

SMALL STEPS MATTER.

**It can be a fight every day to not drink or use.
Every step you take to stop drinking alcohol or using
other drugs will help you and your baby.**

**You are not alone. Ask for help here in learning more about
supports and services for pregnant women in your community.**



Harm Reduction and Pregnancy Information for Service Providers

What is harm reduction?

Harm reduction is a pragmatic response to addressing substance use. It recognizes that abstinence from alcohol and drugs may not be possible for everyone and that there are many ways of providing care and support that can help women improve their health.

Harm reduction allows for flexible, respectful, and non-judgmental approaches to engaging with and caring for women and their children. Harm reduction approaches recognize that **substance use is just one factor among many that shapes a healthy pregnancy** and that reducing or stopping substance use at any time during pregnancy can have positive effects on women's health and the health of the fetus.

Why do women use alcohol and drugs during pregnancy?

There are as many answers to this question as there are women. Some women who have a difficult time stopping substances during pregnancy are dealing with complex background factors, including trauma, childhood abuse, mental illness, violence, and poverty. Others see substance use as beneficial or are dependent on substances. Rarely is information and advice about the harm of substance use the main issue.

Barriers for women

Top barriers to seeking help and support reported by pregnant women who use alcohol and drugs:

- Shame and guilt
- Fear of child welfare involvement and/or having a child removed from their care
- Feelings of depression and low self-esteem
- Belief or hope that they can change without help
- Unsupportive, controlling, or abusive partner
- Not having enough information about available services
- Waiting lists at addictions treatment agencies

Supports for women

Top supports reported by pregnant women who use alcohol and drugs:

- Supportive and non-judgmental service providers
- Supportive family members
- Supportive friends/recovery group members
- Children as motivators to get help
- Health problems as motivators

Quick Facts

- Substance use during pregnancy is common.
- Women from all social and economic groups may use substances while pregnant.
- Many women are able to stop using substances when they learn they are pregnant. Other women continue to face addiction and related health and social challenges when pregnant.
- Overall, alcohol and tobacco are the most commonly used drugs during pregnancy; marijuana is the most commonly used illicit drug during pregnancy.
- Tobacco and alcohol can be the most harmful for fetal health during pregnancy, and in the long term for those prenatally exposed.
- Prescribed medications such as methadone are often used to help individuals who are addicted to opioids (such as heroin, codeine, and oxycodone) to help manage withdrawal and as part of addiction treatment and recovery.
- Infants who initially show withdrawal effects from substances such as heroin and methadone at birth do not necessarily have any physical effects later on as children or as adults.
- Some research suggests that infant health outcomes are more closely related to factors like homelessness, poverty, poor nutrition, stress, and infections than to drug use itself.

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HOW YOU CAN HELP

1. Many women with substance use problems are able to stop or significantly reduce their use during pregnancy. Provide encouragement and positive feedback about even the smallest changes.
2. Even if a woman continues to use substances during her pregnancy, any improvements she can make to her overall mental and physical health will improve her well-being and that of her fetus. These improvements can range from regular meals to methadone maintenance treatment to safe injection practices.
3. If a woman is struggling with addiction, be prepared to talk to her about available support and treatment options in your community. While pregnancy and motherhood can be an important motivator for a woman to make changes to her substance use, let her know that her own health and well-being are important, too. Help her to feel that she can make changes in her substance use and that there is hope.
4. If a woman has questions about substance use prior to becoming aware of her pregnancy, talk to her frankly about possible effects as well as some of the protective factors (e.g., nutrition). Reassure her it is never too late to reduce or stop drinking or using to help her baby.
5. Depending on your relationship with a woman, you may feel comfortable starting a conversation about her substance use. You might consider asking her what she already knows about the effects of substance use during pregnancy, what changes she has considered making or has already made, and whether she has any questions. After sharing new information, you can ask her how this fits for her or how it connects with her experience.
6. Some women may be reluctant to discuss their substance use or to seek care and treatment. Give them time. Relationships take time to build and having a trustworthy relationship may be a key step to their progress.
7. Substance use often intersects with issues such as poverty, unsafe or inadequate housing, violence and abuse, food insecurity, and other health and social issues. Help women deal with their immediate needs and issues.

LEARN MORE

Alberta FASD Cross Ministry Committee
<http://fasd.alberta.ca>

Harm Reduction and Pregnancy: Community-based Approaches to Prenatal Substance Use in Western Canada (booklet)
University of Victoria and BC Centre of Excellence for Women's Health
www.bccewh.bc.ca

PRIMA (Pregnancy-Related Issues in the Management of Addictions)
www.addictionpregnancy.ca

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