

# Doula Support for Families with Substance Use

Ash Woods CFSD

# Stuff and things about Ash

- The Harm Reduction Doula Collective
- The Peoples Harm Reduction Alliance
- Swedish Doula Program (Birth, Postpartum, Bereavement)
- WA State Certified Birth Doula accepting Medicaid
- LIHI Doula Program
- WA Maternal Mortality Review Panel

I spend free time learning and teaching wildlife track and sign, supporting activist skill shares, cycling, and drawing.



I only like ICE when it's in my oat vanilla lattes



## Goals

- Role of Doula and Peer Support
- Harm Reduction Resources
- Practical Care Coordination

# WA Maternal Mortality Review Findings

**82%**

preventable

**Overdose**

leading cause of death by 33%

**45%**

due to suicide, homicide, accidental overdose

**49%**

occurring postpartum day 43-365

**7.3x Higher**

for Alaska Native and American Indian

**Recommend**

access, cultural competencies, and community supports

# MT Maternal Mortality Review Findings

71% of Montana pregnancy-related deaths have an underlying cause of mental health conditions

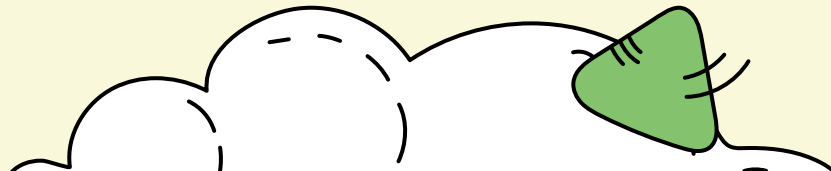
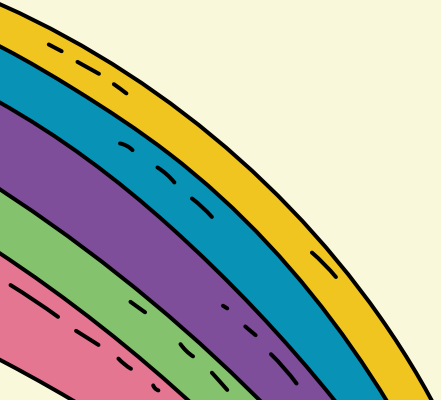
The cause of death for mental health pregnancy-related deaths were depressive disorder, anxiety disorder/PTSD, and substance use disorder.

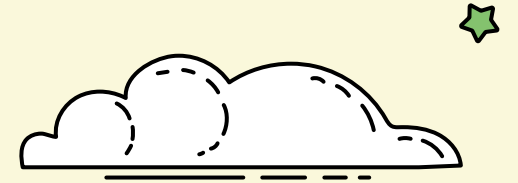
**All these deaths were found to be preventable**



# Doulas and Peer Support

Providing emotional, physical, and cultural support



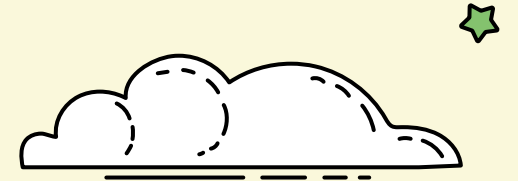


# What is a full spectrum doula?

A full spectrum doula provides support for all reproductive care outcomes

- Prenatal (before the birth),
- Birth (labor and delivery)
- Postpartum (after birth)
- Miscarriage or stillbirth
- Abortion/Pregnancy Release
- Bereavement or loss
- Care for non-reproductive experiences (dying, gender affirming support)

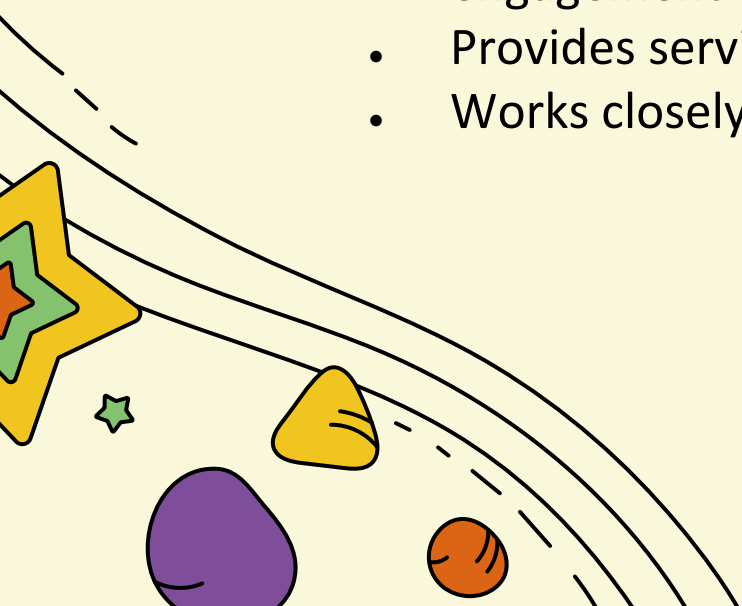




# What is a harm reduction/recovery doula?

Is a full spectrum doula who also

- Is someone with lived experience with substance use
- Provides harm reduction supplies, supports, and referrals
- Often provides transportation, advocacy in carceral spaces, and extended engagement
- Provides services at no cost to the client
- Works closely with an integrated care team





# Peer Support Specialists

Certified Behavioral Health Peer Support Specialist (CBHPSS)

- Is someone with a diagnosed mental health or substance use disorder
- Has been in recovery and can model support to others
- A state-recognized professional
- Provides resource navigation and advocacy
- Services extend beyond the clinic/institution



# Trauma Aware and Informed Care

## Aware

- Knowing trauma impacts care between a parent and provider
- Knowing trauma can be intergenerational, physical, mental, systemic, etc.

## Responsive

- Recognize the signs/symptoms of trauma for all involved
- Actively avoiding traumatization

## Informed

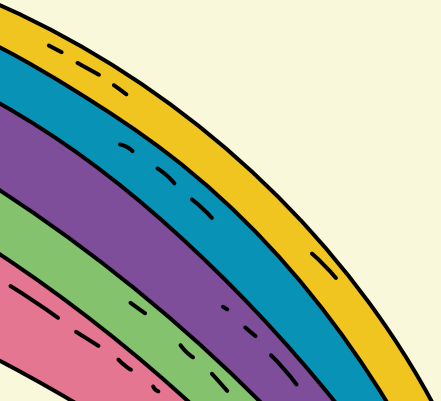
- Understanding how to engage with trauma and integrating the principles into all forms of care

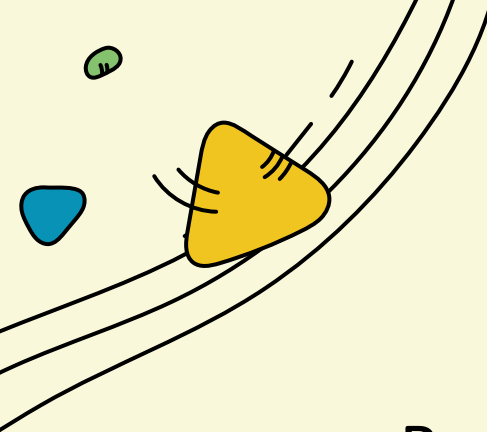




# Harm and Risk Reduction

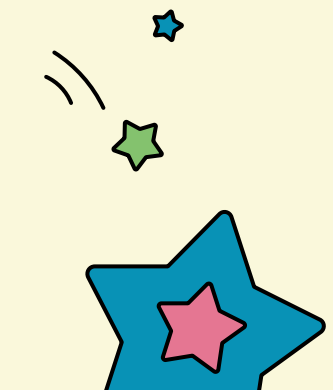
Harm reduction supplies and naloxone



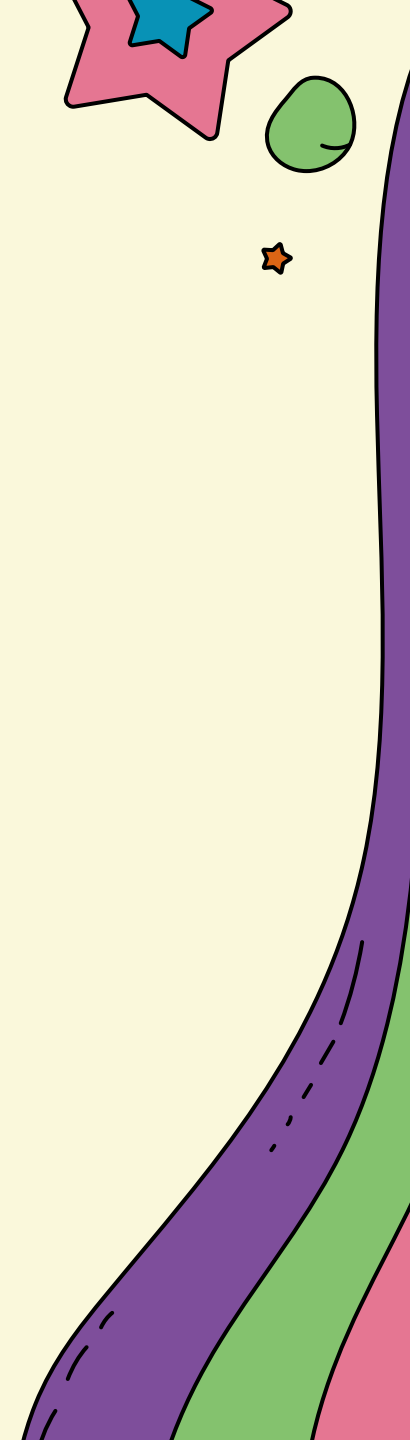


# “Meet them where they’re at”

Requires a deeper look at ourselves, identities, social and institutional structures. Mental health and crisis response, racism and privilege, de-escalation and intervention, trauma-informed care, working with survivors and sex workers, bereavement and loss, QTBIPOC experiences, are just a few prerequisites for starting work in harm reduction.



<https://www.badoulatrainings.org/blog/an-honest-exploration-of-harm-reduction-in-reproductive-work>



# Safe Use Supplies and Harm Reduction

- Fentanyl and Xylazine test strips
- On site drug testing
- Safer sex supplies
- Syringes and sharps containers



- Wound care supplies
- Peer support and community
- HIV and Hep C testing
- Onsite referrals to MOUD
- Safe consumption

# Safe Use Supplies

Foil

Hammer

Straight

Bubble



Smoking is a safer alternative to injection, reducing HIV and Hepatitis C transmission, preventing soft tissue damage, and providing control over dosage

# Naloxone Training and Resources

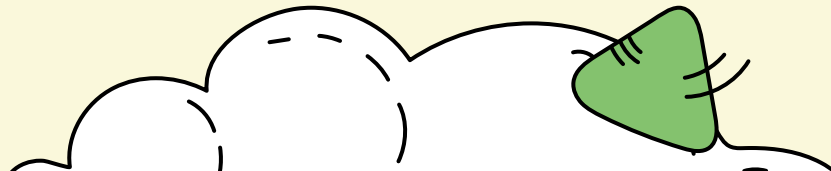
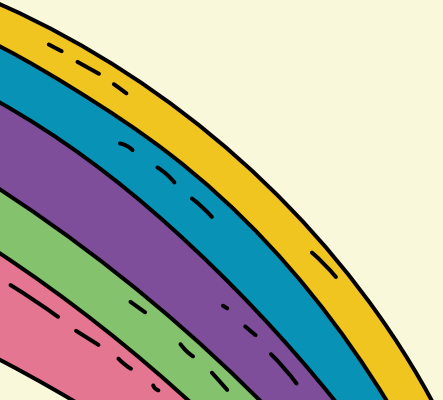


- Naloxone comes in injectable and nasal kits
- It's safe to use on children and pets
- It is legal to carry and administer
- You can order it to your home for free  
<https://www.openaidalliance.org/savealife/>



# Pregnancy and Substance Use

Medications and considerations



# Glossary

Abbreviation	Definition
<b>SUD</b>	Substance Use Disorder
<b>PPW</b>	Pregnant and Parenting Women
<b>SUPP</b>	Substance Using Pregnant People Program
<b>MAT</b>	Medication-Assisted Treatment
<b>ODU</b>	Opioid Use Disorder
<b>MOUD</b>	Medications for Opioid Use Disorder
<b>NAS/NOWS</b>	Neonatal Abstinence/Neonatal Opioid Withdrawal Syndrom
<b>ESC</b>	Eat, Sleep Console
<b>PRN</b>	Pro Re Nada “as needed”

# Medications for Opioid Use Disorder (MOUD)

## Buprenorphine (Suboxone)

- Prescribed by PCPs
- Stabilized quickly, but there is a max dose
- Lower treatment retention, less severe NOWS

## Methadone

- Administered at methadone clinics daily
- Stabilized slowly, no max dose
- Higher treatment retention, more severe NOWS
- Split dose common for pregnancy

People often spend time stabilizing and tiering up on medications.  
Dose is very individualized based on a persons needs.

# Complications of OUD in Pregnancy

## Why should we worry about withdrawal in pregnancy?

- It's miserable
- Detox rates are low, relapse rates and overdose rates are high after detox
- Increases fetal distress and potential pre-term labor

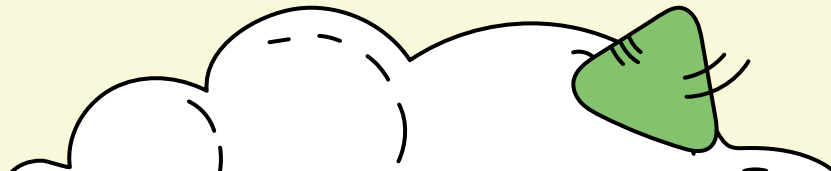
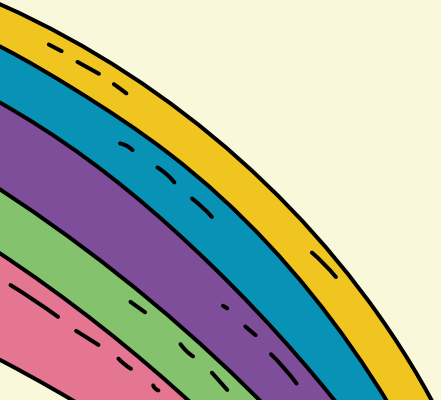
## What are the impacts of opioid use on fetal development?

- Growth restriction
- Limited evidence for cognitive or behavioral impact



# Practical Care

Prenatal, labor and delivery, and  
postpartum



# Prenatal

**Health** – what are health concerns, access to care, goals?

**Home** – do they have a safe place to live; do they have someone who lives with them?

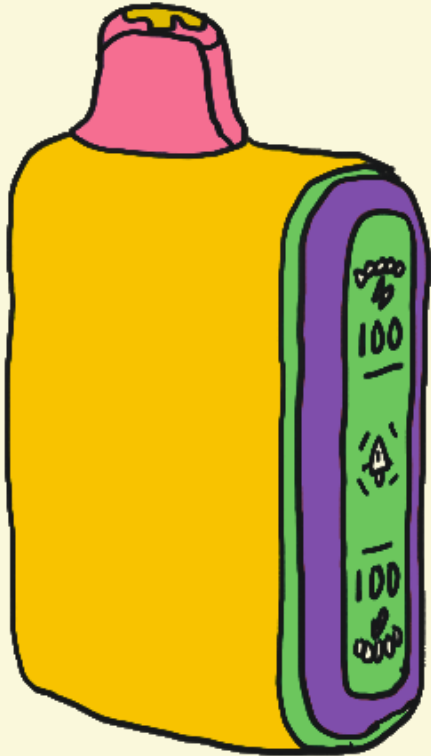
**Purpose** – what are meaningful activities, work, hobbies, etc.?

**Community** – who are their family, friends, neighbors, and supports?

If accepting Medicaid for doula services or peer support, documentation submitted for reimbursement should include notes on pt requests for service needs and all referrals for care coordination.



# Prenatal



## Refer to Clinic (if applicable)

- Make call together for referral
- Help coordinate visit from peer support/doula

## Safe Care Plan

- Safe consumption plan
- Listing names and contacts of trusted family members and supports
- List contacts for current social services/case managers

## Establish safe word/code word

- For prenatals and labor to clear room or remove unsafe person

## List of pregnancy and postpartum items

- Baby supplies
- Health supplies
- Items to bring to treatment/hospital

## Sign ROIs

- May be needed for shelters, treatment facilities, or case managers to coordinate care

# Prenatals, Treatment, and Antepartum

- Opportunity to spend time sharing a meal
- Supervised walks around unit
- Coloring, games, puzzles, movie or DVD cart
- Time to cover childbirth education and feeding options
- Ask the nurse to add doula name and contact (with pt permission) to file



**Agency**

Empower and witness parents take action on their own behalf using their own voice

**Autonomy**

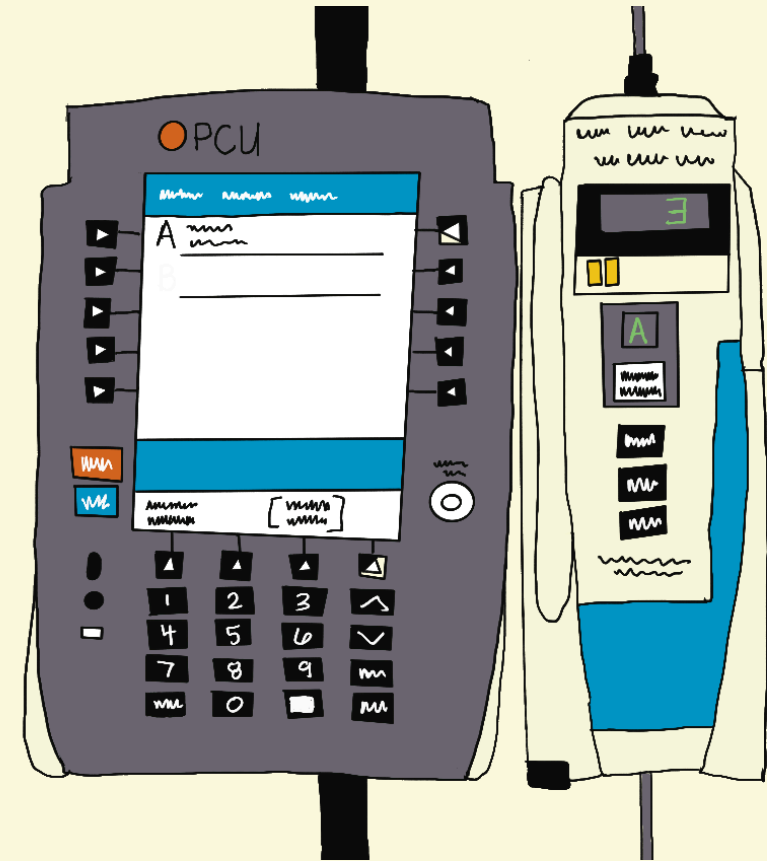
Make independent decisions free of coercion and conditions

**Consent**

Facilitate understanding of the risks, benefits, and alternatives of procedures and treatment

# Labor and Delivery

- Come with curiosity
- Share safety concerns immediately
- Prepare for security to search belongings
- Review birth preferences with care team
- Verbalize medication times and put on patient board
- Keep it positive
- Coordinate with addiction medicine provider and help advocate for withdrawal management or pain relief





**Question:**

What would you do if a patient was using substances in the hospital bathroom?

# Pain Management in Labor and Postpartum




- Hydrotherapy - Tub or Shower
- Tens Unit
- Hot & cold packs
- Massage & counter pressure
- Nitrous Oxide
- Tylenol, Gabapentin, and Dilaudid
- IV Fentanyl 50-200 mcg
- Epidural/Spinal
- TAP block
- Lidocaine patch or injection

# Postpartum

- Explain the signs and symptoms of Neonatal Abstinence Syndrome (NAS) and benefits of Eat Sleep Console (ESC)
- Connect to counseling and support groups
- Provide information about safe substance use during lactation
- Encourage positive self-care practices, including proper nutrition, hydration, and rest






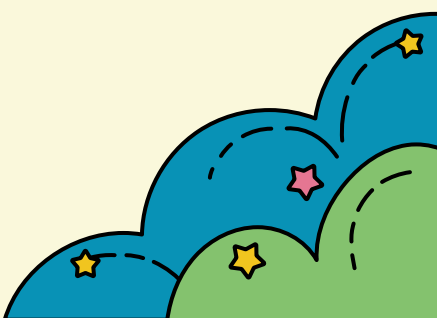
# Neonatal Opioid Withdrawal Syndrome (NOWS)



## Past – Finnegan Scoring

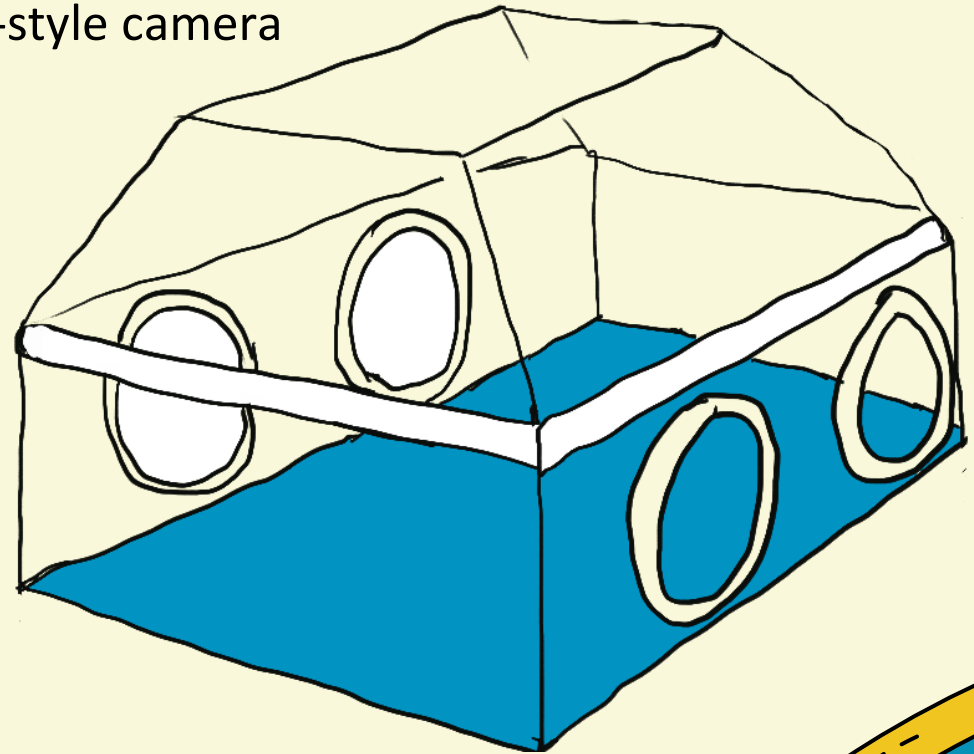
- Unreliable scoring among RNs
- Prolonged NAS/NOWS (often lasting weeks), frequently in NICU
- Regimented morphine schedule

## Present – Eat, Sleep, Console

- Babies should be able to eat per their age, sleep at least 1 hour straight, and console within 15 minutes
  - Emphasizing parent-child measures to treat NOWS
  - Care conference if goals not met
  - Morphine given PRN (in NICU for monitoring)
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# NICU


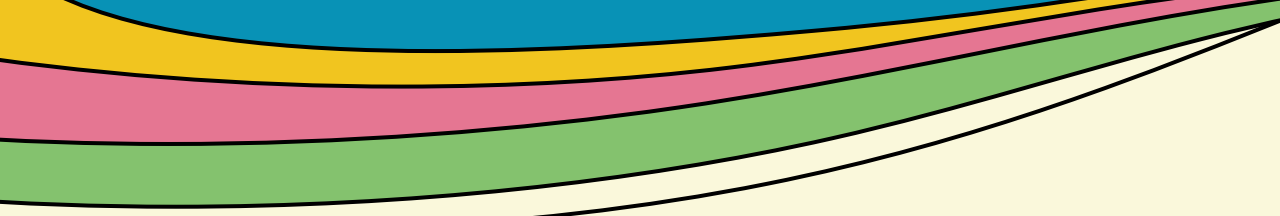
- Social determinants of health – parents often have comorbidities during pregnancy which impact fetal development and health
- Often unrelated to substance use
- Hospital camera to print photos or Polaroid-style camera
- Parents often encounter provider/care bias
- Keep feeding goals



# NICU Feeding

- Encourage parents to express milk and bring it to their baby
- Encourage parents to participate in feedings
- Help parents set a schedule for feeding times
- Provide gentle reminders of when a baby would be naturally feeding





# Care Partnerships and Coordination

- Invite syringe service programs to provide trainings to resident/staff/teams on risk reduction practices
- Connect with doulas and peer support specialists to provide warm handoffs with patients in clinics or hospitals
- Share processes and procedures with doulas to help with patient education
- Share what is or isn't working and coordinate with teams outside your area



# Social Worker Steps and CPS/CFSD



- Inpatient Social Worker completes a safety assessment to determine if there is a need for CPS involvement or plan of safe care (POSC)
- Referral to appropriate resources
- Coordinate access to MOUD and treatment for birthing parent for after discharge
- Work with the rest of the team to determine appropriate discharge plan: home, kinship care, recovery housing, IOP/inpatient, voluntary placement

# Disenfranchised Grief


- Removal of infant
- Removal of previous child/children
- Loss of a child
- Loss of partner or family member to overdose
- Removal of partner or family member due to Immigration and Customs Enforcement
- Mourning of a loved one (often a parent they wished were there)
- Incarcerated partner/parent

Hold space for grief – incorporate ritual, cultural care, altars, memory boxes.  
Encourage storytelling and memory sharing. Connect and advocate, and be a reliable resource for story processing.





# Thank you!



Much gratitude to the parents that shared their lived experiences and are the experts in their own care.



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[www.harmreductiondoulas.org](http://www.harmreductiondoulas.org)

## Resources and Links

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- Recovery Doula Program: Email Pamela Ponich, Program Manager at [pam.ponich@onechc.org](mailto:pam.ponich@onechc.org)
  - Peer Support Specialist [https://boards.bsd.dli.mt.gov/\\_docs/bbh/training-courses.pdf](https://boards.bsd.dli.mt.gov/_docs/bbh/training-courses.pdf)
  - <https://www.perinatalharmreduction.org/nhrc-toolkits-components>
  - Feeding for newborns <https://thenursesmiller.com/feeding-newborns>
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