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Educational Strategies for Healthcare Providers of Postpartum Women with Substance Use Disorder

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
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Abstract

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MS, University of South Alabama 2005

BS, University of Mobile 1989

Project Submitted in Partial Fulfillment

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Doctor of Nursing Practice

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Abstract

Providing educational strategies to maternal-child staff members can improve their attitudes, perceptions, and stigma towards the childbearing age women who are substance users. In the United States, an increased number of pregnant women have substance abuse problems. It is important that the maternal child staff have the resources and are equipped to care for women who are substance users struggling with their addictions and motherhood. The purpose of this project was to determine whether an educational program provided to postpartum nurses increased knowledge on the special needs of the new mother with a substance abuse issue. The education of the staff helps bridge the gap in nursing practice of substance abuse in pregnancy by improving the knowledge and perceptions of nurses on the postpartum unit thereby improving the outcome of mothers and their child. Knowles' adult learner theory guided the project. The descriptive statistics results of 30 staff members who took a preassessment, accessed the educational presentation, and took the post assessment was used and analyzed using a nonparametric Wilcoxon Signed Rank test. The assessment questions all showed a significantly positive effect from the preassessment to the post assessment. There was a statistically significant positive effect on the perceptions of the project participants ($Z = -2.812$, $P = .001$). The Doctorate Nursing Practice project was evaluated and recommended for use as an educational resource for new staff and annually as staff competency. Implications for positive social change includes using this presentation to improve the care of mothers who are substance users which will improve the outcomes of the mothers and their children.

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Dedication

This study is dedicated to my family, my husband Rudolph, and my children Renada and Rudolph Donte, my three adorable grandchildren, and lastly a precious and endearing dedication to my mother Arozina Lily who untiring strength even in illness has been inspirational and without whom I could not have executed this plan and purpose of my destiny.

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I would like to thank my father who has given me faith and encouragement, my sisters, twin Angela, Mary, Veronica and Jennifer, also brothers Lorenza and Clifford who encouraged me throughout this journey. I would like to especially thank Dr. Robert McWhirt, my committee chair who ignited the desire in me to complete my project and also gave me encouragement, and committee member Dr. Nyange. To my mentor Dr. Patty Wilson who was my motivator to continue to apply myself to complete this task.

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Section 1: Nature of the Project

Introduction

In the United States, an increased number of pregnant women have substance abuse problems, with numbers quadrupling from 1999 to 2014 (Normile et al., 2018). In the postpartum period, mothers experience hormonal changes and the birth of a new baby which brings sleep deprivation, and a shift in the day-to-day routines. The responsibility of caring for a newborn creates stress for all women, but for those who are struggling to stay in recovery from drug use, it may present a larger challenge (Cataldo et al., 2019). Staff nurses on the postpartum unit should be educated about services and treatment for substance use women who have just had a baby, also be equipped with the knowledge of resources offered and coping strategies to a captive audience of new mothers. Empowering these vulnerable mothers with support is an important contribution to positive social change.

Problem Statement

In the postpartum nursing unit that was the DNP project site, nurses do not typically assess the new mother for substance abuse withdrawal symptoms or identify substance use. Rather, care on the unit has been guided by habit and protocols that do not necessarily relate to the needs of addicted and abusing mothers. These mothers may have sleep deprivation, substance abuse carvings, or withdrawal symptoms that compound the challenge of the new mother's role (Wu et al., 2020). During pregnancy, substance abuse users may not keep prenatal appointments, and may continue to abuse, thereby increasing the risk of the infant developing neonatal abstinence syndrome (NAS; Stone, 2015).

Purpose Statement

The purpose of the DNP project was to address the lack of knowledge of the nursing staff of substance use in pregnancy and the care of postpartum mothers. The staff nurses on the postpartum unit have limited knowledge in caring for mothers who are substance users and there is a gap in the practice in providing care for these new mothers who are substance users.

In this DNP project I provided an educational program that addressed the knowledge gap with a goal of increasing awareness, perception, and attitudes relating to substance use and postpartum mothers. The staff nurses on the postpartum units are trained to provide routine postpartum care for new mothers and their newborn. Many nurses perform routine care that centers around bonding, breastfeeding, fundal massage, and care of the newborn which leads to a discharge home within 48-72 hours. Tenured nurses who have years of caring for patients on the postpartum unit may not have participated in continuing education on how to care for women with mental health concerns stemming from substance abuse (Howard, 2015). Similarly, newly practicing nurses may also not have been trained to focus on this specialty patient population and not given the opportunity to become knowledgeable of these patients while on the postpartum unit (Van Scoyoc et al., 2017). Finally, some nursing staffs have a stigma regarding mental health issues and substance abuse (Hooks, 2019). These issues of treatment of patients with substance abuse and lack of knowledge of resources represented a significant gap in nursing practice at the DNP project site.

The project question is "Will an educational program provided to postpartum nurses increase knowledge on the special needs of the new mother with a substance abuse issue?" By providing the educational program, this project helped bridge the gap in practice at the unit level. Postpartum nurses acquired new knowledge and skills in identifying patients with an abuse problem and directing them to available resources in the outpatient setting to better manage their substance use condition.

Nature of the Doctoral Project

This staff education project followed the guidelines set forth in the Walden University Staff Education Manual. The setting was a children's and women's hospital in the Southeast region of the United States. The hospital actively participates in providing care for infants classified as infants with NAS. The education program provided content for the staff on how to identify women who were at risk for substance use and their infants who were at risk after delivery.

The in-services were conducted for all the healthcare providers who provides care to the postpartum women as a staff development opportunity requiring attendance and participation. There were two 30-minute education sessions and staff earned 1 hour of continuing education credit. A pre/posttest on the topic was administered to the participants. The pretest was 15 questions to assess the nurse's knowledge of resources available for patients and their attitude towards substance abuse users. Each participant was given toolkit resources in the form of a handout that provides a general substance abuse definition, pregnancy statistics, and resources that provide support to women who are substance abuse users. The second 30-minute session followed up in 2-week time

frame with the same platform as the first session with the posttest consisting of 15 questions based on the same information. Individual results were not analyzed, but overall group results were analyzed to determine if there was an increase in knowledge of the staff in the care of a substance use mothers. The healthcare managers determined if the staff educational project will serve as a tool to improve the gap in nursing practice of the care for pregnant or postpartum mothers who are substance users.

Significance

This educational project has the potential to improve the care of mothers and their newborns in the southeast United States. The primary stakeholders of this DNP project are the new mothers, their families, and staff nurses who care for the mothers. The education of the staff is a collaborative effort along with the administrative and supervisory staff as stakeholders to strengthen community and clinic settings throughout the region in the effort to decrease the rate of substance use in women. The development of a toolkit is an important resource for the staff to provide to their patients and improve the outcomes of the mothers and their newborns. Changing the attitudes of how to provide care was important in facilitating staff into becoming positive change agents for substance abuse users. Empowering nurses as leaders also assisted in bridging the gap in the lack of knowledge of resources available regarding substance abuse for pregnant women (Seybold et al, 2014). The hospital of my staff educational project was a major teaching hospital. The toolkit resources were accessible in forms for interpretive impaired patients that address cultural competency compliance. The use of substances such as heroin is increasing and becoming very prominent (Alabama Department of Mental

Health, [ADMH], 2016); therefore, staff nurses were educated on how to help women of childbearing age. Educating the staff nurses on resources to help the pregnant woman population is a great way to effect social change.

Summary

Section 1 introduced the gap in practice for this facility in the southeast United States. The project question was provided. The stakeholders were identified and the significance of this project for positive social change explored. Section 2 identified the model framing the project, the evidence supporting the relevance to nursing practice, the local background and context for the project, and my role in planning, implementing, and evaluating this education program. The expert panel were identified.

Section 2: Background and Context

Introduction

Nurses on the postpartum unit were less aware of the care needed for patients that had a substance abuse history and not aware of the community resources that a patient needs after delivery. The project question was "Will an educational program provided to postpartum nurses increase knowledge on the special needs of the new mother with a substance abuse issue?" Bringing awareness to the postpartum staff of the resources that were available to substance abuse user was important to assist in patients' outcome. The informational sessions with qualitative discussion gave the staff the opportunity to verbalize bias and concern toward pregnant women and substance abuse to improve the care provided and provide support and resources to the mothers and newborn. Section 2 discussed the theory framing this project, the evidence supporting the project and my role in planning, implementing, and evaluating this project.

Concepts, Models, and Theories

There are many adult learner theories that gave a different view into how adults learn. Knowing the differences in the adult learner directly affect the adult learners' experiences (The Teaching Excellence in Adult Literacy [TEAL], 2011). In my DNP project I educated the adult learner in relation to staff needs according to Knowles' adult learner theory. Knowles defined the term andragogy in the 1970s as 'the art and science" of helping adults learn and focused on six principles of the adult learner (Darlo Higher Education, 2016):

- The learner must be internally motivated and self-directed.

- Adults bring life experiences and knowledge to learning experiences.
- Adults are goal oriented.
- Adults are relevancy oriented.
- Adults are practical.
- Adult learners like to be respected.

Table 1 aligns this theory with the staff education program and is defined in the table as illustrated.

Table 1
Alignment of Adult Learning Theory with Project

Principles	Project
The learner is internally motivated and self-directed	Nurses will be motivated to learn best care as part of their commitment to their practice of nursing.
The learner brings life experiences and knowledge	From their nursing education nurses have an understanding of the care for maternal patients with substance abuse issues.
The learner is goal oriented	Using nursing knowledge and experience nurses will set the goal of helping substance abuse maternal patients.
Adult learners like to be respected	Nurses will be aware of the barriers and stigmas of caring for substance abuse maternal patients.

Retrieved from (Darlo Higher Education, 2016).

Relevance to Nursing Practice

Importance of Professional Staff Education

In the healthcare profession, all disciplines and level of professions depends on the continued flow of development for safe practices and medical breakthroughs that will help their patients. Knowledge can lead to the power to change a situation leading to

positive outcomes (Hassanian et al., 2015). Providing education to staff of a maternal-child unit regarding substance abuse use and how to identify those mothers is significant to decreasing infant mortality, low birth weight, NAS, and comorbidities. As of 2015, 27 million people in the United States experienced illicit substance use or prescription drug misuse within a 30-day time span (Center for Behavioral Health Statistics and Quality [CBHSQ], 2016; Substance Abuse and Mental Health Services Administration [SAMHSA], 2018). The epidemiological data of women of childbearing age 15-44 years, who used the illicit drug heroin increased 31% in the year 2013-2014 from the previous year 2012-2013 and the misuse of prescription drugs increased 5.3% within that same year (CBHSQ, 2016; SAMHSA, 2018). The need to identify these women in the early stage of pregnancy is needed to help infants and maternal outcomes.

Lehto et al. (2019) used a grounded theory approach involving stroke patients and the need for education of the staff to provide emotional support to the families. The theory, named Glaserian grounded theory, is focused on *caring interactions* which indicated the emotional states, behaviors, and body language expressed by patients. The grounded theory was used to prepare the nursing staff to educate and help family members better understand the changes that the family may experience. Education and understanding the changes that may occur and identifying their body language and behavior changes is important (Lehto et al., 2019).

In a comparative study using undergraduate nursing students, the students received 16 hours of substance-use education that included theory, epidemiology, identification of alcohol-related harms, and nursing-care elements (citation). Tierney

(2016) found that attitudes about care of patients with substance abuse issues must be addressed for nurses to care for the patients. Providing education to health care providers and individuals was evidence-based concepts, models and theories. The epidemic of substance abuse use in childbearing age women created a need for a program of prevention, treatment, and resources. Normile et al. (2018) took the approach of looking at three states' (Colorado, Pennsylvania, and Texas), Medicaid policies, behavior systems and public health systems. The study was important in educating the healthcare providers by emphasizing reducing stigma associated with pregnant women. Also, for those parents who accessed substance use disorder facilities, the healthcare provider was able to educate them on parenting skills.

Substance Abuse in Pregnancy

Providing effective treatment for pregnant and postpartum women makes sense from both public health and a financial standpoint (American College of Obstetricians and Gynecologists, 2017). Maternity patients with drug and alcohol use can be negatively impacted by provider bias (Seybold et al., 2014). The knowledge of nurses on substance use disorders and the care for patients is important and necessary, but not many nurses are educationally prepared. Educating the healthcare staff can lead not just to more effective care, but also improve attitudes (Seybold et al., 2014).

Neonatal Abstinence Syndrome

Neonatal abstinence syndrome (NAS) a syndrome which causes the newborn to exhibit withdrawals symptoms because of the exposure to opioids or other substances use of the mother during pregnancy (SAMHSA,2018). Educating healthcare professionals is

important in providing continuity of care, to patients with substance abuse who give birth to newborns with NAS. The importance of knowing the severity of symptoms that infants experience is critical (Lavely et al., 2018).

Barriers

Stigma

The attitudes of nurses were negatively portrayed when a patient presented with substance abuse use and pregnant. The most experienced nurse had a preset attitude and those attitudes transferred even more to the novice nurse. One study in the neonatal unit provided education and the results did not appear to have a positive effect on staff's attitude to substance misusing women. When treatments are provided, such as Methadone, healthcare staff may have the opinion that one addiction is traded for another and the care of the patient may be affected (Lavely et al., 2018).

Knowledge and Perception

The knowledge and perception of those who care for substance abuse users must be a caring and unbiased person. Substance abuse users who are pregnant or have recently delivered have significant risks factors that may cause health concerns. Education is essential for staff members in a maternity unit setting. Nurses' knowledge of clinical symptoms of substance use, such as withdrawal from use, depression, and the resources for treatment, and support for mothers' who are substance users can be that of a very little knowledge to expert knowledge (SAMHSA,2018). Nurses that are educated and knowledgeable of substance use are needed to ensure the compliance of treatment designed for women with substance use diagnose (SAMHSA,2018). Childbearing age

women may feel that they are judged or treated differently because of their substance use (SAMHSA,2018). Nurses who are more knowledgeable are also key components in helping the novice nurse in developing a positive approach to treatment and care of women with substance use diagnoses.

Local Background and Context

The setting of this DNP staff education projects was a state facility that included multiple health systems and educational programs. This nonprofit institution was dedicated to improving the maternal and infant mortality rate relating to substance use in pregnancy. Women in the United States comprised 40% of those who became lifetime users and these women were primarily between the age of 18-44, which represented the reproductive age group (Forray,2016).

There was a major deficient on the postpartum unit related to knowledge of resources and perception of staff in the care of women with substance abuse use in pregnancy. The attitudes of staff providing the care to women who were pregnant and substance abuse users may vary by many reasons. Women who have delivered and have no knowledge of resources and lack support are struggling with abuse cravings and withdrawals and need the nurse that can give that support (Van Scoyoc et al., 2017). The education of the staff bridged the gap in nursing practice of substance abuse in pregnancy by improving the knowledge and perceptions of nurses on the postpartum unit.

Role of the DNP Student

My role as a DNP was that of leadership and administration of relevant nursing practices. The DNP program prepared and positioned me in the student role as a

healthcare leader in education and clinical practice during my practicum. My experience as a Perinatal Nurse working with high risk pregnancies and Mother Baby patients, have allowed me the opportunity to see the need for staff education on substance abuse and the maternal patient. Addressing the staff education need was of utmost importance to my role as a leader and educator, which was without bias towards the maternal patient with a substance abuse disorder. In this role I recognized the need for education of postpartum staff nurses on substance use in pregnancy, their perception, attitudes, and knowledge of care. I developed, implemented and evaluated the staff education program following Walden's DNP Manual on Staff Education.

Role of the Project Team

The staff education project was used as a resource tool to help develop positive outcomes of postpartum mothers who are substance users. The project team consisted of the DNP student, nurse managers and the nurse educator. The project team oversees the postpartum unit and participated as expert panelists. The data from the pre and post assessments of the participants was reviewed and discussed. The panel members' recommendation was considered for the improvement of care and resources available to postpartum substance users. IRB approval for the DNP project was given before delivery of the educational program and project delivery.

Summary

Section 2 introduced Knowles's Theory of Adult Learning which framed this project. The evidence supporting the DNP project, the background and context supporting the project, my role and the role of the expert panel was identified. Section 3

presented the sources of evidence that addressed the project question including participants, procedures for the program, and protections. The statistical analysis of the pre and posttest results and the program evaluation are described.

Section 3: Collection and Analysis of Evidence

Introduction

The prevalence of substance use in maternal patients has increased and causes a great financial burden on the economy. Women who are substance abuse users are at a higher risk for birthing infants with NAS and decreased growth and development (Normile et al., 2018). New mothers have the responsibility of caring for a newborn while also struggling through symptoms from substance use (Cataldo et al., 2019). The nursing staff are focused on the care of the new mother and the infant's well-being and may overlook the obvious withdrawal symptoms and struggles that a new mother may exhibit during the postpartum period (Van Scoyoc et al., 2017). The nurses' and staffs' attitude, knowledge, and perception may play into the new mother's reluctance in asking for help.

Practice-Focused Question

The practice-focused question for this project was "Will an educational program provided to postpartum nurses increase knowledge on the special needs of the new mother with a substance abuse issue?" The goal of this DNP staff education project is to educate staff nurses caring for maternal patients that are substance abuse users. I explored the perceptions, attitudes, and barriers that nurses may have regarding postpartum women who are substance abuse users. These attitudes and perceptions may cause the mothers to not seek resources and assistance they may need (see Krans et al., 2019).

Sources of Evidence

Evidenced based peer reviewed literature was obtained from multiple sources published during January 2015 to the present and historical sources that may be older. Data bases explored from the Walden University online databases included CINAHL Plus with Full Text, ProQuest Nursing & Allied Health, MEDLINE, PubMed, and Google Scholar. Key search words included *substance use in pregnancy, staff education, knowledge and perception,* and *stigma.*

Participants

The participants in this doctoral project were the staff nurses in a maternal child setting that consist of the labor and delivery, and postpartum units. The managers of the unit were given the opportunity to give input into the staff education project. Participants may also include other staff in the maternal child setting that are involved in the care of the women who are substance abuse users.

Procedures

The staff education project consisted of a pre and post assessment (Appendix A). The pre assessment was given to all staff in paper form before they could access the program presentation (Appendix B). After viewing the presentation and completion of the allotted time, the post assessment was available for the participants and completion of a program evaluation (Appendix C), with a completion certificate (Appendix D) provided.

Protections

The site approval form for staff education doctoral project was signed by a site representative and submitted to the Walden IRB for approval to implement the program.

Participants in the program signed the consent form for anonymous questionnaires. Both documents are found in the Walden University DNP Manual for Staff Education Projects.

Analysis and Synthesis

The implementation and dissemination of the DNP educational project was over a two-week process in the form of a PowerPoint presentation via the postpartum unit educational intranet site. The staff nurse had unlimited access to the website and therefore afforded the opportunity to view the PowerPoint while on the unit via the intranet. Those who viewed the PowerPoint while away from the hospital setting acknowledged that they were deciding to participate while not at work and accessing the PowerPoint via the intranet. The PowerPoint was available in paper form as well for those staff nurses who may have technical difficulties due to technology issues and for the staff accessed to the IT resource number if needed.

The participants was required to complete all portions in order to receive credit. The number of pre and post assessments was tallied up and used to create data. Data from the pre and post assessments was analyzed using descriptive statistics. The answers from the pre assessment questions was compared to the answers from the post assessment to determine if there was improvement in perception, attitudes and knowledge of care. The data also determined if there was an increase in knowledge of resources available for postpartum mothers who are substance users. The Likert scale responses from the program evaluations was also analyzed using descriptive statistics.

Summary

In summation, Section 3 described the process for the planning, implementation, and evaluation of this project. The practice-focused question is: Will an educational program provided to postpartum nurses increase knowledge on the special needs of the new mother with a substance abuse issue? The evidenced based resources related to stigma, attitudes and nurses' perception while caring for maternal patients that are substance abuser were explored. The pre and post assessment data highlighted important aspects of improving care and education for healthcare staff. Section 4 described the findings, implications, and evaluation of the project. The data was shared with the healthcare leadership to continue the education of those nurses and healthcare staff that are responsible for the care of maternal- child patients

Section 4: Findings and Recommendations

Introduction

The purpose of this educational project was to increase awareness among the nursing staff on the mother baby unit who care for mothers with a substance use history. The staff explored their knowledge level, attitudes, stigma, and perception when caring for this population of patients.

The age for women who are at childbearing age is considered ages 15-44 (citation). In a study reported by the Center for Behavioral Health Statistics and Quality (2015) the cases of women who used the illegal drug heroin increased to109,000 during the year 2013-2014 and within that same time the number of cases of women of childbearing age who misused prescription drugs such as OxyContin increased to 98,000. The cases of NAS in newborns increased from 3.4 to 5.8 per 1,000 hospital births (CBHSQ, 2015; SAMHSA, 2018). The barriers to treatment and care for these substance abuse mothers was knowledge deficit of resources, the nursing staff's perception, attitudes, and thoughts about the childbearing mother and their substance use history. The following practice-focused question guided the project: "Will an educational program provided to postpartum staff increase knowledge on the special needs of the new mother with a substance abuse issue?" Section 4 summarized the sources of evidence, how the evidence was obtained, and the analytical strategies of the project. In this project, a description of the setting was described, the educational presentation clarified, findings and implications of the educational presentation, recommendations, and strengths and limitations of the project.

Findings and Implications

Setting

The educational program was conducted on a maternal-child unit in a large children's and women's hospital in south Alabama. The initial educational presentation was presented to staff members in a conference room setting while maintaining social distance. The presentation was made available in a PowerPoint format and available to staff members via the intranet with allotted time given for staff participants to access. If preferred the presentation was in paper format for those participants who did not access the intranet or attend the initial presentation. The timeframe for the educational project was 2 weeks to complete. Participants were asked to complete a pre and post assessment to assess their knowledge of the care for women who are substance users before, during, and after pregnancy and to bring awareness to stigma, attitudes and perceptions of these women. Participation was voluntary and educational credit given for completion. The education presentation was presented to the staff in a PowerPoint 20-minute session reviewing the aspects of substance abuse in pregnancy, terms related to pregnancy and the and the newborn review of the after given the presurvey questionnaire. Staff that independently viewed or read the presentation did so during their break in the staff's break room.

The DNP education project was developed using Knowles' adult learner theory. The theory defined the term andragogy which focused on six principles; four were used in this project. The first objective focuses on the adult learner as internally motivated and self-directed. The second objective states that the learner brings life experiences and

knowledge. The third objective described the learner is goal oriented and the fourth that adult learners like to be respected (Darlo Higher Education, 2016). Aligned to the DNP staff education requirements, the four objectives were used to educate the staff: (a) The learner will define what is substance abuse, (b)The learner will become knowledgeable of the effects of substance abuse in pregnancy, (c)The learner will identify how attitudes and perceptions affects the care of patients, and (d) The learner will analyze how stigma can lead to barriers in caring for pregnant substance abuse users(see Appendix B).

Demographics

The total of staff on the postpartum unit is *N*=45, consisting of 30 registered nurses, nine medical assistants/patients care technicians, and six unit clerks, who were invited to participate. The total number of staff who participated and completed the educational project was *n*=30. There were 22 registered nurses (RN's); five MA/PCA's and three unit clerks. The educational project was voluntary and due to unforeseen circumstances, some staff members did not participate. The demographic analysis of staff position and years in healthcare were identified (see Table 2). The level of experience for the specific population was collected, experience ranging from less than 1 year to over 10 years of work experience in the organization on a maternal postpartum unit was used as a demographic factor (see Table 3). The number of participants was greater than half the total staff and therefore the project was beneficial to the staff and those who it would help.

Table 2
Maternal Postpartum Staff Demographic Data

Variable	Number	Percentage
Classification		
RN	22	73.3%
MA/PCA	5	16.7%
Unit Clerk	3	10.0%

Table 3
Years of Experience on a Maternal Postpartum Unit

Years of Experience	RN	MA/PCA	Unit Clerk	Percentage
Less than 1 year	4	1		16.7%
1-2 years	5	1		20.0%
3-4 years	2	1	1	13.3%
5-10 years	6	2	1	30.0%
10+ years	5		1	20.0%

Staff were invited to complete the pre assessment in paper format maintaining the integrity of the participants by use nonidentifying demographic factors. The pre assessment (see Appendix A) consisted of 15 items that focused on questions regarding knowledge of care for women who have a history of substance abuse, their attitudes towards the care of these women, medications that are used, how stigma can affect the outcome. The questions were answered using the Likert scale format scoring1-5 with 1 being *strongly disagree* to 5 *strongly agree*. The preassessment were available in late December 2020. The paper format of the preassessment was given to the unit manager and made accessible at the charge nurse station to be given to staff during the evening and night shifts. The staff were informed to complete and return their preassessment to

the collection envelope within that shift or at their next shift. The DNP project guidelines were followed, and no participants were identified during the pre-assessment phase.

The next phase involved the DNP project presentation on January 4, 2021, which was conducted in the staff conference room adhering to social distancing due to COVID-19 regulations for those who could attend. The DNP project was made available via intranet PowerPoint (see Appendix B) and in paper format until January 16, 2021. The initial presentation in the conference room on the unit had limited participation of only two staff members due to the high census on the unit and most staff were not able to attend. The staff members were then instructed how to access the PowerPoint presentation or given the paper format to read and review information regarding substance use in pregnancy. At the end of the allotted time the total number of staff who participated and completed the pre/post assessment and attended the presentation by in person or viewed the PowerPoint presentation was 30 (66.7% of the total staff). The number of staff members participated were sufficient to collect data needed to complete the project.

The pre/post assessment consists of 15 questions and six were selected regarding perception, attitude, stigma and level of knowledge of substance use in pregnancy as data collection to determine if there was a difference in the responses once completing the DNP educational project. The six questions are answered according to the Likert Scale with a score of 1 *strongly disagree* to 5 *strongly agree.* The questions are listed on the assessment as "(2) I believe that a woman who uses opioids during pregnancy are responsible for the negative parts of their lives, (6) I believe that a relapse indicates a lack

of commitment to recovery and parenting, (7) I can tell by looking at a woman if she has a history of substance use,(8) I am aware of the effects of opioids , alcohol and other substance use on a fetus during pregnancy, (13) I feel comfortable working with a woman who is using opioids, and (15) I know how to find substance use resource for a pregnant woman or mother (see Tables 4 & Tables 5). Two questions were listed under the Perception label; two were listed under Attitude/Stigma and two were listed under Knowledge.

Table 4

Number and Percentage of Responses for Pre assessment Questions

Assessment Questions	1-Strongly disagree	2- Disagree	3-Neutral	4-Agree	5 Strongly agree
Q-2: I believe that a woman who uses opioids during pregnancy are responsible for the negative parts of their lives.	9 (30%)	5 (17%)	2 (6%)	9 (30%)	5 (17%)
Q-6: I believe that a relapse indicates a lack of commitment to the recovery process	7 (23%)	10 (33%)	0 (0%)	5 (17%)	8 (27%)
Q-7: I can tell by looking at a woman if she has a history of substance abuse	16 (53%)	4 (13%)	0 (0%)	4 (13%)	6 (20%)
Q-8: I am aware of the effects of opioids, alcohol and other substance use on a fetus during pregnancy	6 (20%)	12 (40%)	5 (17%)	4 (13%)	3 (10%)
Q-13: I feel comfortable working with a woman who is using opioids	15 (50%)	8 (27%)	0 (0%)	4 (13%)	3 (10%)
Q-15: I know how to find substance use resources for a pregnant woman or mother	5 (17%)	6 (20%)	12 (40%)	5 (17%)	2 (6%)

Table 5

Number and Percentage of Responses for Post assessment Questions

Assessment Questions	1-Strongly disagree	2- Disagree	3Neutral	4-Agree	5-Strongly agree
Q-2: I believe that a woman who uses opioids during pregnancy are responsible for the negative parts of their lives	15 (50%)	4 (13%)	2 (6%)	6 (20%)	3 (10%)
Q-6: I believe that a relapse indicates a lack of commitment to the recovery process	15 (50%)	10 (33%)	0 (0%)	1 (3%)	4 (13%)
Q-7: I can tell by looking at a woman if she has a history of substance abuse	16 (53%)	8 (27%)	0 (0%)	3 (10%)	3 (10%)
Q-8: I am aware of the effects of opioids, alcohol and other substance use on a fetus during pregnancy	3 (10%)	3 (10%)	5 (17%)	15 (50%)	4 (13%)
Q-13: I feel comfortable working with a woman who is using opioids	1 (3%)	6 (20%)	0 (0%)	16 (53%)	7 (23%)
Q-15: I know how to find substance use resources for a pregnant woman or mother	0 (0%)	3 (10%)	2 (6%)	6 (20%)	19 (63%)

Based on an analysis of the data presented in Table 4, the staff members had the highest percentage of disagreement with Assessment Question 13 (combined total of 77%). This question was related to if the staff members were comfortable with a woman who is using opioids. Question 1received the highest percentage of agreement (47%). Table 5 provided an analysis of the staff members' posttest assessment questions. Eighty-three percent of the staff disagreed with the question related to if believed that a relapse indicates a lack of commitment to the recovery process. This represented the highest level of disagreement on the posttest. Question 5 received the highest level of agreement at a percentage of 83%.

Table 6

Mean Response for the Pre- and Post Assessment Questions

Assessment Question	Mean Response-Pretest	Mean Response – Posttest
Q-2: I believe that a woman who uses opioids during pregnancy are responsible for the negative parts of their lives	2.0 (Disagree)	2.0 (Disagree)
Q-6: I believe that a relapse indicates a lack of commitment to recovery process	2.0 (Disagree)	1.0 (Strongly disagree)
Q-7: I can tell by looking at a woman if she has a history of substance abuse	2.0 (Disagree)	1.0 (Strongly disagree)
Q-8: I am aware of the effects of opioids, alcohol and other substance use on a fetus during pregnancy	3.0 (Neither agree or disagree)	4.0 (Agree)
Q-13: I feel comfortable working with a woman who is using opioids	2.0 (Disagree)	4.0 (Agree)
Q-15: I know how to find substance use resources for a pregnant women or mothers	3.0 (Neither agree or disagree)	5.0 (Strongly agree)

A statistical analysis of the mean response for each of the selected pre and post questions found in Table 6, indicated a change in the level of awareness by each staff relative to their judgement of barriers when servicing pregnant women. In addition, changes were also observed relative to the mean change in their awareness of how they contributed to stigmas. Five of the six questions (83%) realized an average change in their stigmas.

The DNP student used the Wilcoxon Signed Ranks Test (Appendix E). This test was used in order to consider both magnitude of the difference scores and their direction, which makes the analysis more powerful. The pretest and posttest data used in this study was not considered normally distributed. There were two assumptions underlying the Wilcoxon Signed Ranks test. First, the responses within each pair must be at least of ordinal measurement. Second, the difference responses must also have at least ordinal scaling. In addition, this test is also used to test for a difference in the mean of paired observation whether measurements on pairs units or before and after measurement on the response for the pre and posttests of the same unit. The sample size was n=30 which also is acceptable in the Wilcoxon Signed Rank Test.

The aforementioned test was used in the DNP project to assess if there were significant changes to the maternal-child staff's attitudes, knowledge and perceptions on the care and needs of a new mother with substance abuse issues. Six questions were analyzed in the area of Knowledge, Perception, Stigma /Attitude (Table 6) that the DNP student felt would provide an adequate conclusion of the assessment level of significance. There was a statistically significant positive effect on the perceptions of the project

participant's (Z = -2.812, P = .001) (Chart 2) after viewing the PowerPoint presentation relative to question #2 on the assessment instrument (I believe that women who use opioids during pregnancy are responsible for the negative parts of their lives.). Question #6 (I believe that a relapse indicates a lack of commitment to recovery and parenting) also had a positive significant assessment of a Z = -3.095, where P = .002. For question #7 (I can tell by looking at a woman if she has a history of substance use) assessed attitude/stigma had Z = 2.428, and P = .015. This level of significance also had a positive effect from the pretest to the post test. Question #13(I feel comfortable working with a woman who is using opioids) which also assessed attitude/stigma of the staff caring for mothers who are substance users, Z=3.624 and P = .000 showing a positive effect. For question #8 (I am aware of the effects of opioid, alcohol and other substance use on a fetus during pregnancy focusing on knowledge) had a Z = -3.534, with a P = .000. Again, this question had a statistically significant affect. Finally, Question #15(I know how to find substance use resource for a pregnant woman or mother) had a computed Z score of -4.152 with P = .000. This assessment question also realized a significantly positive effect from the pre- assessment to the post assessment.

Recommendations

In the presence of a world-wide global pandemic this DNP project was conceived and therefore many changes of delivery of the project to the staff were needed. The project had a total for 30 participants that were given the pre assessment, the DNP educational presentation and the post assessment. Maternal- child staff caring for the

mothers that were substance abuse users and pregnant also had to deal with the new issue of COVID-19.

The DNP project was evaluated to be very beneficial and needed for the maternal child staff. The nurse manager and educator would like to continue to use the TOOLKIT Mothering and Opioids Addressing Stigma Acting Collaboratively (Schmidt, Wolfson, Stinson, Poole, & Greaves, 2019) as a resource for new staff and annually so that the staff members can refresh and be aware of the importance in caring for mothers who are substance users. The presentation was offered via the computer and paper format. The staff and manager were pleased with the dissemination of the educational project but felt that a revamping of the delivery system and how to better deliver timely and crucial information is important in conditions such as what was currently happening, the global pandemic.

Contribution of the Doctoral Project Team

The doctoral project team consisted of the maternal child nurse managers and the nurse educator. The DNP project of assessing attitude/stigma, perception and knowledge of staff members that care for maternal substance abuse users was very much needed. Their contribution as the doctoral project team has been significant in the success of this project during COVID and dealing with the sensitivity of a substance use diagnosis during pregnancy. All team members were helpful during the education of the staff. The doctoral project team assisted in obtaining the required resources needed to have a face to face presentation and made sure the availability to the staff during evening and night hours. At the completion of the presentation, the DNP student thank the team members

and all staff that participated and worked tirelessly in making the educational project a success. Feedback from the team members was encouraged and helped the unit to embrace development of initiatives for change in areas of need. Administration welcome the suggestions of interventions and improvement from the project team. All recommendations were developed from data received from the pre/post assessments.

Strengths and Limitations of the Project

The DNP project had many strengths identified as well as limitations. The project was performed during the Pandemic COVID -19. The staff had many issues that could have compromise the project, but each participant fulfill the requirements in a timely fashion. Each staff member felt no pressure or intimation to complete the project. The ability to complete all parts of the project in their own space and not as a group was appreciated by the staff due to the COVID-19 precautions to social distance. The pre/post assessment used the de-identification process to maintain the anonymity of each participant which made the staff feel comfortable with the DNP student and a positive attribute completion rate of the project.

As mentioned previously, the major and most important limitation arose from the presence of COVID-19. This was a global issue and many uncertainties caused the staff and patients to be fearful, have anxiety and signs of stress. My earlier involvement with the staff and nurse managers made it easier to gain entry access to the hospital campus. Limited time to be on the unit was quickly eliminated by providing paper copies as well as access via intranet. The total number of staff was 45 with 30 completing the project and maintained the integrity of the project.

The participants of the project were staff of a maternal child unit and adult learners. Malcolm Knowles' adult learner theory plays an important role in the strength of the project. Adult learners will be motivated to learn best care as part of their commitment to their practice of nursing (Darlo Higher Education, 2016).

Summary

The purpose of this DNP educational project was to increase staff knowledge of caring for maternal patients who are substance users and to identify certain attitudes and stigmas regarding care for maternal substance users. The total number of staff was 30 which was an acceptable sample size. Data were analyzed using SPSS, Wilcoxon Signed Rank Test. The staff results displayed an increased in knowledge and increased awareness of perception, stigma and attitudes when caring for maternal women who are substance users. The next section, a discussion of dissemination plan, self-analysis and a sustainability plan will be explained and a summary of this section.

Section 5: Dissemination Plan

Substance abuse in maternal women is a significant problem in the United States. Forty percent of the lifetime drug users are women and 26% of those used both alcohol and drugs prior to 12 months of the pregnancy (citation). Women who are at a highest risk for developing a substance use disorder are usually in their reproductive years (18–44), especially ages 18–29 (Forray, 2016). Addressing the stigma of nursing staff, be aware of resources available, attitudes and perception of the staff can positive effect the care provided to these mothers who are dealing with substance use and pregnancy.

Analysis of Self

Honestly speaking, completing my DNP project was one of the most difficult tasks that I have encountered in my lifetime. In the midst of a pandemic, and the many challenges that I had to endured, it is with gratitude that I am finally reaching a sense of closure. The maternal child unit was challenged with daily and constant changes which did not directly affect my project but I felt an overwhelming desire to be empathic with the staff and those who were alone in their delivery. The goal of this project has clearly surpassed the many challenges and obstacles that was noted when the staff who wanted to learn more about caring for maternal child patients who had substance abuse issues. The revelation from the post assessment indicated an increase in knowledge and a change in perceptions. The DNP project prove to be needed and was well received by the staff. This project affords an opportunity for the healthcare staff to gain knowledge to reduce their fears and help them provide quality healthcare to all those who seek and needed their services. Even though the constant changes placed restriction to staff, the ability to

complete the dissemination plan as originally intended was without recourse. The plan required patience of myself and the staff prioritizing measures to complete all necessary parts of the project.

The nurse manager and educator were a great help in the final stage of the project, and I am grateful for their support and guidance. The complete buy in of those who would benefit from the assessment were receptive of the need for changes. Those who care for maternal-child patients such as nurses, administration, social services and all the support personnel will benefit from the data results. The acceptance made the DNP project process an easier transition. Providing the staff, the education DNP project resources which addresses stigma, perception, attitudes, and knowledge is needed and will be used for others that may also benefit.

Dissemination and Sustainability Plan

A through and complete summary was provided to the administrative team and the maternal -child department and was given the opportunity to view and assess the resources that were used in the DNP project. Conclusion was that the number of maternal-child patients who have some form of substance use history is an everyday concern for staff and those who are providers. The need for education and support to the staff is necessary and needed.

Plans for resources from the toolkit will be integrated into teaching and discharge information for the patients. The entire DNP project assessed and integrated into annual education and development of staff and other providers. The project raised awareness among staff regarding stigma, perception, attitudes and knowledge and benefited the care

of patients. An abstract will be submitted to upcoming MFP Virtual Intensive Summer Institute 2021.

Summary

In the United States an increased number of pregnant women have substance abuse problems, with numbers quadrupling from 1999 to 2014 (Normile, Hanlon, & Eichner, 2018). In the postpartum period, mothers experience hormonal changes and the birth of a new baby which brings sleep deprivation, and a shift in the day-to-day routines. The responsibility of caring for a newborn creates stress for all women, but for those who are struggling to stay in recovery from drug use, it may present a larger challenge (Cataldo, Azhari, Coppola, Bornstein, & Esposito, 2019). Staff nurses on the postpartum unit were educated about services and treatment for substance use women who had a baby, and equipped with the knowledge of resources offered and coping strategies to a captive audience of new mothers. The staff was empowered with benefits for vulnerable mothers and provided the support needed. It's an important contribution to positive social change.

The advancement of health care by the development of this DNP educational project provided staff members with increased awareness of their stigmas, perception, attitudes and knowledge when caring for maternal- child substance use patients. The staff acknowledged the DNP project and use of information for patient care. There must be equity, equality, inclusion and diversity for all patients without stigmas, negative attitudes or behaviors. The need for increase knowledge is also very important. Future interventions for this topic are part of what is needed in our society.

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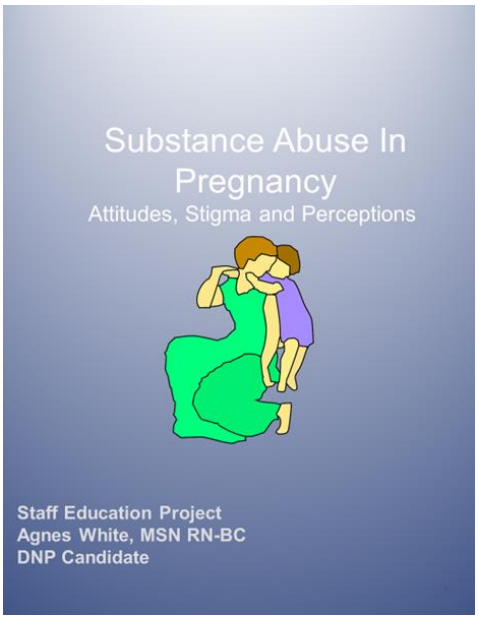
Appendix A: Pre- and Post assessment

Pre-Post Self-Assessment: Nurses Behaviors and Attitudes		**Nurse No. _____**			
Please circle the number on the Likert scale that corresponds to your answer from strongly disagree to strongly agree.	**Strongly disagree**	**Disagree**	**Neither agree nor disagree**	**Agree**	**Strongly Agree**
For the following items, please consider **patients that you have cared for on the Maternal Child Unit.** Judgement from health professionals is a significant barrier to accessing services for women. Services providers are sometimes unaware of how their own behaviors and attitudes can contribute to stigmatization. The statements below are to be used as a self-reflective exercise to help service providers become aware of how they may contribute to stigma. **To what degree do you believe the following statements?**					
1. I believe that women who use opioids can be good mothers	1	2	3	4	5
2. I believe that a woman who uses opioids during pregnancy are responsible for the negative parts of their lives.	1	2	3	4	5
3. I think that women using medications for treating opioid use disorders (e.g. methadone or buprenorphine) should try to cut down their dosage during their pregnancy.	1	2	3	4	5
4. I feel that pregnancy or the birth of a child should be reason enough to stop substance use.	1	2	3	4	5
5. I believe that relapse is a normal part of the recovery process.	1	2	3	4	5
6. I believe that a relapse indicates a lack of commitment to recovery and parenting	1	2	3	4	5
7. I can tell by looking at a woman if she has a history of substance use	1	2	3	4	5
8. I am aware of the effects of opioid, alcohol and other substance use on a fetus during pregnancy.	1	2	3	4	5
9. I know what harm reduction in pregnancy looks like.	1	2	3	4	5
10. I am comfortable supporting harm reduction practices during pregnancy and parenting.	1	2	3	4	5
11. I feel comfortable asking a woman about her history of substance use	1	2	3	4	5

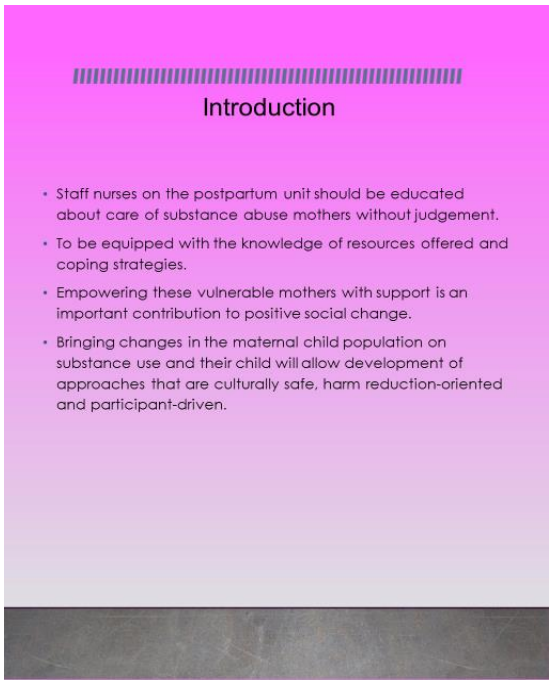
12. I am confident I can provide the same care to people who do and don't use opioids.	1	2	3	4	5
13. I feel comfortable working with a woman who is using opioids.	1	2	3	4	5
14. I would feel comfortable talking to a mother about concerns I have about her attachment to her baby.	1	2	3	4	5
15. I know how to find substance use resource for a pregnant woman or mother.	1	2	3	4	5

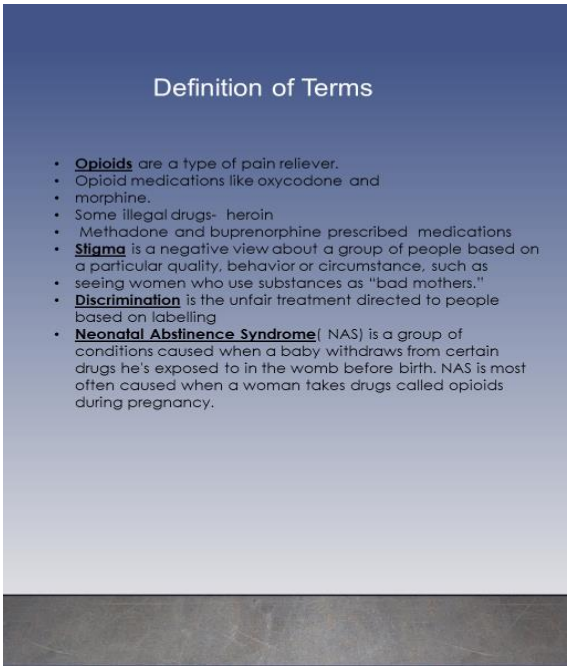
Adapted and used with permission from Schmidt, R., Wolfson, L., Stinson, J., Poole, N., & Greaves, L. (2019).Centre of Excellence for Women's Health

Appendix B: DNP Project Power Point Presentation



Learning Objectives	Program Content	Instructional Strategies
The learner will define what is substance abuse	Statistical Data of substance use in women and pregnancy Definition of Substance Use (SAMHSA,2018) (NIDA,2020)	Power point Presentation
The learner will become knowledgeable of the effects of substance abuse in pregnancy	Effects on the Newborn Breastfeeding Postpartum Recovery Effects on the Family and Support Systems (NIDA,2020)	Power point Presentation
The learner will identify how attitudes and perceptions affects the care of patients	Exploration and explanation of how to care for the maternal patients who are substance users (Kraus et al,2019) (Van Scoyoc, Harrison, & Fisher, 2017).	Power point Presentation Toolkit Resource
The learner will analyze how stigma can lead to barriers in caring for pregnant substance abuse users	TOOLKIT Mothering and Opioids Addressing Stigma Acting Collaboratively (Schmidt, Wolfson, Stinson, Poole, & Greaves, 2019).	Pre and Post Test Results Schmidt, Wolfson, Stinson, Poole, & Greaves, 2019).



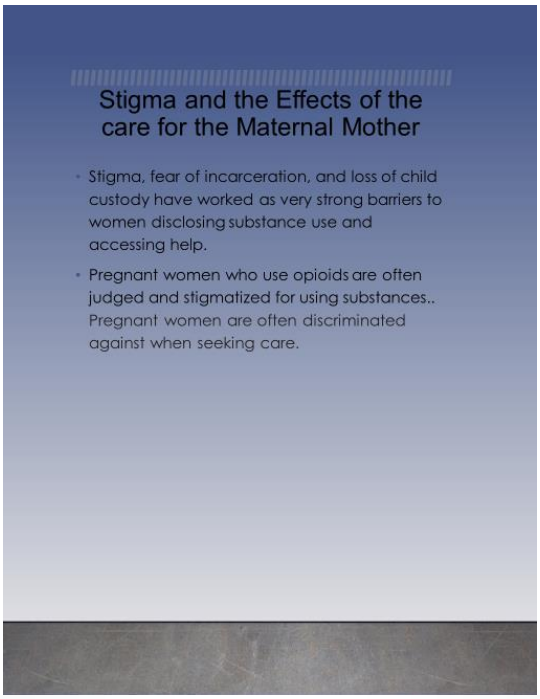


Maternal and Neonatal Risks
Where We Are Now

- Neonatal Abstinence a group of conditions caused when a baby withdraws from certain drugs they are exposed to in the womb before birth. NAS is most often caused when a woman takes drugs called opioids during pregnancy.
- We need more research on harm reduction and substance use treatment practice, and on decolonizing approaches to harm reduction that can be enacted by both substance use and child welfare fields. We need to continue to create opportunities for involving women with lived experience in defining what works for them.

Attitudes and Perceptions
Where We Have Been

- We have viewed the needs of mothers and children as conflicting, as opposed to connected
- We have separated children and mothers when there is parental substance use
- We have not worked together as fields to support the wellbeing of both parents and children
- We have stigmatized and retraumatized mothers for their substance use problems
- We have focused on services for substance use, over other concerns for which support is needed
- We have focused on abstinence from substance use by mothers over supporting harm reducing approaches



Understanding Stigma

Stigma is a set of negative attitudes or beliefs about a person or group of people.1 Stigma reinforces unequal power dynamics and has a direct impact on the quality of life of the person(s) or groups these attitudes are directed towards.2

Pregnant women who use opioids are often judged and stigmatized for using substances.[3] Discrimination is the unjust treatment people face due to stigma[4]

Pregnant women are often discriminated against when seeking care.[1,5-7] For example, as a result of their substance use, women may have their infants unnecessarily separated from them at birth, or they may not be provided the holistic treatment they require (i.e. substance use care, child support, housing and economic support resources)[8]. Further, women can be denied housing, economic support, and employment opportunity due to their substance use. Evidence shows that the public and the media often blame for women for their substance use disorders, yet show more compassion for women with mental illness.[9]

Women can internalize these negative attitudes. Pregnant women and mothers who use opioids have described experiences of judgement, surveillance, threats of losing their child, and restricted decision-making agency in interactions with service providers. This in turn can lead to self-consciousness, guilt and self-blame. These feelings can affect women's confidence in their ability to parent, and can also stop women from attempting to seek treatment at all.[1, 5-7, 10-14]

> "My sister is always calling me an unfit parent. Because I never raised any of my kids… But I didn't understand how can you judge me when you drink alcohol everyday as I got high. But by me doing heroin and losing my kids they think mine was worse, more out of control."
>
> (Gunn & Canada, 2015, p. 285)

Engaging in Non-Stigmatizing Practices

Judgement from service providers is a significant barrier to accessing services for women.[13,14] Service providers are often unaware that their own behaviours and attitudes can contribute to stigmatization. Some service providers may lack knowledge about addiction, leading to stereotypes, stigmatizing, and judgmental attitudes that can create an unsafe environment for some women.

The stigma associated with substance use during pregnancy has led some practitioners to take punitive approaches to working with women. Historically in Canada, Indigenous women, other racialized women and women with disabilities have been particularly stigmatized by the reproductive health and child welfare fields resulting in coerced sterilization, mother, child, family and community separation, increased surveillance, and requirements for stricter levels of compliance.[1, 7, 15]

Service providers have an opportunity through their practice to remain sensitive to women's experiences and support self-esteem, self-efficacy, self-determination and recovery.[16]

> "…she got it into my head, you're a mum, it's no different being on methadone. She dealt more with my problems than my baby 's and saying, 'You're a mother, you're doing a great job.' It's just that reinforcement, it can just be those words that really help you."
>
> (Harvey, Schmied, Nicholls & Dahlen, 2015, p. 295)

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Examining Our Use of Language
About Pregnant and Parenting Women Who Use Substances

As service providers and policy makers, we have a responsibility to use accurate and non-judgemental language. The language we use can contribute to or reduce stigmatization, and can influence public opinion. What terms are currently used in your workplace? Check the columns where you use the recommended language and notice where there may be room for improving your use of language.

Instead of...	Recommendation		Why this helps
Drug habit, drug addiction	Regular substance use, problematic substance use, or ask women what term they feel comfortable with		Describes substance use as health related and changeable, not as a habit or intractable. This recognizes that substance use is influenced by many factors and does not reinforce a deficit view that addiction is a moral failure, personality problem, or narrow mental health disorder.
Addict, junkie, former/reformed addict	Person who uses substances, person in recovery/long-term recovery		*Person first language* focuses on the person before their condition or behaviour. This recognizes that a person's condition, illness, or behaviour is only one aspect of who they are and not a defining characteristic.
Clean	Person in recovery		Terms such as clean and dirty reinforce negative stereotypes of people who use drugs. Terms like 'clean' put a focus on abstinence only, and do not recognize the benefits of pharmacological treatments and harm reduction efforts.
Suffering from..., Victim of...	Has a history of..., Working to recover from..., Living with... or Experiences of...		*Recovery-oriented language* expresses hope, optimism, supports recovery and shifts away from the view that substance use is only negative and has no benefits.
Replacement or substitution therapy	Opioid-Maintenance Therapy (OMT), Opioid Agonist Therapy (OAT), treatment or medication for Opioid Use Disorders		Accurate medical terms recognize these protocols as treatment, or a component of treatment, and avoid the implication that this use of medication is in some way enabling or replacing 'one addiction with another.'
Unmotivated, non-compliant, resistant	Not in agreement with the treatment plan, opted not to...		Emphasizes strengths, agency, autonomy, self-determination, and preferences in treatment, rather than focusing on compliance with a prescribed treatment plan that may not have been co-created.
Born addicted to heroin, addicted babies, drug babies	Experienced withdrawal symptoms at birth, exposed to substances in utero, neonatal withdrawal		Newborns can be physically dependent on opioids but are not capable of showing the signs of addiction/substance use disorder. Most babies who experience withdrawal will have no long-term effects on their health and development. Inaccurate labels like 'addict' can follow women and babies lifelong, increase stigma, and deter or not acknowledge positive change.

Adapted from:

- [illegible] *Substance Abuse*, 35(3), 217-221.
- Government of Canada. (2019). *Changing How We Talk About Substance Use*. Ottawa, ON: Government of Canada.
- [illegible]

ACTS Script to Address Stigmatizing Behaviours by Coworkers
Towards Pregnant and Parenting Women Who Use Substances

Scripts or structured communication frameworks can help teams have difficult conversations.

The ACTS (Acknowledge Create Circumstance for Reflection-Teach Support) script was developed to address peer attitudes and stigma related to substance use during pregnancy. A script can help you respond respectfully and constructively to situations where you see your coworkers stigmatizing or judging clients. For example, you might hear a peer say, "How can she do that to her baby?" or "If she really cared about her baby, she would... (stop using, leave the guy)."

The following examples show how conversations may be redirected to encourage exploration of underlying assumptions, positive possibilities, and build capacity, thus incorporating a more compassionate view of the woman.

ACKNOWLEDGE

Create safety by not directly criticizing. Rather, create an opportunity to open a dialogue:

- "I know, I used to feel the same way, then I got to know one of the mothers and..."
- "I find it really difficult too, but I keep thinking about her circumstances and what has happened in her life."

CREATE CIRCUMSTANCE

It is hard to challenge a coworker 's values or judgments about a client. Instead of creating a confrontational situation, provide a comment that may help the other person to reflect on his or her practice:

- Ask questions or think out loud —
  "I wonder if she has experienced violence in her life?
  I wonder what may have happened to her if this is the choice that she made?"
- "We probably need to think about some different ways of talking about this woman/mother as I am feeling uncomfortable with how this is being talked about."
- "It is difficult, I know. On the one hand, I feel frustrated and confused at her substance use/ staying with her abuser, and, on the other hand, she is so gentle with her baby and trying to learn how to care for her baby... she asks all the same questions as any other mother."

TEACH

There are many opportunities for sharing this information with your team:

- Choose a high-quality, practical article about substance use and pregnancy that addresses attitudes and stigma. Leave it in multiple places around the unit.
- Ask permission by saying "Can I share something with you that I learned in a workshop?" (Share a little piece of information at a time).
- "I heard something that made me think about mothers a little differently, and about what I could do differently that would make them and me feel better."
- "I have learned that lots of women have experienced a lot of life before I have met them and learned to cope in ways that I don't necessarily approve of or agree with. I try to keep that in mind when I am working with them, and it helps me to take it slowly and try to build bridges rather than set up walls between us."
- Use a recent clinical scenario to "unpack" what happened, what worked, and what didn't work. For example, you may discuss how a woman may have used substances as a way to cope with past or present abuse and violence… it may have been a rational decision for her to start with… and that by supporting the woman and the baby without judgment leads to improved outcomes for both.

SUPPORT

Provide immediate and continuing support to your coworkers as they try out some new approaches:

- Help them debrief: "how did that work for you compared to what you were doing before?"
- Point out what you saw in the client — what the response of the client was to the new approach

  and also what you saw in your co-worker: "I saw her smiling a lot when she was talking to you, that is new… she looked a lot more relaxed, and I saw her asking you questions about her baby… you looked more relaxed when you were with her."
- Share at staff meetings how you are seeing positive changes; ask how can we do this as a whole team?
- Identify and celebrate success. What worked? How can we do this more?

Adapted from:

- Manalisa, L. & Rieg, E. (2018). Adding to our practice toolkit: Using the ACTS script to address stigmatizing peer behaviors in the context of maternal substance use. Harvest: Network, 35(5).

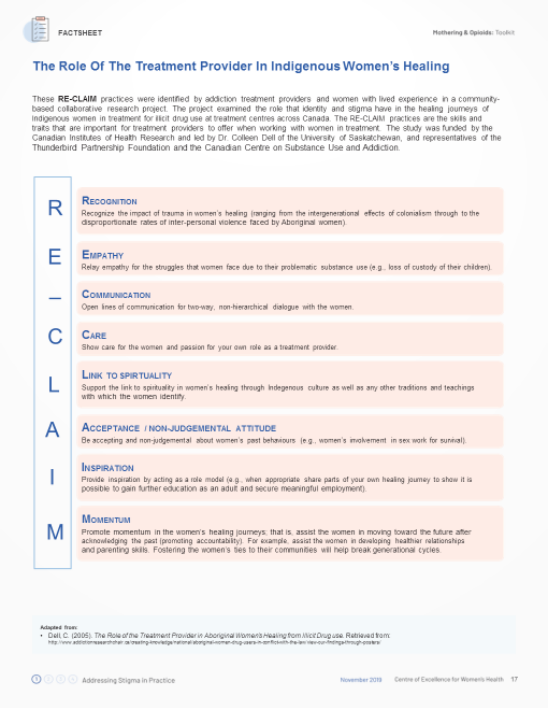
FACTSHEET

10 Things Pregnant and Parenting Women Who Use Substances Would Like Practitioners to Know

HerWay Home, in Victoria BC, provides non-judgmental health and social supports for pregnant and parenting women who have used substances and face other health and social concerns. The HerWay Home Women's Advisory Council reviewed a draft section of the Toolkit in September 2019, and suggested we go back to the drawing board! As a result of this feedback, we returned to a drop-in in October 2019 and more informally asked for their thoughts on "what would you like social workers to know that would help them understand how to improve their practice?" Here are the 10 ideas the women offered:

1. Mothers want to succeed. Don't assume we are not trying, or that we chose the challenges we face.
2. Language matters – Say things like "I have seen this help others, maybe this will work for you" not "you should."
3. Show empathy, not pity.
4. Show more compassion, less condescension.
5. Be a support - get behind us.
6. Listen, be curious about what might work for each of us.
7. Be educated. There are a lot of things that play into addiction.
8. Just because you are still using does not make you a bad mother.
9. Not everyone takes the same path to recovery. Listen to where each woman is at in her journey and what will work for her.
10. Don't judge. Instead care.

Thank you to The HerWay Home Women's Advisory Committee for their help in developing this Fact Sheet



FACTSHEET

Mothering & Opioids: Toolkit

The Role Of The Treatment Provider In Indigenous Women's Healing

These **RE-CLAIM** practices were identified by addiction treatment providers and women with lived experience in a community-based collaborative research project. The project examined the role that identity and stigma have in the healing journeys of Indigenous women in treatment for illicit drug use at treatment centres across Canada. The RE-CLAIM practices are the skills and traits that are important for treatment providers to offer when working with women in treatment. The study was funded by the Canadian Institutes of Health Research and led by Dr. Colleen Dell of the University of Saskatchewan, and representatives of the Thunderbird Partnership Foundation and the Canadian Centre on Substance Use and Addiction.

R E – C L A I M

Recognition
Recognize the impact of trauma in women's healing (ranging from the intergenerational effects of colonialism through to the disproportionate rates of inter-personal violence faced by Aboriginal women).

Empathy
Relay empathy for the struggles that women face due to their problematic substance use (e.g., loss of custody of their children).

Communication
Open lines of communication for two-way, non-hierarchical dialogue with the women.

Care
Show care for the women and passion for your own role as a treatment provider.

Link to spirituality
Support the link to spirituality in women's healing through Indegenous culture as well as any other traditions and teachings with which the women identify.

Acceptance / non-judgemental attitude
Be accepting and non-judgemental about women's past behaviours (e.g., women's involvement in sex work for survival).

Inspiration
Provide inspiration by acting as a role model (e.g., when appropriate share parts of your own healing journey to show it is possible to gain further education as an adult and secure meaningful employment).

Momentum
Promote momentum in the women's healing journeys, that is, assist the women in moving toward the future after acknowledging the past (promoting accountability). For example, assist the women in developing healthier relationships and parenting skills. Fostering the women's ties to their communities will help break generational cycles.

Adapted from:
- Dell, C. (2005). *The Role of the Treatment Provider in Aboriginal Women's Healing from Illicit Drug use.* Retrieved from: http://www.addictionresearchchair.ca/healing-knowledge/national-aboriginal-women-drug-users-in-conflict-with-the-law-race-on-findings-through-posters/

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Mothering & Opioids: Toolkit

Understanding Barriers to Programs and Services

Stigma is related to many barriers to substance use and child welfare services.

Women's very real concerns over child apprehension can prevent them from accessing services during pregnancy and while parenting. Fear of judgment and discrimination can impact women's comfort in using substance use treatment, counselling, or other services that can improve their outcomes with the child welfare system.[12]

Both substance use treatment and child welfare services often place high expectations on women.[3,4] These requirements from multiple systems and services can prevent women from fully focusing on their substance use treatment and can decrease their confidence in their parenting. Despite the expectation that women who are engaged with child welfare and who use substances access treatment, most substance use programs do not have childcare or family programs.[13] As a result, many women are unable to find services that will accept them as clients. It is critical to address the significant barriers to engagement with both child welfare and substance use treatment in order to support women, children, and their families.

In addition to concerns related to substance use and child welfare, women who use substances while pregnant often have a complex set of related health and social factors that may also require support (e.g. housing, violence etc.).

"I was treated like crap at that hospital... and I'd get to the point where I just wouldn't show up. It was too much."

(Howard, 2011, p. 431)

"[Child protective services] felt like I was just an addict and that I could not be a mother to my child... every time they came over that stigma seemed to elaborate itself into something that was always hanging around our conversations."

(Henry & Berrington, 2018, p. 214)

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Opportunities for Improved Programs and Services

A continuum of responses for mothers with substance use concerns recognizes that there is no one approach that will work for everyone, and that each woman may need or be ready to access different services at different points in time.

See Tool Bringing Evidence-based and Values-based Approaches into our Work with Pregnant and Parenting Women who Use Substances, Pg. 26
and Tool: Examples of Promising Approaches for Service Delivery to Support Pregnant and Parenting Women Who Use Substances, Pg. 30

A promising approach from the substance use sector is family-centred treatment. Family-centred treatment provides services to each member of the family and can include live-in treatment for mothers and children together.[6,7] These programs address the barriers of childcare and fear of child apprehension, and recognize the importance of parenting in the process of healing and recovery.

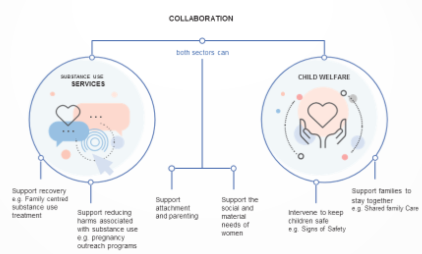
Child welfare practices and policies are also evolving to better respond to families affected by parental substance use. There is an important shift happening -- to understanding that it is not parental substance use itself that is potentially problematic, but rather the impact of substance use on the ability to parent that requires consideration. There is also increased appreciation for how issues such as social isolation, poverty, unstable housing, and gender-based violence might contribute to both the need for child welfare involvement and to parental substance use itself. An example of a promising approach in the child welfare sector is shared family care. In shared family care, parents and children are placed together in the home of a host family. The host family is trained to mentor and support the parents as they develop the skills and supports necessary to care for their children independently. Mentors and families work with relevant service providers to help parents develop the skills and supports necessary to prevent out-of-home placement and/or to provide a safe environment for reunification with their children.[8]

In both fields there is increasing recognition of promising approaches to improve services and programs for both mothers and their children. Principles such as viewing the mother and child together as a unit, and providing holistic, wraparound and trauma and violence-informed services can ground service delivery in both substance use and child welfare fields.[9]

See Tool Bringing Trauma Informed Principles into our Work with Pregnant and Parenting Women who Use Substances, Pg. 28

There are also innovative approaches to service delivery that are applicable to both sectors, such as holistic 'wraparound' services and peer mentoring.[9] The relationship between substance use, child welfare, and Indigenous peoples is deeply complex. In the last few years, there has been a shift to Indigenous approaches to wellness and healing that recognize the influence of historical and intergenerational trauma, colonial policies and practices, and institutional and systemic racism in child welfare involvement and parental substance use.[10]

See Factsheet: A Focus on Indigenous Approaches to Child Welfare and Substance Use, Pg. 32



Shared Approaches

- Mother/child togetherness/family centred
- Involvement of mothers
- Harm reduction oriented
- Collaborative
- Trauma and violence informed
- Holistic approaches
- Culturally safe
- Optimistic and appreciative approach
- Concerned with access, engagement and retention

References:

1. Kenny, K. S., & Barrington, C. (2018). 'People just don't look at you the same way': Public stigma, private suffering and unmet social support needs among mothers who use drugs in the aftermath of child removal. *Children And Youth Services Review, 86*, 209-216.
2. [illegible] *Journal of the Association for Research on Mothering, 11*(1), 279-290.
3. Carlson, B. E. (2006). Best practices in the treatment of substance-abusing women in the Child Welfare System. *Journal of Social Work Practice in the Addictions, 6*(3), 97-115.
4. Sun, A.-P. (2000). Helping substance-abusing mothers in the child-welfare system: Turning crisis into opportunity. *Families in Society, 81*(2), 142-151.
5. [illegible] *Canadian Journal of Community Mental Health, 30*(1), 79-91.
6. [illegible] *Children and Youth Services Review*, [illegible], 888-893.
7. Clark, H. W. (2001). Residential substance abuse treatment for pregnant and postpartum women and their children: Treatment and policy implications. *Child Welfare: Journal of Policy, Practice, and Program*, [illegible], 179-198.
8. [illegible] Shared Family Care: Fostering the whole family to promote safety and stability. *Journal of Family Social Work, 7*(2), 35-54.
9. [illegible] *Journal Of Drug And Alcohol Abuse, 31*(3), 471-490.
10. [illegible] *International Journal of Environmental Research and Public Health, 16*(9).
11. Howard, H. (2015). Reducing stigma: Lessons from opioid-dependent women. *Journal of Social Work Practice in the Addictions, 15*(4), 418-438.

TOOL

Mothering & Opioids: Toolkit

Reflecting on Barriers and What We Can Do to Reduce Them

There are significant barriers that prevent women from accessing substance use services or engaging with child welfare when pregnant and while parenting.

The following tool lists several key barriers, offers ideas about how they can be addressed in programming, and how services could help. The third column provides an opportunity to reflect on how these barriers may be addressed where we work.

Key Barriers	How can programs address these barriers? (Examples)	What services or approaches are available to address these barriers?
Stigma • Prevents women from accessing prenatal care or substance use treatment • Increases surveillance and discrimination from providers	Employ non-judgemental, trauma informed, and harm-reduction oriented approaches	
Fear of Child Apprehension • Paralyzes women from seeking substance use treatment • Exacerbates trauma histories • Can increase substance use due to limited healthy coping mechanisms	Engage in early identification and planning during the pregnancy to better support women to ultimately care for their babies or be involved in planning their care	
Lack of Women and Family Centred Programs • Prevents women from staying in treatment due to fear of child apprehension or lack of available childcare • Less able to respond to gender-specific issues or concerns	Integrate parenting or opportunities for childminding into existing substance use treatment programs	
Mistrust • Limits capacity to build a client-provider relationship • Prevents women from discussing issues relating to their substance use and child welfare involvement	Develop transparency and confidentiality guidelines that are clear to woman who enter the program	
Reunification Timelines • Increases pressure to build/restore relationships in a mandated period of time • Forces readiness to parent	Review and update reunification policies that dictate how long children can be in care	

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TOOL

Mothering & Opioids: Toolkit

Women Who Used Opioids During Pregnancy

Three Scenarios for Discussion

The following scenarios describe three women who used opioids during pregnancy.
Read each scenario and consider the reflection questions.

SCENARIO 1:

Kimberly

Kimberly is in her early twenties. She began working as a cashier at a local grocery store after dropping out of high school. Last year Kimberly was hit by a car and injured her back, requiring surgery. She still had severe pain after the surgery, so her doctor prescribed her an opioid pain medication. Three months later she was still in a lot of pain, so her doctor prescribed her a higher dose of medication. To control the pain, Kimberly began taking more pills and started to run out before her next refill. When she ran out, she felt anxious, became sweaty and nauseous, and had trouble sleeping. Her doctor refused to further increase her dose, so Kimberly sometimes took the bus to other parts of town to get pills from dealers on the street. Her family and friends noticed her behaviour had changed, and that she was borrowing money that she didn't repay. When Kimberly 's family found out that she was pregnant, they urged her to get help. Kimberly took the concerns of her family to heart, and her doctor recommended that she begin taking methadone, a medical treatment for opioid addiction, on a daily basis. Kimberly enrolled in a methadone program near her home, and with the help of this program and working with a counselor, she had a healthy pregnancy. Her treatment has continued successfully and she hasn't used prescription pain medications in over two years.

Reflection Questions:

- Do you think Kimberly was to blame for her opioid addiction?
- If Kimberly walked into your office while she was pregnant, how might you be able to help her?
- In addition to services for her opioid addiction, what other kinds of supports might she need?

SCENARIO 2:

Michelle

Michelle is in her mid-thirties. She began working as a regional manager of a local grocery store chain after completing a master 's degree in business administration. Last year Michelle was hit by a car and injured her back, requiring surgery. She still had severe pain after the surgery, so her doctor prescribed her an opioid pain medication. Three months later she was still in a lot of pain so her doctor prescribed her a higher dose of medication. To control the pain, Michelle began taking more pills and started to run out before her next refill. When she ran out, she felt anxious, became sweaty and nauseous, and had trouble sleeping. Her doctor refused to further increase her dose, so Michelle sometimes drove to other parts of town to get pills from different doctors. Her family and friends noticed her behaviour had changed, and that she was borrowing money that she didn't repay. When Michelle's family found out that she was pregnant, they urged her to get help. Michelle took the concerns of her family to heart, and her doctor recommended that she begin taking methadone, a medical treatment for opioid addiction, on a daily basis. Michelle enrolled in a methadone program near her home, and with the help of this program and working with a counselor, she had a healthy pregnancy. Her treatment has continued successfully and she hasn't used prescription pain medications in over two years.

Reflection Questions:

- Do you think Michelle was to blame for her opioid addiction?
- If Michelle walked into your office while she was pregnant, how might you be able to help her?
- In addition to services for her opioid addiction, what other kinds of supports might she need?

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Key Barriers		How can programs address these barriers? (Examples)	What services or approaches are available to address these barriers?
	High Expectations on Women • Increases women's stress to perform as a 'good' mother • Encourages women to meet an unrealistic number of tasks including proof of treatment completion, employment, and of safe housing • Demonstrates lack of coordination when tasks are dictated from multiple sources that may be in conflict	Work with women to identify and prioritize expectations that meet their goals	
	Lack of Coordination • Limits communication, cross-training, and awareness across substance use and child welfare fields • Forces women to act as intermediaries and having to meet all of the providers' needs	Cross-train child welfare and substance use workers to build an understanding of each other 's systems, goals, approaches, and shared interests	

References:

- Carlson, B. E., Smith, C., Matto, H., & Eversman, M. (2008). Reunification with children in the context of maternal recovery from drug abuse. *Families in Society, 89*(2), 253-263.
- Howell, E. M., & Chasnoff, I. J. (1999). Perinatal substance abuse treatment. *Journal of Substance Abuse Treatment, 17*(1-2), 139-148.
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- Kenny, K. S., & Barrington, C. (2018). "People just don't look at you the same way": Public stigma, private suffering and unmet social support needs among mothers who use drugs in the aftermath of child removal. *Children and Youth Services Review, 86*, 209.
- Kovalesky, A. (2001). Factors affecting mother-child visiting identified by women with histories of substance abuse and child custody loss. *Child Welfare, 80*(6), 749.
- Kruk, E., & Banga, P. S. (2011). Engagement of substance-using pregnant women in addiction recovery. *Canadian Journal of Community Mental Health, 30*(1), 79-91.
- Smith, B. D., & Testa, M. F. (2002). The risk of subsequent maltreatment allegations in families with substance-exposed infants. *Child Abuse & Neglect, 26*(1), 97-114.
- Sun, A.-P. (2000). Helping substance-abusing mothers in the child-welfare system: Turning crisis into opportunity. *Families in Society, 81*(2), 142-151.
- Taplin, S., & Mattick, R. P. (2015). The nature and extent of child protection involvement among heroin-using mothers in treatment: High rates of reports, removals at birth and children in care. *Drug and Alcohol Review, 34*(1), 31-37.

SCENARIO 3:

Sarah

Sarah is in her early twenties. She began working as a cashier at a local grocery store after dropping out of high school. Sarah experienced childhood sexual abuse, and last year she was sexually assaulted on her way home from work. After this incident, she has experienced depression and recurring thoughts about the assault. At a party, a friend offered her heroin to smoke, to help her 'zone out'. Three months later she was still in a lot of emotional pain, and she began using heroin on her own. Sarah felt weighted down by negative emotions and began using often. When she ran out, she felt anxious, became sweaty and nauseous, and had trouble sleeping. Sarah often had to take the bus to other parts of town to get drugs from dealers on the street. Her family and friends noticed her behaviour had changed, and that she was borrowing money that she didn't repay. When Sarah's family found out that she was pregnant, they urged her to get help. Sarah took the concerns of her family to heart, and her doctor recommended that she begin taking methadone, a medical treatment for opioid addiction, on a daily basis. Sarah enrolled in a methadone program near her home, and with the help of this program and working with a counselor, she had a healthy pregnancy. Her treatment for substance use and trauma issues has continued successfully and she hasn't used heroin in over two years.

Did you answer any of the questions differently for Kimberly, Michelle or Sarah?

Reflection Questions:

- Do you think Sarah was to blame for her opioid addiction?
- If Sarah walked into your office while she was pregnant, how might you be able to help her?
- In addition to services for her opioid addiction, what other kinds of supports might she need?

Adapted from:

- Kennedy-Hendricks, A., McGinty, E. E., & Barry, C. L. (2016). Effects of competing narratives on public perceptions of opioid pain reliever addiction during pregnancy. *Journal of Health Politics, Policy and Law, 41*(5), 873-916.

Appendix C: Evaluation

Course Name: Educational Strategies for Healthcare Providers of Women with Substance Use Disorder

	ITEM	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
1.	Program objectives achieved: The learner will define what is substance abuse The learner will become knowledgeable of the effects of substance abuse in pregnancy The learner will identify how attitudes and perceptions affects the care of patients The learner will analyze how stigma can lead to barriers in caring for pregnant substance abuse users	 4 4 4 4	 3 3 3 3	 2 2 2 2	 1 1 1 1
2.	**Speaker- Agnes D White, RN-BC, MSN, DNP Student** Organized and clear presentation of material Communicated effectively with group Demonstrated mastery of content	 4 4 4	 3 3 3	 2 2 2	 1 1 1
3	Program content relevant to objectives	4	3	2	1
4	Program increased my knowledge.	4	3	2	1
5	Teaching method(s) effective.	4	3	2	1
6	Personal learning objectives achieved	4	3	2	1
7	Learning environment: Adequate size Comfortable chairs Comfortable temperature	 4 4 4	 3 3 3	 2 2 2	 1 1 1
8	What I liked about today's program:				
9	What disturbed or frustrated me about today's program:				
10	Improvements or suggestions:				
11	What topics would you recommend for future classes?				

Appendix D: Certificate

Certificate of Attendance

PRESENTED TO

_____

SUBSTANCE USE IN PREGNANCY

Agnes D White, MSN, RN-BC

_____

Instructor's Name and Title

Appendix E: Wilcoxon Signed Ranks Test

NPar Tests

Ranks

		N	Mean Rank	Sum of Ranks
PostQ1_2Preception - PreQ1_2Preception	Negative Ranks	11[a]	6.73	74.00
	Positive Ranks	1[b]	4.00	4.00
	Ties	18[c]		
	Total	30		
PostQ2_6Preception - PreQ2_6Preception	Negative Ranks	12[d]	6.50	78.00
	Positive Ranks	0[e]	.00	.00
	Ties	18[f]		
	Total	30		
PostQ3_7Att_Stigma - PreQ3_7Att_Stigma	Negative Ranks	7[g]	4.00	28.00
	Positive Ranks	0[h]	.00	.00
	Ties	23[i]		
	Total	30		
PostQ4_13Att_Stigma - PreQ4_13Att_Stigma	Negative Ranks	0[j]	.00	.00
	Positive Ranks	16[k]	8.50	136.00
	Ties	14[l]		
	Total	30		
PostQ5_8Knowledge - PreQ5_8Knowledge	Negative Ranks	1[m]	3.50	3.50
	Positive Ranks	16[n]	9.34	149.50
	Ties	13[o]		
	Total	30		
PostQ6_15Knowledge - PreQ6_15Knowledge	Negative Ranks	0[p]	.00	.00
	Positive Ranks	22[q]	11.50	253.00
	Ties	8[r]		
	Total	30		

a. PostQ1_2Preception < PreQ1_2Preception

b. PostQ1_2Preception > PreQ1_2Preception

c. PostQ1_2Preception = PreQ1_2Preception

d. PostQ2_6Preception < PreQ2_6Preception

e. PostQ2_6Preception > PreQ2_6Preception

f. PostQ2_6Preception = PreQ2_6Preception

g. PostQ3_7Att_Stigma < PreQ3_7Att_Stigma

h. PostQ3_7Att_Stigma > PreQ3_7Att_Stigma

i. PostQ3_7Att_Stigma = PreQ3_7Att_Stigma

j. PostQ4_13Att_Stigma < PreQ4_13Att_Stigma

k. PostQ4_13Att_Stigma > PreQ4_13Att_Stigma

l. PostQ4_13Att_Stigma = PreQ4_13Att_Stigma

m. PostQ5_8Knowledge < PreQ5_8Knowledge

n. PostQ5_8Knowledge > PreQ5_8Knowledge

o. PostQ5_8Knowledge = PreQ5_8Knowledge

p. PostQ6_15Knowledge < PreQ6_15Knowledge

q. PostQ6_15Knowledge > PreQ6_15Knowledge

r. PostQ6_15Knowledge = PreQ6_15Knowledge

Test Statistics[a]

	PostQ1_2Perception - PreQ1_2Perception	PostQ2_6Perception - PreQ2_6Perception	PostQ3_7Att_Stigma - PreQ3_7Att_Stigma	PostQ4_13Att_Stigma - PreQ4_13Att_Stigma	PostQ5_8Knowledge - PreQ5_8Knowledge	PostQ6_15Knowledge - PreQ6_15Knowledge
Z	-2.812[b]	-3.095[b]	-2.428[b]	-3.624[c]	-3.534[c]	-4.152[c]
Asymp. Sig. (2-tailed)	.005	.002	.015	.000	.000	.000

a. Wilcoxon Signed Ranks Test

b. Based on positive ranks.

c. Based on negative ranks.