
In Their Own Words: Women with lived experience share their perspectives on substance use during pregnancy and breastfeeding

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Introduction: Pregnant women are prioritized for substance use treatment in Wisconsin. However, there is a large subset of pregnant women who do not qualify for treatment services, including those who use marijuana and tobacco or who use alcohol, illicit drugs or misuse prescription drugs, but do not have a substance use disorder. These women are often left without formal intervention and their continued use of substances can have serious negative consequences on their pregnancy and long-term impacts on their children.

Objectives: The Wisconsin Women's Health Foundation (WWHF) has been actively working to address tobacco and alcohol use during pregnancy for nearly 20 years through the First Breath and My Baby & Me programs. Up to 50% of program participants use two or more substances. To better assist these participants, the WWHF launched an initiative to identify ways to address and reduce substance use during the perinatal period.

Intervention/practice: The WWHF conducted a series of surveys, focus groups, and in-depth interviews with women who used substances during pregnancy or lactation. Women who participated represent all regions of the state and include those who are social/occasional users, those in active treatment, and those in recovery. Data were collected, entered, and analyzed in SurveyGizmo.

Results: Results include quantitative and qualitative data. When asked if their healthcare provider addressed substance use, comments ranged from "horrible" and "interrogated" to "normalized" and "caring." Participants shared recommendations for addressing perinatal substance use. Common themes included: 1) creating a safe and confidential space to discuss and ask questions, 2) providing detailed information in a factual, neutral manner, and 3) providing positive, strengths-based, individualized intervention. Top preferences for intervention components included: tips for reducing/quitting (98%), mental health (96%), parenting (96%), inspirational/motivational messaging (93%), risks to baby's health (93%), and how to get help (93%).

Conclusion/implications: Ninety-four percent of participants agreed that programming in Wisconsin should expand to include all substances. A pilot perinatal substance use education and early intervention program project is currently underway. The WWHF will continue to ensure individuals with lived experience are decision-makers throughout the entire process.