

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

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Problem: Pregnant women are prioritized for substance use treatment in Wisconsin. However, there is a large subset of pregnant women who do not need or qualify for treatment services. They may be occasional or social users and/or use substances that generally do not warrant substance use treatment such as tobacco, marijuana, or low- to- moderate alcohol use. In 2018, 6,483 WI women used tobacco during pregnancy.¹ An estimated 7,500 used alcohol and 4,500 used marijuana during their pregnancies.² These low- and moderate-risk individuals are often left without formal intervention; however their continued use of substances can have serious negative consequences on their pregnancy and long-term impacts on their children.

Goal: Identify the needs and intervention preferences of low- and moderate-risk perinatal substance users in Wisconsin.

Practice: The Wisconsin Women’s Health Foundation conducted a series of surveys, focus groups, and in-depth interviews with women who used substances during pregnancy or lactation. Women who participated used at least one substance. Participants represent all regions of the state. Data were collected, entered, and analyzed in SurveyGizmo.

Results:

In 2018, 302 women completed a perinatal alcohol use survey, and 53 women completed a perinatal substance use survey.

- 88% need more or better information about alcohol, 94% need more or better information about illicit drug use, 96% need more or better information about prescription drug misuse.
- 94% of participants agreed that substance use education and early intervention services should be made available in Wisconsin.

In 2020, 43 women completed a qualitative survey regarding substance use education and early intervention needs and 9 women completed an in-depth interview.

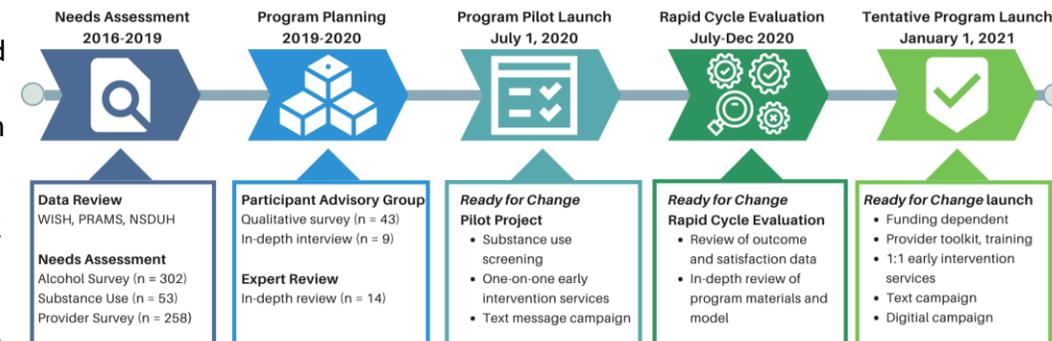
- Three themes emerged when discussing intervention needs. These included 1) a safe and confidential space to discuss and ask questions, 2) receive detailed information about substance use in a factual, neutral manner, and 3) receive strengths-based, individualized intervention.
- When asked about preferences for intervention components, these six topics had the highest agreement: 1) tips for reducing/quitting (98%), 2) mental health (96%), 3) parenting tips (96%), 4) motivational messaging (93%), 5) risks to baby’s health (93%), and 6) how to get help (93%).



Conclusions and Next Steps:

Low- and moderate-risk women have unique needs when it comes to substance use. Providing education and early intervention services have the potential to improve birth outcomes and promote maternal and child health. A pilot project called *Ready for Change* is currently underway. The program is tentatively set to launch January 1, 2020 (funding dependent).

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1. Wisconsin Interactive Statistics on Health System (WISH), Birth Certificate Data, 2018.
 2. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health 2017 (NSDUH-2017-DS0001).

