



Canadian Association of Perinatal and
Women's Health Nurses

Association canadienne des infirmières et infirmiers
en périnatalité et en santé des femmes

CAPWHN Position Statement on Perinatal Substance Use

Position

The Canadian Association of Perinatal and Women's Health Nurses (CAPWHN) recognizes the need for all individuals who use substances to receive nonjudgmental, holistic care throughout the continuum of pregnancy, birth and postpartum. CAPWHN endorses the shift of perspective from substance use in pregnancy as a criminal act of harm to a chronic disorder requiring interprofessional care approaches, support, and treatment (Ecker et al., 2019; Kohsman, 2016). Substance use is a global epidemic and we recognize the necessity of an integrated care approach to substance use that focuses on prevention and recovery oriented care (Health Canada, 2023). Healthcare professionals must foster a culturally safe and trauma-informed environment to provide comprehensive support (Duff et al., 2015; Riviera et al., 2015). It is essential to mitigate stigma and biases within perinatal care approaches so that patients engage with low barrier wraparound services which address social determinants of health (SDOH) and perinatal and addiction health needs (Ecker et al., 2019; Rutman et al., 2020). CAPWHN further acknowledges the disproportionate impact of substance use on Indigenous peoples in Canada and recognizes the need for culturally sensitive, humble, and trauma- and violence-informed care (TVIC) (Browne et al., 2016; Shahram et al., 2017).

Background

Substance use during pregnancy is recognized as the leading cause of maternal death in Canada, highlighting the urgent need for comprehensive care and interventions by health care professionals and the community (Turner et al., 2023). Perinatal outcomes extend beyond mortality to complications such as withdrawal symptoms, sexually transmitted and blood borne infections, poverty, gender violence, and psychiatric conditions (Turner et al., 2023; Frazer et al., 2019). The lack of adequate prenatal care and nutrition, coupled with exposure to violence, increases the risk of pregnancy and fetal complications (Frazer et al., 2019). The following represents significant barriers to healthcare and maternal-fetal wellbeing for those involved with substances:

- Fear of child apprehension, criminal prosecution, and community judgement and stigma, which exacerbate the cycle of victimization and stigma (Frazer et al., 2019).
- Absence of childcare and reliable transportation: These challenges underscore the urgent need for policy reform and holistic support systems that prioritize the health and dignity of pregnant individuals and their families (Frazer et al., 2019).
- Social determinants of health: including economic status, food insecurity, unstable housing, education, health literacy, social support and coping (Duff et al., 2015; Government of Canada, 2024; Shahram et al., 2017).
- Gender-based violence and trauma history: Individuals faced with gender-based violence may have limited access to health care, increased maternal stress, increased substance use, and fear of partner retaliation (Duff et al., 2015; Riviera et al., 2015).
- Systemic racism: Indigenous communities endure disproportionately high rates of substance use disorders compounded by historical trauma and systemic injustices,



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necessitating culturally safe approaches and community-driven solutions (Shahram et al., 2017; Truth and Reconciliation Commission of Canada, 2015). Many Indigenous women experience intergenerational trauma, and have endured traumatic experiences with racism and foster care, negatively impacting their health and inhibiting access to essential medical care and resources (Shahram et al., 2017).

Calls to Action - The Role of the Nurse

Trauma- and Violence-Informed Care (TVIC) Approach: Engagement in dignified, compassionate, and respectful nursing care requires a trauma-informed and relational approach (Gulbransen et al., 2021). TVIC recognizes the prevalence of trauma among substance-involved individuals, aiming to prevent retraumatization and further harm (Wather & Varcoe, 2021). Furthermore, TVIC expands upon trauma informed care, as it acknowledges the intersecting effects of interpersonal violence, but also brings attention to structural, systemic, and institutional violence. TVIC serves to ameliorate the discriminative and harmful approaches which are embedded in the way systems and people operate (Wathen & Varcoe, 2023). The TVIC approach requires health professionals to understand the lived experiences of clients and build upon their strengths, while respecting their autonomy and privacy without pressure to disclose their traumatic experiences (Dowdell & Speck, 2022; Wathen & Varcoe, 2021). It emphasizes compassionate and supportive treatment of individuals and the promotion of a culturally safe environment (Browne et al., 2016). Healthcare providers must treat persons who use substances with respect and dignity.

Shared Decision Making and Nonjudgmental Care: The Public Health Agency of Canada outlines recommendations for establishing family-centered care early on in patients' healthcare encounters by introducing shared decision-making with the client and family, expressing genuine curiosity in learning about their unique values and needs, using inclusive, nonjudgmental, respectful language, and emphasizing pregnancy as a state of health (Wagner et al., 2023). Individuals who use substances often experience poor access to healthcare and community services due to fear of judgment, discrimination, and custody loss of their children (Heaman et al., 2018; Holt & French, 2020). It is crucial that we recognize the disclosure of substance use in pregnancy as a significant first step to recovery and support these individuals where they are at in their journey with a harm reduction lens (Wagner et al., 2023).

Screening: Universal screening through a simple questionnaire should be used at the earliest healthcare visit for all pregnant people, with the aim to identify substance use and provide early support for healthy maternal and fetal outcomes (Ecker et al., 2019). Biological testing for substances may be approached with open provider-client communication but may only be done with client consent (Ecker et al., 2019). Patients who are substance involved have reported that reacting with unconditional positive regard is a safe care approach that will lead them to engaging in treatment for substance use (Gulbransen et al., 2023).

Opioid Agonist Therapy: Opioid agonist therapy (OAT) is a recovery oriented approach and should be discussed with all patients who are substance involved. Pregnant and postpartum individuals are often highly motivated to engage in harm reduction and initiate opioid agonist therapy (Turner et al., 2023). Consideration and evaluation of the opioid agonist dose as the



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pregnancy progresses and the potential need to increase the dose due to physiologic and metabolic needs should be reviewed (Turner et al., 2023). If the perinatal care providers are not experts in addictions or are unable to prescribe OAT a consultation or referral should be provided.

Intrapartum Care Considerations: Pain management for individuals who are substance involved should be discussed during the prenatal or early labour phases if possible. Birthing persons undergoing opioid agonist therapy or that use substances may require higher doses of short-acting opioids for analgesia during birth and postpartum pain management (Turner et al., 2023). Health care providers should offer nicotine replacement therapy to birthing individuals in settings where access to tobacco or cigarettes is limited (Turner et al., 2023). Epidural analgesia is recommended for birthing individuals early in labour to mitigate hyperalgesia caused by chronic opioid use (Turner et al., 2023).

Wraparound Care: A wraparound care approach requires offering several services and resources at one point of care including primary care and health services, mental health and addictions services, child and family welfare services, and opioid agonist therapy (Hubberstey et al., 2022). Perinatal patients who use substances often face barriers in accessing care. Health care providers should promote the use of resources and make referrals to available services.

Wraparound care reduces barriers to accessing appropriate supports for substance involved families, improving cultural safety, connection, and family wellbeing (Hubberstey et al., 2022). Wraparound care should be implemented in Canadian sites to promote a holistic approach to care that keeps families together and supports access to services for recovery. Wraparound care programs have been shown to result in positive outcomes for maternal and newborn health (Hubberstey et al., 2022). Infant apprehension is a risk factor for maternal mortality, wraparound services are urgently indicated for maternal welfare (Manitoba College of Obstetricians and Physicians, 2021).

Research: Research on effective interventions and treatments for perinatal substance use to inform best practices and policy decisions should be encouraged.

Substance Use and Advocacy

We commit to working collaboratively to identify opportunities to enhance health care professional education and resources related to the goals expressed above, and we invite the members of our association to join us in raising awareness about this important effort to improve maternal health outcomes in our nation (Public Health Agency of Canada, 2023). Substance use alone should not prompt involvement from Children Services/Protective Services. The notification of child protection services through birth alerts disproportionately impacts Indigenous families, increasing child apprehensions and perpetuating discrimination, racism, violent acts, and trauma and is not a practice endorsed across Canada (Native Women's Association of Canada, 2024).

Indigenous families will be supported in accordance with Bill C-92, prioritizing the preservation of family bonds and cultural integrity (Indigenous Services Canada, 2024). Currently, 53.8% of Canadian children in foster care are Indigenous, contributing to the persistent residential school



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legacy within the child welfare system (Indigenous Services Canada, 2024). Bill C-92 focuses on keeping children with their birth parents whenever possible, or placing them with trusted family members or Indigenous community members (Indigenous Services Canada, 2024). Recognizing the detrimental effects of child removal, such as increased risk of mortality and substance use relapse from re-traumatization, a strengths-based approach will be employed, emphasizing support for parents and connection to cultural and community resources (Indigenous Services Canada, 2024; Ritland et al., 2021). To reduce the maternal mortality rate related to opioid overdose, we must also collaborate during the postpartum period. One in three pregnancy related deaths occur during the postpartum period from medical conditions as well as mental health conditions and suicide (American College of Obstetricians and Gynecologists [ACOG], 2022). This statistic highlights the importance of addressing non-obstetrical maternal health needs to ensure continuity of care and compassion (ACOG, 2022). Collaboration between social services, healthcare providers, and community partners is integral to ensuring a child-focused and family-centered approach that prioritizes continuous improvement and evidence-based practices during pregnancy and throughout the postpartum period (Public Health Agency of Canada, 2023).

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