll-free **1-800-WIC-1007** or **1-800-942-1007**.

Child Care

For information about child care, visit mass.gov/early-childhood-services-and-resources-for-families.

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.

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/for-parents.

Early Intervention (EI)

EI services help babies and toddlers (up to age 3) who take a little longer to develop or are at risk for delays in skills like talking or walking. Babies with exposure to substances during pregnancy can benefit from EI. EI teams can help you figure out how best to support your baby and, if needed, what other services can help. For information about EI in your area, call toll-free **1-800-905-TIES** or **1-800-905-8437**, or visit www.massfamilyties.org/ei/eicity.php.

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 **1-617-423-6627** or visit www.moar-recovery.org.

STAYING HOPEFUL

Detox staff are here to help you stay strong and build a new life. This is the start of your journey toward sobriety and recovery. You can stay healthy for yourself and your baby. Congratulations on taking the first brave step.

WORDS TO KNOW

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

Buprenorphine: a prescription drug used to treat people who are dependent on opioids. Also called Subutex/Suboxone.

Dependence: when your body gets used to a substance you take regularly, 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.¹

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.²

Fetal Alcohol Spectrum Disorders (FASD): a range of growth, mental, and physical problems that may occur in a baby when the mother drinks alcohol during pregnancy.¹ (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.²

Gestation: the time period of pregnancy, when the baby is growing.²

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.³

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).¹

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).²

Obstetrician (OB): 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.⁴

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 6 months after birth).²

Postnatal: after birth.²

Prenatal: before birth.²

Prescription: a medicine ordered by a doctor.

Preterm: labor that begins before week 37 of pregnancy (early labor).⁵

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.⁶

Subutex/Suboxone: 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 more or use more drugs 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.⁷

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

¹ Medline

² TIP 2 Pregnant, Substance Abusing Women

³ Heile's Newbury Dictionary of American English (online)

⁴ National Institute on Drug Abuse (NIDA)

⁵ NIH website

⁶ Substance Abuse and Mental Health Services Administration (SAMHSA)

⁷ TIP 45 Detoxification and Substance Abuse Treatment

Where you can find treatment:

Bureau of Substance Addiction Services (BSAS)

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

TTY: Mass Relay at 711 or 1-800-439-2370 | **HelplineMA.org**

Institute for Health and Recovery (IHR)

IHR has a helpline for pregnant women and provides central intake for family residential treatment programs for all of Massachusetts. Toll-free: **1-866-705-2807** or **1-617-661-3991**

www.healthrecovery.org

Massachusetts Smokers Helpline

Provides free information about quitting smoking and free telephone counseling. Toll-free:

1-800-Quit-Now or **1-800-784-8669**

Alcoholics Anonymous (AA)

In Eastern Massachusetts: **1-617-426-9444** | **www.aaemass.org**

In Western Massachusetts: **1-413-532-2111** | **www.westernmassaa.org**

For a list of meetings throughout the country: **www.aa.org**

Narcotics Anonymous (NA)

Toll-free: **1-866-NA-HELP-U** or **1-866-624-3578** | **www.nerna.org**

