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## **Social Work Perspectives on Working with Pregnant Women with Opioid Use Disorder**

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Social Work Perspectives on Working with  
Pregnant Women with Opioid Use Disorder

Ann Pedersen Schroeder, B.A., M.A.

MSW Clinical Research Paper

Presented to the Faculty of the School of Social Work  
St. Catherine University and the University of St. Thomas  
St. Paul, Minnesota  
In Partial fulfillment of the Requirements for the Degree of

Master of Social Work

Committee Members

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

## Abstract

The incidence of addiction to opioids, more formally known as opioid use disorder (OUD), has skyrocketed in the U.S. in the last 25 years. Opioids are a class of narcotic drugs that include a range of synthetic prescription opioid pain relievers, including fentanyl. The number of pregnant women in the United States experiencing opioid use disorder (OUD) related to nonmedical use of prescription opioids has increased dramatically. Between 2000 and 2009, the number of child-bearing women with an OUD increased five-fold. Nonmedical prescription OUD affects vulnerable, young, low-income or poor women and their children, including White, African American, and Hispanic populations. Social workers are positioned to engage the health care and social services teams they work in to advocate for socially just and sensitive treatment of this population. This systematic literature review aims to highlight the need for further research with the following research question: “How does the literature reflect social workers’ perspectives on working with pregnant women with opioid use disorder (OUD)?” The 11 articles that met the inclusion criteria for this review included empirical studies of micro-level, practice-based social work research, and mezzo- and macro-level policy and practice analyses. The most significant finding of this systematic literature review was the lack of the very literature the search set out to identify and review. Other findings centered around policies that criminalize pregnant women with OUD, provider bias and stigma, child protective service approaches to working with this population, the need for interdisciplinary teams to address their needs, and the importance of nonjudgment. A wide range of both quantitative and qualitative research is urgently needed to improve the experiences and outcomes of pregnant women with OUD in health care and treatment settings.

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## Acknowledgments

Heartfelt thanks to Dr. Jessica Toft for chairing my committee, and for her guidance, encouragement, and contagious positive energy throughout this project. Many thanks to my committee members Jane Hurley Johncox, MSW, LICSW, School of Social Work faculty at St. Catherine University – The University of St. Thomas, and Joshua Goodwin, MSW, LICSW, at Minnesota Mental Health Clinics, for their willingness to serve on my committee and for their time, helpful feedback, and interest in my research. A special thank you to Dr. Lisa Kiesel for the triad of assignments in her Social Policy course that first inspired my interest in the topic of pregnant women with opioid use disorder.

Most of all, a huge thank you to my family: Tom, Maren, Siri, and Elsa. You have all generously given me support and understanding, each in your own unique way. I am so grateful.

## **Background**

The epidemic proportions of the opioid crisis in the United States have become a daily subject of news stories and headlines. The incidence of addiction to opioids, more formally known as opioid use disorder (OUD), has skyrocketed in the U.S. in the last 25 years. Opioids are a class of narcotic drugs that include a wide range of synthetic prescription opioid pain relievers, including fentanyl. Prescription opioids (e.g. OxyContin, etc.) provide pain relief in a medical setting, but without careful monitoring they can be highly addictive. While addiction to heroin has been a social problem since it first became available in the early 20<sup>th</sup> century, the current opioid crisis centers primarily around nonmedical use of prescription opioids. According to the National Institute on Drug Abuse (NIDA), 1.9 million Americans ages 12 and over suffered from substance use disorder (SUD) related to prescription opioids in 2014 (NIDA, Fiscal Year 2017 Budget Request, 2016). Public health consequences are far-reaching and include staggering death rates from overdose (47,000 deaths in 2014), inflated health care costs, need for access to health care, and education (NIDA, Fiscal Year 2017 Budget Request, 2016). Alarmingly, these numbers include nonmedical use of prescription opioids by pregnant women. In addition to profoundly affecting the mental and physical health of mothers, this disorder affects the health and wellbeing of their newborns.

### **Scope and Prevalence of the Issue**

The number of pregnant women in the United States experiencing opioid use disorder related to nonmedical use of prescription opioids has increased dramatically. Between 2000 and 2009, the number of child-bearing women with an opioid substance use disorder increased five-fold, from one in 1,000 births to over five (Smith & Lipari, 2017). In 2012, 14.4% of pregnant women were prescribed an opioid during their pregnancy (Senate Caucus on International

Narcotics Control, 2014). While not all those who use prescription opioids become dependent, approximately 28% of pregnant women admitted to treatment for substance dependence in 2012, roughly 6,000 women, stated they were dependent on nonmedical prescription opioids at intake. In this same span of years, incidence of newborn withdrawal symptoms, known as neonatal abstinence syndrome (NAS), increased 300%. Newborns with NAS require specialized care and longer hospital stays that result in increased health care costs. Additionally, these babies often experience the secondary trauma of dislocation from their homes and families.

### **Who Is Affected and How Are They Affected?**

Nonmedical prescription OUD affects vulnerable, young, low-income or poor women and their children, including White, African American, and Hispanic populations. Women ages 18 to 25 are affected at higher rates than adolescents (ages 12 to 17) and women over 25 (Simoni-Wastila, Ritters, & Strickland, 2004). Over one quarter of pregnant women reporting an SUD between 2007 and 2012 were dependent on prescription opioids (SAMHSA, 2012). During those same years, of women reporting an OUD between 2007 and 2012, twice as many lived below the federal poverty level, 1.6% compared with 0.7% living above the poverty level. Half were on Medicaid (52%), and nearly one-third (32%) were uninsured, also indicating poverty level or low-income status and health care disparity (SAMHSA, 2012). Finally, prescription opioid use affects women of all races, including White and African American women in nearly equal numbers (7.8% and 7.1% respectively) and Hispanic women at 5.7% (Frenk, Porter, & Paulozzi, 2015).

Newborns whose mothers experience OUD are profoundly affected. In 2012, newborns with NAS had hospital stays averaging 17 days and costing on average \$66,000, versus a routine newborn stay of two days at \$3,500 (Patrick, Davis, Lehmann, & Cooper, 2015). Newborns with

NAS have higher rates of low birth weight and experience severe withdrawal symptoms, including dysregulation of their central and autonomic nervous systems that result in sweats, fever, and seizures (Logan, Brown, & Hayes, 2013). They also experience feeding and digestion difficulties that result in vomiting and diarrhea, trouble sleeping, and hyperirritability that makes touch unpleasant and compromises secure attachment to their mother or other adult caretaker (Logan et al., 2013). Furthermore, 8 out of 10 of these pregnancies are unplanned; the odds that opioid-using women will unintentionally become pregnant are greater than they are for non-opioid-using women (Terplan, Kennedy-Hendricks, & Chisholm, 2015).

In addition to these short-term consequences, children born to mothers with OUD may live with longer term consequences that can affect them on many levels, including early cognitive and motor delays (Logan et al., 2013). As children of a typically poor and vulnerable population, these children are also at risk for not having their basic necessities met: stable parental care, adequate food, safety, and education among them. Mother-child relationships may be compromised long term if the attachment process in early childhood is disrupted by the mother's OUD, children may be placed in foster care, and foster care stays are longer on average for children of mothers with OUD than they are for children whose mothers experience other non-opioid substance use disorders (Mirick & Steenrod, 2016).

Likewise, the long-term consequences to women with OUD of having children, especially women at or below the federal poverty level, are many. Maternal drug use has been identified as one of five key factors that predicts a report to child protective services (Child Welfare Information Gateway, 2014). In 2014, 61% of infants in foster care were children of mothers with a substance use disorder, and their stays in out-of-home care were on average longer than children whose placement was not related to substance use (Child Welfare



Information Gateway, 2014). When children remain in the home, even with resources that support family unity in place, mothers will bear the stresses and burdens of caring and financially supporting their children, often as single mothers.

### **Pregnant Women with OUD and Social Work Services**

Pregnant women with OUD face myriad significant barriers to accessing adequate health care, including mental health care, during their pregnancy. This includes care that addresses their addiction as well as prenatal, perinatal, and postpartum health care. Viewed from the perspective of Schneider and Ingram's model of target populations (1993), pregnant women who use substances bear the double disadvantage of being regarded by society and policy makers as dependent as mothers—a weak position on the scale of political power—and deviant as “drug addicts”—a negative social construction. To the extent they receive government subsidized benefits such as Medicaid, populations constructed as “dependent” are often forced to relinquish power over their own choices (Schneider & Ingram, 1993). Constructed as “deviants,” they are additionally viewed as fundamentally bad, as problematic for everyone else, and as punishable (Schneider & Ingram, 1993). Health care and social service providers often perpetuate negative social constructions of pregnant, opioid-using mothers, frequently believing that they “choose to abuse” and that they are individually liable for abdicating their agency in caring for themselves and their unborn child (Benoit et al., 2014).

Similarly, programs and policies that aim to reduce the risk of health and social problems for pregnant mothers still tend to prioritize the individual risk of the infant, and employ “social surveillance” by the state in the form of risk assessments, perpetuating stigma and denying these women access to key social determinants of health (Benoit et al., 2014). Such surveillance to protect fetal and infant health can take a punitive stance toward the mother, resulting in arrest or

civil commitment, loss of parental custody, and termination of parental rights (Terplan et al., 2015). The unintended result, frequently, is that pregnant women with OUD avoid seeking prenatal health care or treatment for their addiction for fear of recrimination or losing their child, and risk poorer health care and self-care, and greater likelihood that opioid use will continue (Mirick & Steenrod, 2016).

Internalizing negative social constructions, pregnant women with OUD experience stigma and shame in the form of their own internal negative self-perceptions that include low self-worth and guilt (Howard, 2015). They may also experience external stigma in the form of shaming remarks or nonverbal cues from health care providers, including social workers, and be excluded from participation in medical decision-making for themselves and their child. In addition, they may suffer the humiliation of having newborns removed from the hospital room shortly after birth under a state hold (Howard, 2015).

As members of interdisciplinary health care teams, social workers are uniquely positioned at the intersection of health care and social service, but the roles they enact in working with pregnant women with OUD are varied and complex. At the heart of this complexity is the tension between social treatment and social control that leverages power to maintain structures of inequality. American social values still linger in social work practice, including values that privilege the Protestant work ethic, marriage and family, and the “American ideal” (Day, 2006). While most social workers enter the field motivated by a desire to help those in need, many find themselves in the opposing roles of service or therapy provider, and “soft cop” exerting social control, especially in settings where children are in jeopardy. In the case of pregnant women with OUD, social workers may be working within frameworks of both treatment and social control: they may provide attachment therapy, broker access to basic needs and emotional support

services to the mother, but may also be mandated to report a mother whose opioid use is judged to result in harm to her newborn or unborn child to child protective services.

Social work values, outlined in the social work Code of Ethics, establish that social workers are responsible for engaging with all clients in a manner that protects human relationships, dignity and worth, and serves them in a socially just way. According to this ethical stance, social workers who work with pregnant women with OUD have a responsibility to advocate for the autonomy, rights, access to services, and socially just treatment that elevates mothers above the stigmatizing positions of dependence, weakness, and deviance, and supports their ability to parent their children. At the same time, social workers are ethically bound to protect the safety and well-being of newborns. In other words, social workers must work to balance the safety of children against a stance that supports the fundamental human relationship of mother and child. Similarly, social workers are positioned to engage the health care and social services teams they work in to “promote responsiveness” of health care settings and other social institutions to “individuals’ needs and social problems” (NASW Code of Ethics, 2018), again, advocating for socially just and sensitive treatment of this population on the part of other providers.

### **Short Review of Previous Research**

A preliminary search of the literature on social worker engagement with pregnant women experiencing OUD reveals a small sample of studies that range widely. At one end of this range, some studies, like “Providers’ Constructions of Pregnant and Early Parenting Women Who Use Substances,” focus on provider conceptualizations of substance use during pregnancy and explore individual frameworks of disease versus deviance at a high theoretical level (Benoit et al., 2013). At the other end, the literature tends to focus on best medical practices for treating

opioid dependence during pregnancy. Winklbaaur et al. provides a “knowledge synthesis” for better treatment of opioid-dependent women and their newborns, but while they make brief reference to the necessity of psychosocial intervention and counseling, “treatment” in their analysis is primarily medical in nature and does not highlight specific care roles, including the role of the social worker, beyond the team of “health care providers” (2008). Only two articles squarely address social workers who work in health care settings and engage with pregnant women with OUD. These articles, based on the same qualitative study that analyzes interviews conducted with women in a postpartum setting, highlight their experiences of stigma, shame, and limited medical decision-making in the perinatal and postpartum setting and synthesizes the implications of their experiences (Howard, 2015 & Howard, 2016).

Within the preliminary literature search, two systematic literature reviews emerged that addressed evidence and implications for treatment of pregnant women with OUD. The scope of both was limited to medication-assisted treatment (MAT); however, one reviewed the literature as it related to social work practice (Holbrook & Nguyen, 2015; Klaman, et al., 2017).

Finally, a brief search of grey literature revealed a recent report on OUD during pregnancy issued by the National Institute on Drug Abuse in July 2017 which highlights, among other issues, the importance of engagement in treatment. Specifically, this section calls out bias and stigma on the part of health care providers, state legislation that criminalizes chemical dependence and disincentivizes women to seek prenatal care and treatment, and it promotes an approach to care and treatment that prioritizes keeping mothers and newborns together as predictive of better health outcomes for both (NIDA, 2017).

## Research Question

Social workers play a significant role on health care teams that shape the care and treatment of pregnant women and their newborns who experience NAS, yet there appears to be a dearth of literature on the topic of social work practice with this population. Further research is needed to study a wide range of implications and best practices for social workers, especially in health care settings, who work with pregnant women with OUD. This systematic literature review aims to highlight the need for further research with the following research question: “How does the literature reflect social workers’ perspectives on working with pregnant women with opioid use disorder (OUD)?” The researcher will seek to demonstrate the need for more intentional study of social work practice to address the needs of this population.

## Method

### Research Question

The research question posed by this systematic literature review is: “How does the literature reflect social workers’ perspectives on working with pregnant women with opioid use disorder (OUD)?”

The researcher’s definition of the term *social worker* for the purpose of this study includes any state licensed social worker who holds a BSW, MSW, or DSW. Second, the term *perspective* in this study includes any point of view held by social work practitioners as reflected in empirical studies, policy, and framework analysis. Third, the term *pregnant woman* or *pregnant women* in this review includes women who experience OUD and are pregnant, perinatal, and up to six months postpartum. Fourth, the term *opioid use disorder* indicates dependence on heroin, opiates, or opioids as outlined in the following diagnostic criteria: strong desire or compulsion to use, difficulty controlling use, characteristic withdrawal symptoms,

evidence of tolerance, and progressive neglect of alternative interests or pleasures because of opioid use (World Health Organization, 2007). For search purposes, the term was also substituted with *substance abuse*, *drug abuse*, *substance use*, or *addiction*.

### **Types of Studies**

The studies included in this systematic review were peer-reviewed qualitative and quantitative studies with empirical findings, peer-reviewed policy and practice analyses, and grey literature. The primary selection criterion for this systematic literature review was articles that were authored by social work practitioners or scholars, as indicated by their credentials and/or author biographies, and either a) empirically studied health care or treatment interventions for pregnant or post-partum mothers with OUD, or b) proposed policy or treatment frameworks for working with this population from a social work perspective. This review was limited to studies written in English and conducted within the United States and Canada, as reflective of the current opioid crisis in the U.S.

### **Review Protocol**

This search included both peer-reviewed, full-text articles, and unpublished (“grey”) literature for this literature review. Databases searched included SocIndex, Social Work Abstracts, PsycInfo, and PubMed. The researcher also conducted a search of SAMHSA for grey literature. Lastly, the researcher conducted a hand search of the following four journals, from the years 2013 through 2017, in order to capture any studies missed by the systematic search of the databases: *Health and Social Work*, *Social Work in Health Care*, *Social Work in Public Health*, and *Journal of Social Work Practice in the Addictions*. Searches were conducted in October 2017. The following inclusion and exclusion criteria were used to systematically include articles that responded to the research question.

**Inclusion criteria.** The search terms used in the first stage of this systematic search included combinations of the following: “pregnancy,” “pregnant,” “prenatal,” “antenatal,” “perinatal,” and “maternal”; “opioid,” “substance,” “drug,” “abuse,” “addiction,” and “use disorder”; “social work,” “social worker,” and “social caseworker.” Although this literature review focuses on opioid use disorder, search terms were expanded to include “substance,” “drug,” “abuse,” and “addiction” to reflect the changing lexicon of substance use disorders. A second search was conducted in each database using the search terms “social work,” “social worker,” or “social casework,” and “neonatal abstinence syndrome” as another means of accessing studies that are specific to opioid use during pregnancy.

A search of PsycINFO yielded seven peer-reviewed articles; a second search of PsycINFO yielded two non-duplicated peer-reviewed articles. A search of SOCIndex yielded 255 non-duplicated peer-reviewed articles; a second search of SOCIndex yielded three non-duplicated peer-reviewed articles. A search of Social Work Abstracts yielded 19 non-duplicated peer-reviewed articles; a second search of Social Work Abstracts yielded no non-duplicated peer-reviewed articles. A search of PubMed yielded 36 non-duplicated peer-reviewed articles; a second search of PubMed yielded 17 non-duplicated peer-reviewed articles. A search of SAMHSA yielded three reports.

Finally, a hand search of all article titles in *Health and Social Work*, *Social Work in Health Care*, *Social Work in Public Health*, and *Journal of Social Work Practice in the Addictions*, from the years 2013 through 2017 and totaling 933 peer-reviewed articles, yielded no non-duplicated peer-reviewed articles that met the exclusion criteria outlined below.

**Exclusion criteria.** A total of 339 peer-reviewed articles and two grey literature items were reviewed against this study’s exclusion criteria. The researcher reviewed article title,

abstract, and in some cases the entire body of the article to determine whether the article met the exclusion criteria. Articles were excluded that did not present a social work perspective on opioid use (or more broadly, substance use) during pregnancy; all articles in this systematic literature review were authored by social work practitioners or scholars. Articles that represented perspectives on pregnant women with OUD other than a social work perspective, for example exclusively medical, child protection, and corrections perspectives, were excluded. Articles were excluded if they were conducted outside the United States or Canada. Articles published before 2000 were excluded. Finally, after exclusion criteria were applied, a total of 11 articles (10 peer-reviewed articles and one grey literature article) met the inclusion criteria for this review. A detailed list of these articles can be found in Tables 1 and 2.

### **Findings**

The 11 articles that met the inclusion criteria for this review fell into two groups: studies of micro-level, practice-based social work research, and mezzo- and macro-level policy and practice analyses. Of the four empirical studies, three were conducted using qualitative methods that included semi-structured interviews and focus groups. The fourth study used quantitative methods and analysis to measure treatment outcome data. Service contexts for these studies included community hospitals and an academic hospital (Howard, 2015), and outpatient treatment centers (Howard, 2015; Kahn et al., 2017; Lander, Marshalek, & Sullivan, 2016). Participants in all four studies were pregnant or postpartum women with OUD. They ranged in age from 20 to 40 years old, with most falling in their late 20s. Of the studies that reported race, the majority of participants were White. Approximately half were single across all four studies. A majority of participants were unemployed and were insured under Medicaid. Education levels were variable, ranging from not completing high school to graduating from college. Individual



**Table 1** Included Articles: Empirical Studies

<i>Author/Year</i>	<i>Title</i>	<i>Sample</i>	<i>Type of Study</i>	<i>Context of Study</i>	<i>Findings and Priorities for Social Work Practice</i>
Howard, H. (2015)	Reducing Stigma: Lessons from Opioid-Dependent Women	20 postpartum women, dependent on opioids during pregnancy	Qualitative; interpretative phenomenological analysis of semi-structured group and individual interviews	Two community hospitals, two suburban treatment centers, and one tertiary academic maternity hospital in New England	<ul style="list-style-type: none"> <li>• Group settings decrease stigma, increase support and encouragement for self-determination for positive health outcomes for mothers and their infants. (empowerment)</li> <li>• Support women in incorporating their values into their prenatal and postpartum treatment.</li> <li>• Work to create gender-specific comprehensive care.</li> <li>• Implement training for health care professionals and CP workers to better understand addiction, to reduce stigma, and to identify strategies that support women's capacities to parent.</li> </ul>
Howard, H. (2016)	Experiences of Opioid-Dependent Women in their Prenatal and Postpartum Care: Implications for Social Workers in Health Care	20 postpartum women, dependent on opioids during pregnancy	Qualitative; interpretative phenomenological analysis of semi-structured group and individual interviews	Two community hospitals, two suburban treatment centers, and one tertiary academic maternity hospital in New England	<ul style="list-style-type: none"> <li>• Support shared decision-making models in this subgroup of high risk pregnancy</li> <li>• Support interdisciplinary team approach</li> <li>• Mediate with and educate CPS</li> <li>• Educate providers re: social context of addiction to reduce bias and stigma</li> <li>• Support mother and infant as dyad</li> <li>• Facilitate communication between mother and her providers.</li> <li>• Work to dismantle unbalanced access to systems and structures</li> </ul>

<i>Author/Year</i>	<i>Title</i>	<i>Sample</i>	<i>Type of Study</i>	<i>Context of Study</i>	<i>Findings and Priorities for Social Work Practice</i>
Kahn, L., et al. (2017)	A Parenting Education Program for Women in Treatment for Opioid Use Disorder at an Outpatient Medical Practice	75 pregnant or parenting women in treatment for OUD	Qualitative; semi-structured focus group interviews	Outpatient medical clinic that specializes in medication-assisted treatment for OUD.	<ul style="list-style-type: none"> <li>• Nonjudgmental provider attitudes have more positive outcomes</li> <li>• Provide education</li> <li>• Provide social support</li> <li>• Interdisciplinary approach and group modality supports</li> <li>• interventions that address complicated psychosocial issues.</li> <li>• Importance of ecosystems model, coordinating systems, treating whole person, eliminating barriers</li> </ul>
Lander, L., Marshalek, P., & Sullivan, C. (2016)	Medication-Assisted Treatment for Pregnant Women: An Interdisciplinary Group Based Model	27 pregnant women with OUD, in medication-assisted treatment with buprenorphine	Quantitative; self-report, medical record, postpartum survey data	Outpatient treatment clinic that specializes in opioid use disorder	<ul style="list-style-type: none"> <li>• Interdisciplinary group-based model that includes therapy and education</li> <li>• Single-gender/pregnancy focus has stronger outcomes than mixed-gender treatment groups</li> <li>• Interpersonal connection between group members and relationship with therapist were success factors</li> <li>• Interdisciplinary treatment model was beneficial for providers in reducing an “us vs. them” between clinical disciplines</li> </ul>

**Table 2** Included Articles: Policy and Practice Articles

<i>Author/Year</i>	<i>Title</i>	<i>Type of Article</i>	<i>Theoretical Framework</i>	<i>Findings and Priorities for Social Work Practice</i>
Berger, L., & Grant-Savela, S. (2015)	Interview on Treatment for Women with Substance Use Disorder, Mental Health Disorders, and Histories of Trauma: An Interview with Francine Feinberg, PsyD, LCSW	Transcript of interview	Relational-cultural theory	<ul style="list-style-type: none"> <li>Promote collaborative treatment model (CBT), with strengths-based, empowerment approach</li> <li>Importance of interdisciplinary team approach</li> <li>Treatment model that balances need to empower and respect mother's authority in her relationships, <i>and</i> help her improve parenting skills, assure safety of her children, and improve interactions with others.</li> </ul>
Carter, C. (2002)	Perinatal Care for Women Who Are Addicted: Implications for Empowerment	Conceptual: societal attitudes toward women who use drugs during pregnancy	Empowerment theory	<ul style="list-style-type: none"> <li>Address adverse attitudes and practices that pregnant women face in health care settings</li> <li>Develop community partnership with CPS; help CPS refocus dialogue on needs of <i>families</i>.</li> <li>Work to eliminate legal interventions that disregard maternal/fetal dyad</li> </ul>
Mirick, R., & Steenrod, S. (2016)	Opioid Use Disorder, Attachment, and Parenting: Key Concerns for Practitioners	Conceptual: Impact of OUD on attachment	Attachment theory	<ul style="list-style-type: none"> <li>Develop parenting skill interventions that go beyond discipline and behavior strategies of parenting</li> <li>Promote caregiver's empathy, reflective functioning, and responsiveness—all related to secure attachment and support stronger parent/child relationships.</li> <li>Understanding of attachment is essential for practitioners in health care, treatment, and child protection settings</li> </ul>
Reynolds, M. (2007)	Under the Influence: Policy Approaches to Substance Abuse During Pregnancy	Public health policy statement	Feminist	<ul style="list-style-type: none"> <li>Promote a public health model that is more targets prevention and early intervention, are more just, compassionate, humane</li> <li>Balance autonomy and integrity of individual pregnant women (regardless of race or SES) with the societal interest in healthy infants</li> <li>Address structural/social determinants that impact birth and family outcomes</li> </ul>

<i>Author/Year</i>	<i>Title</i>	<i>Type of Article</i>	<i>Theoretical Framework</i>	<i>Findings and Priorities for Social Work Practice</i>
SAMHSA (2016)	A Collaborative Approach to the Treatment of Women with Opioid Use Disorders: Practice and Policy Considerations for Child Welfare, Collaborating Medical, and Service Providers	Policy and practice guide	Medical model	<ul style="list-style-type: none"> <li>• Importance of collaboration between health care, substance abuse treatment, and child welfare systems</li> <li>• Importance of minimizing discoordination between complex agencies and points of intervention</li> <li>• Importance of respecting pregnant women's autonomy in their health care and treatment decisions</li> <li>• Importance of safeguarding against discrimination and stigmatization</li> <li>• Emphasis on prevention and outcome data to support research and evidence-based practice</li> </ul>
Smith, B. (2017)	Reproductive Justice: A Policy Window for Social Work Advocacy	Policy/position statement	Policy streams framework (Kingdon)	<ul style="list-style-type: none"> <li>• Importance of advocacy for removal of laws that criminalize pregnant women with OUD</li> <li>• Ensure that pregnant women involved with CPS receive effective, evidence-based services and legal support</li> </ul>
Sun, A. (2004)	Principles for Practice with Substance-Abusing Pregnant Women: A Framework Based on the Five Social Work Intervention Roles	Conceptual framework for practice	Five social work intervention roles	<ul style="list-style-type: none"> <li>• Teaching—psycho, health, and parenting education</li> <li>• Brokering—coordinate services (case management)</li> <li>• Treating—address shame and guilt (stigma), enhance self-efficacy, strengthen nonusing social networks, treat dual diagnosis</li> <li>• Mediating—with child protection to help them adopt a problem-solving mentality;</li> <li>• Advocacy—for policies that promote families, rehab, and harm reduction; for pregnancy-specific programming (that's a theme); for nonjudgmental attitudes in obstetric/health, treatment, and child welfare settings.</li> </ul>

studies reported on additional demographic data, including co-occurring mental diagnoses, criminal histories, and age of first drug use.

Five of the six policy and practice framework analyses were authored by social work practitioners or scholars, appeared in peer-reviewed social work journals, and were directed to a social work audience. These articles ranged from theoretical frameworks for practice (Carter, 2002; Sun, 2004; Berger & Grant-Savelle, 2015; Mirick & Steenrod, 2016) to policy stances and calls for advocacy (Reynolds, 2007; Smith, 2017). The final (eleventh) article, the SAMHSA report (2016), proposed revised policy guidance for states and local municipalities regarding pregnant women with OUD, and also offered a practice framework.

This body of 11 articles yielded three overarching themes that reflect current perspectives on social work practice and policy for working with this vulnerable population. These perspectives span macro, mezzo, and micro-level arenas for social work practice and advocacy.

### **Social Work Roles at the Macro Level: Advocacy and Research**

The need for social work intervention and advocacy at the macro level emerged as a central theme throughout this body of literature. Advocating for revised national and state policies, dismantling legislation that criminalizes women, and advancing research were all identified as social work priorities at the macro level.

**Policies that criminalize pregnant women.** By far the most prevalent theme in this body of literature for macro-level social work was the need to address laws that criminalize pregnant women with substance use disorder (SUD) or opioid use disorder (OUD). The researchers contended that the discourse around criminalization is grounded in social constructions of maternal fitness, that is, whether a pregnant woman is considered by society to be fit to be a “good” mother. Carter (2002) maintained that women who abused substances during pregnancy

were often socially constructed as unfit to be mothers and unworthy of their children, based on ideas about adverse effects of substances on fetal development. Sun (2004) found that prosecuting women, far from promoting fetal health, further compromised both infants and their mothers: women who feared legal prosecution or involvement with child protective services (CPS) were less likely to seek treatment for addiction or prenatal health care. Reynolds (2007) and Smith (2017) contended that reversing convictions and blocking enforcement of laws that criminalized women was ethically imperative for revising policies that criminalize pregnant women with SUD and OUD. Finally, Carter (2002) promoted development of broad-based community partnerships between CPS, perinatal care programs, legal clinics, criminal justice agencies, employment agencies, and private companies as an effective means of eliminating legal interventions for perinatal substance use.

**Policies that promote parenting.** Advocacy around perinatal substance use policies was a second focus of macro-level social work strategies found in the literature. Carter (2002) promoted policies that support adequate income, health insurance, and education, and that addressed systemic barriers, empowered pregnant women with SUD and OUD, and positively impacted their health status. Carter further identified the need to advocate for policies that reframe perinatal substance use as a health issue in social and political dialogue, not a legal one (2002). Reynolds (2007) promoted a community public health model as an alternative to policy stances that criminalize women, specifically calling for enactment of public health policies around substance and opioid use during pregnancy that were more just, compassionate, and humane towards mothers and families. Similarly, Sun (2004) echoed the need for macro-level advocacy for policies that are oriented toward rehabilitation and harm reduction rather than toward punitive legislation and prosecution.

**Advancing policy revision through research.** A third area of macro-level social work practice that emerged in the literature was the need for research that advances knowledge to promote effective policy responses to pregnant women with SUD and OUD. Reynolds (2007) and Smith (2017) called for research that measures public health outcomes associated with different policy approaches, that determines which states and localities have the most effective public health response to substance use during pregnancy, and that assesses the extent to which effective and evidence-based treatment services are available to pregnant women in all communities and at all income levels. Reynolds (2007) also contended that research should include such topics as prevention, screening, and education, ways to eliminate barriers to treatment, the nature of addiction in women, the failure of the United States' public health system to engage women, and gendered expectations about women's behavior and roles, all as means to advance a public health model of health care that ends stigma and embodies more compassion.

### **Social Work Roles at the Mezzo Level: Agencies and Systems**

The need for social work interventions and strategies at the level of agencies and systems emerged as a second central theme in the literature, specifically in child protective service and health care domains. In particular, the need for interdisciplinary collaboration and models of programming appeared repeatedly in the literature (Berger & Grant-Savelle, 2015; Carter, 2002; Howard, 2015; Howard, 2016; Kahn et al., 2017; Lander, Marshalek, & Sullivan, 2016; Mirick & Steenrod, 2016; SAMHSA, 2016; Sun, 2004).

**Mitigating fear of child protective services.** Because many state laws mandate that mothers whose infants test positive for substance-exposure at birth be reported to CPS, mothers' fear of child protective services figured prominently in this body of literature. A significant

finding in the literature was that programs that promote education and interdisciplinary collaboration between CPS and health care providers in perinatal settings reduce fear and improve outcomes for mothers with OUD and their newborns (Berger & Grant-Savela, 2015; Carter, 2002; Howard, 2016; Kahn et al., 2017; Lander et al., 2016; Mirick & Steenrod, 2016; SAMHSA; 2016). Howard (2016) found that fear of CPS involvement at the time of their child's birth significantly limited mothers' medical decision-making options; a majority of mothers in the study responded that they felt their only option was to comply with their health care provider's recommendation to stay on MAT even if they (mothers) wanted to explore other options, for fear that providers would involve CPS. However, Kahn et al. (2017) found that fear of CPS was mitigated for pregnant and parenting women with OUD who participated in a parenting education program that included topics related to working with CPS; these mothers felt more empowered, less fearful, and more hopeful that they could be good mothers. Sun (2004) contended that providing mediation between mothers and CPS workers builds trust and achieves more productive communication. Finally, Mirick and Steenrod (2016) promoted training for CPS workers that supports attachment between mothers and their infants as an alternative to removing infants from their mothers' care.

**Promoting mothers' agency in health care settings.** The role of the social worker in facilitating effective and responsive health care strategies was a second prominent theme in the literature. The primary aim of SAMHSA report (2016) was to promote agency and system collaboration in order to optimize health care best practices to improve outcomes for pregnant women with OUD (2016). Howard (2016) found that facilitating communication and coordinating care between mothers and health care providers, including promoting mothers' self-determination and decision-making regarding medication-assisted treatment (MAT), positively



impacted mothers' sense of agency and self-determination. Multiple articles identified the need for social workers to address health care provider bias and stigmatizing behaviors toward mothers with OUD in perinatal settings, promoting nonjudgment, understanding, and compassion in their place (Carter, 2002; Howard, 2015; Howard, 2016; Lander et al., 2016; SAMHSA, 2016; Sun, 2004). Carter (2002) and Howard (2016) promoted education for health care providers around the social context of addiction, including advocating for more rigorous training in medical education around identifying risk factors for substance use during pregnancy, Lander et al. (2016) detailed the success of interdisciplinary teams in dissolving an "us v. them" experience of clinicians from different clinical disciplines, improving care delivery to women with OUD in perinatal settings. Finally, Berger and Grant-Savelle (2015) and Kahn et al. (2017) promoted interdisciplinary collaboration between health care and treatment settings to coordinate and improve continuity of care.

### **Social Work Roles at the Micro Level: Direct Practice with Mothers**

This body of literature identified a number of social work roles in the context of direct practice with pregnant mothers with OUD, including addressing issues related to medication assisted treatment (MAT), empowering women, promoting pregnancy-only and/or gender-sensitive treatment programming, and group-based models of care.

**Medication assisted treatment.** Debate abounds in both health care and treatment circles around medication assisted treatment (MAT) for pregnant women with OUD, specifically around opioid agonist therapies (methadone and buprenorphine) versus detoxification. Lander et al. (2016) and Kahn et al. (2017) found that MAT is most successful when supported by other therapy modalities, including group therapy and other psychosocial support. Howard (2016) found that women felt pressure from health care providers to begin or increase methadone during

pregnancy as the recommended safest treatment for their newborn, and feared that they would be reported to CPS if they did not comply. Similarly, the SAMHSA (2016) analysis found that women encounter conflicting messages regarding MAT, depending on whether they are in a health care or a substance abuse treatment domain, underscoring the need for interdisciplinary collaboration and understanding. Mirick and Steenrod (2016) contended that various harm reduction strategies, including MAT, increase a mother's capacity for empathy, attunement, and secure attachment to her newborn.

**Empowerment and self-determination.** The need to empower opioid-dependent women was a recurring theme throughout the literature. Carter (2002) maintained that key empowerment strategies should include working with women to enhance their communication skills, and teaching and supporting them to advocate for themselves when they received unprofessional care or experienced provider bias. Smith (2017) highlighted the need for social workers to advocate for mothers in their efforts to self-determine in health care settings. Women were also empowered through provider behaviors and demeanor that were nonjudgmental and conveyed positive regard for the worth and dignity of individuals (Carter, 2002; Kahn et al., 2017; Sun, 2004). Additionally, Berger and Grant-Savelle (2015) identified the importance of balancing empowering strategies for the mother (respecting her authority, supporting her self-determination) with strategies that help her to improve her ability to parent and to develop healthy relationships. Education was also identified as a social work strategy for empowerment, specifically providing education around prenatal health, parenting, impact of substance use on parenting, accessing resources, and a range of other topics (Kahn et al., 2017; SAMHSA, 2016; Sun, 2004). Finally, Howard (2016) found that group settings increased feelings of

empowerment in women with OUD through sharing a sense of mutual aid, support and peer encouragement in self-determination.

**Gender-sensitive and pregnancy-only treatment.** A number of the articles in this literature review highlighted the need for gender-sensitive and/or pregnancy-only treatment. Related to the findings on empowerment outlined above, gender-sensitive and pregnancy-only treatment empowered pregnant women by taking their unique needs as substance- and opioid-dependent women and mothers into account (Berger & Grant-Savela, 2015; Carter, 2002; Howard, 2016; Kahn et al., 2017; Sun, 2004). Sun (2004) added that federal funding was needed for pregnancy-specific treatment programming. Similarly, Reynolds (2007) proposed a community public health model that prioritizes prevention first, then treatment programs specifically developed for substance-using pregnant women.

**Group-based treatment model.** A final finding in the literature was that a group-based model of treatment and support for pregnant women with OUD improved their experience and outcomes. The collaborative model of treatment for pregnant women with OUD proposed by SAMHSA (2016) promoted support groups and group counseling as one component of their program design. Lander et al. (2016) found that members of a pregnancy-only support group for women in MAT reported increased access to care, feelings of acceptance by the group leader, and feelings of support among group members. Similarly, Howard (2016) found that women felt increased solidarity, mutual aid, support, and encouragement for self-determination in a group interview setting whose purpose was to gather phenomenological data regarding the meaning these mothers make of their experiences in the perinatal setting. Lastly, Mirick and Steenrod (2016) found that women in psychotherapy groups to promote attachment in the mother-infant dyad experienced reduced feelings of hostility as a result of participating in the group.

## Discussion

The most significant finding of this systematic literature review was the lack of the very literature the search set out to identify and review. Despite the relevance of this topic to the opioid crisis in the United States, this review yielded surprisingly few current, empirical studies of social work practice with pregnant women with opioid use disorder. Preliminary searches of the literature revealed that current empirical research into this population was limited almost exclusively to medical practice, specifically regarding standards, practices, and outcomes of medication assisted treatment (MAT) for pregnant women with OUD. By and large these studies were authored by health care providers, primarily physicians, and viewed this population through a health care lens that prioritizes medical efficacy—for example measuring outcomes of methadone treatment versus buprenorphine—over psychosocial and emotional experiences and outcomes for opioid-dependent women and their newborns. After excluding studies with a health care focus from the inclusion criteria for this review, and focusing exclusively on social work practice with women with OUD, only four empirical studies emerged in the systematic search. Their recent publication dates (Howard, 2015 and 2016; Kahn et al., 2017; and Lander et al., 2016) indicate that social work scholarship is only just beginning to turn its attention to this critical practice area.

The remaining seven articles identified in the search that met inclusion criteria were conceptualized as analyses or proposals for policy and practice; they did not purport to propose a research question, empirically gather and measure data, or report findings. Furthermore, because the term “opioid use disorder” is relatively new to the field of substance use, alternatively known as drug abuse, addiction, chemical dependency, etc., expanded search terms to include older terminology yielded older articles that predate the current opioid crisis. This accounts for the

findings in the literature that address pregnant women with substance use disorder more broadly in some articles, versus opioid use specifically. Both groups of articles revealed themes that may be helpful as the field of social work begins to conceptualize its many roles in working with pregnant women with OUD.

A first theme that emerged in the literature was the need for social work advocacy and research at the macro level. Appearing in four of the 11 articles in this review, this theme centered on revising state policies that criminalize pregnant women with OUD as a means of protecting their fetus from the harm induced by exposure to opioids or substances. Citing state laws in effect as recently 2015 that penalize pregnant women with substance use disorder, Smith (2017) summarized the need for macro-level social work advocacy best: “Social workers’ voices are needed to prevent more states from criminalizing substance use during pregnancy and to roll back such laws where they exist” (p. 223). Studies that promoted policy revision made the critical point that fear of legal prosecution often prevented women from accessing prenatal care, compromising both fetal and maternal health. A related point was that policies that promote parenting, prioritize rehabilitation and harm reduction, and support *both* mothers and infants are more compassionate and humane. A public health model was identified as being one effective means of balancing the needs of women with the societal interest of ensuring the birth of healthy infants, as well as helping to eliminate barriers to treatment. Finally, this theme identified research as a means to advance effective policy, calling for studies that measure public health outcomes as they relate to policy stance.

A second theme that emerged in the literature was the need for interdisciplinary strategies and collaboration across agencies and systems at the mezzo level. Studies in this systematic review identified fear of CPS involvement as negatively influencing women’s decision to seek

perinatal health care, and negatively impacted their experiences and decision-making in perinatal health care settings. Promoting training of CPS workers to support attachment between mothers and infants, as well as providing education around the social context of substance use, supported more compassionate treatment of mothers and helped to reduce fear. Stigmatizing behaviors of health care providers towards opioid-dependent pregnant women was a second target area for mezzo-level social work. Facilitating communication, promoting education and training, and supporting interdisciplinary collaboration between different clinical disciplines all enhanced pregnant, opioid-using women's sense of agency and autonomy in health care settings, and increased their feelings of trust and empowerment. Social work practitioners in perinatal health care settings have a critical and unique opportunity to teach and model nonjudgment, compassion, and understanding among providers, including other social workers.

A third theme in the literature was the need for direct social work practice with mothers. Helping women in perinatal settings to understand their options regarding MAT, and supporting their autonomy to make informed medical decisions emerged as a critical direct practice role in the midst of health care debate about opioid agonist therapies for pregnant women. A related point was empowering women through education, enhancing their communication abilities, supporting mothers' self-determination and authority, mediating between them and CPS workers or health care providers, and above all conveying positive regard and nonjudgment. Another area for direct practice was in developing gender-sensitive and pregnancy-only treatment groups for substance use that focus on the specific needs of opioid dependent women and mothers. Finally, group counseling and group-based treatment was found to increase feelings of mutual aid, encouragement, solidarity, and empowerment of women in these groups. A related finding was

that women in psychotherapy groups for mothers and infants experienced fewer feelings of hostility.

### **Implications for Future Research**

As this systematic reviewed has demonstrated, there is a dearth of peer-reviewed, empirical studies on current standards and approaches for social work practice with pregnant women with OUD. Published literature to date on this population is narrowly limited to research that studies medical treatment modalities for pregnant women with OUD, specifically MAT. Covering one education program, one interdisciplinary group-based MAT treatment program, and one phenomenological study of pregnant women's experiences in perinatal settings, the four empirical studies identified in this review only begin to scratch the surface of research in this area of critical need.

A wide range of quantitative research is needed to collect data on the characteristics of this population. Possible research questions could ask: what is the geographic distribution of this population in the United States, including state-by-state data and rural versus urban distribution? What are the racial and socioeconomic characteristics of this population? How many have been or are incarcerated or otherwise involved in corrections? How many women have current or previous involvement with CPS? How does previous involvement with CPS impact their current experience and treatment in perinatal settings? How many were prescribed opioids versus obtained them through diversion? How many experience co-occurring mental illness? How many are first-time mothers? How many are single? How many obtained prenatal treatment?

At the micro-level of social work practice, research is needed to capture the range of social work practice and interventions with pregnant women with OUD. What strategies are in place in prenatal, perinatal, postpartum, and substance-use treatment settings? Are social workers

tracking their own outcome data? How many women choose MAT versus detoxification and what are the outcomes? How many women relapse? How many have transitioned from using opioids to their less expensive counterpart, heroin? How many women are supported in keeping their infants, where CPS involvement could result in separation? What are empowering strategies and how do they impact women's ability to parent their infants? What impact does parenting have on a woman's decision to pursue treatment? What programs are in place to support women and their infants who complete treatment and are trying to maintain sobriety? What programs and approaches succeed in lowering the rate of CPS involvement and supporting the maternal/infant dyad? At the other end, what prevention strategies are in place, for example, to explore and manage chronic pain in this population, to make reliable birth control accessible and affordable, to dismantle other structural barriers that lead to poverty, unemployment, and lack of health care that may contribute to opioid use and dependence? What forms of psychosocial support are in place across the spectrum, ranging from prevention at one end to support for women, children, and families at the other?

Qualitative research is needed to further understand women's wide range of experiences: how and why they began to use opioids, what support they need (from their perspective) to recover from opioid use, to parent, to manage involvement with corrections or CPS. How do housing, employment, and access to health care factor into their experience? What are culturally responsive approaches to practicing with this population? Both quantitative and qualitative research methodologies are needed to survey current health care provider attitudes toward and attributions of this population, including those held by social workers. What is the range of stigmatizing behaviors and bias among providers? What strategies have worked to change these attitudes and behaviors? How do interdisciplinary, collaborative approaches in health care and



treatment settings impact provider stigma and bias? These are just a sampling of possible avenues for research in this area.

### **Implications for Social Work Practice**

Grounded in the social work values of dignity and worth of a person and the importance of human relationships (NASW Code of Ethics, 2018), the implications for social work practice with pregnant women with OUD are wide-ranging. Macro-level scrutiny of policy along with advocacy are urgently needed to dismantle laws that criminalize pregnant women with substance use disorders. More broadly, advocacy is needed that promotes policies and research that eliminate structural barriers to employment, housing, and health care for all mothers and children. In addition to reversing laws that criminalize, macro-level strategies that address opioid use prevention are equally critical to the health and well-being not only of individuals but of communities as a whole.

At the mezzo level, social workers are uniquely positioned to promote interdisciplinary approaches to caring for pregnant women with OUD. In addition to facilitating collaboration between CPS and health care settings that supports mothers, social workers can provide education around the social context of addiction, as well as the social cost of stigmatizing behavior and bias. Opportunities for program design and development abound in both perinatal and treatment settings that support, educate, and empower women with OUD and connect them to resources that support them in becoming effective parents.

Lastly, social workers in direct practice with women with OUD have enormous potential in treatment and health care settings to educate and empower pregnant women with OUD. By facilitating treatment and/or parenting groups, social workers support women by empowering them to support, validate, and encourage each other. Through effective case management, social

workers in direct practice can also connect women to resources and strengthen social supports outside treatment and health care settings. One significant area for direct practice with pregnant women with OUD is supporting them in their autonomy and medical decision-making regarding various MAT options, including detoxification as an alternative to MAT. A second critical direct practice area, specific to perinatal settings, is mediating between mothers and CPS workers; this can include strategies that help to mitigate mothers' fear and elevate their ability to communicate effectively with CPS workers, while at the same time advocating on behalf of mothers for a CPS perspective that takes attachment and the primacy of the maternal/infant dyad into account as foundational for healthy families and communities. Above all, social workers working with pregnant women with OUD are called to engage in all dimensions of their practice—macro, mezzo, and micro—with empathy and nonjudgment, and to instill hope in their clients for becoming healthy women and caring mothers.

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