



**Management of an Opioid Use Disorder
During the Postpartum Period: Beyond
How to Safely Support the Dyad**

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Goals/Overview

- Definitions
- Navigating substance use during Postpartum
- Treatment options
- Trauma-informed approach
- Levels of family support
- Importance of building a community
- Safe Sleep Practices



Introduction- The Postpartum Period and Opioid Use Disorder

- Opioid Use Disorder (OUD): Defined as the chronic use of opioids that causes clinically significant distress and impairment. Continued use despite harmful consequences experienced.
- The “dyad” refers to the mother-infant pair – their outcomes are closely linked.
- Support must be both trauma-informed and family-centered.
- Postpartum significance: Increased vulnerability to relapse, overdose, and treatment dropout.



Epidemiology and Impact

- Data Highlights
 - Rates of OUD in pregnancy have quadrupled over the past 15 years
 - Overdose is a leading cause of maternal death in the U.S.



Maternal Mortality & Overdose Rates

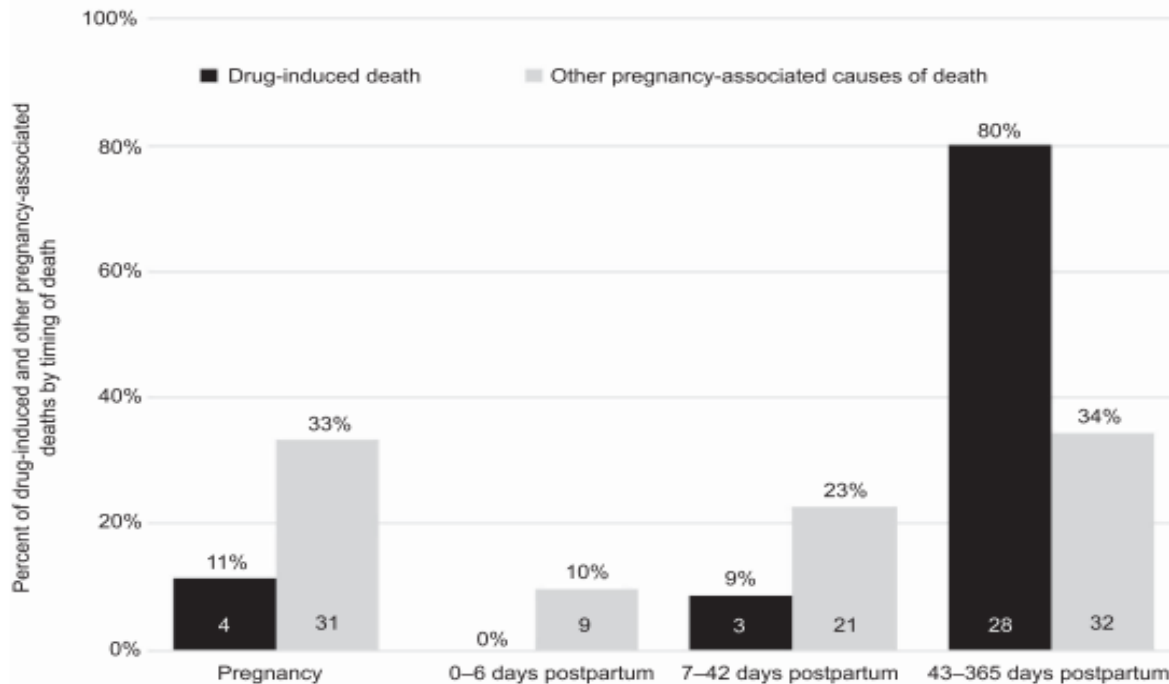


Fig. 1. Proportion of pregnancy-associated, drug-induced deaths vs all pregnancy-associated deaths, 2005–2014 (N=136). Smid. *Pregnancy-Associated Drug-Induced Deaths in Utah. Obstet Gynecol* 2019.



Treatment Options

- Medications for Opioid Use Disorder (MOUD): It is considered best practice to continue MOUD postpartum; abrupt discontinuation increases the risk of relapse and overdose.
- Approved Medications by the FDA for treatment of OUD:
 - Methadone, buprenorphine, and naltrexone
- Medication dosages might need to be adjusted during the postpartum period due to changes in metabolism and hormone levels



Psychosocial and Behavioral Health Support

- Integrated care for co-occurring disorders
 - Perinatal Mood and Anxiety Disorders (PMADs): Mental health conditions that can affect women during pregnancy and within the first year after childbirth, encompassing a range of issues like depression, anxiety, obsessive-compulsive disorder, and post-traumatic stress disorder. These disorders can significantly impact a mother's well-being and her relationship with her baby
- Counseling, group therapy, contingency management
- Peer Recovery Coaching and Case Management



Additional Levels of Support

- Offer parenting and life-skills education
 - Healthy eating, financial literacy, budgeting basics, employment/resume building, etc.
- House visiting
- Peer Accompaniment



Supporting the Mother-Infant Dyad: Nurturing Connection, Recovery, and Growth

- Encourage and support breastfeeding when safe and appropriate
- Provide early parenting education and trauma-informed support
- Provide resources for mom and baby groups to increase a healthy support system and promote peer bonding opportunities
- Address social determinants affecting dyadic stability



Social Determinants of Health

Figure 2

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				
Health Outcomes					
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations					



Addressing Social Determinants

- Common Stressors for postpartum individuals with OUD:
 - Housing insecurity
 - Food instability
 - Transportation
 - Lack of childcare
- Care teams must coordinate wraparound services (via case management or social work) to help stabilize the dyad
- A safe, supported environment reduces risk of relapse and increases infant safety



Wraparound Services

- Wraparound services often include:
 - Housing assistance
 - Transportation vouchers
 - Food security support (e.g., WIC, SNAP)
 - Employment resources
 - Legal aid or help with CPS navigation
 - Addressing these core needs creates a foundation for recovery and parenting.
- Wraparound services are essential in the management of Opioid Use Disorder (OUD) during the postpartum period because they address the full range of medical, social, emotional, and developmental needs of both the parent and the infant (the dyad).



Communication Across Systems

- Wraparound models often involve a care coordinator or case manager who facilitates communication across:
 - OB-GYN
 - Pediatrics
 - Behavioral Health
 - Social Services
 - Legal/CPS Systems
- This reduces duplication, conflicting advice, and gaps in care



Prevention of Intergenerational Trauma

- By strengthening parenting capacity and family preservation, wraparound services reduce:
 - Foster care placement
 - Family separation
 - Trauma exposure for infants
- This breaks cycles of substance use, poverty, and system involvement
- **Takeaway:** Wraparound services work because they treat the whole person and the whole family



Addressing Barriers to Care

- Stigma: From providers and systems (ex. being labeled “unfit mother”).
- Legal fears: Child Protective Services leads to care avoidance
- Access Issues: Limited resources depending on the community, and some programs end services for women after delivery



Your Words Have an Impact



System-level Considerations

- Agencies to partner with CPS/Child Welfare on family preservation, not separation



Building a Sense of Community

- Counteracts isolation and stigma
 - Many postpartum individuals with OUD experience shame, judgment, or rejection -- from society, health care providers, and family
 - This stigma often leads to social withdrawal, making recovery and parenting harder
 - A supportive community reduces internalized shame and helps them feel seen, accepted, valued, and human



Building a Sense of Community

- Reduces Risk of Relapse and Overdose
 - Loneliness and stress are key triggers for substance use
 - Community support (peer groups, recovery networks, parenting circles) provides emotional outlets, coping skills, and accountability, reducing the risk of return to use
- Supports Maternal Identity and Parenting Confidence
 - New mothers in recovery often struggle with feeling “good enough” or fear judgment
 - Being around others in similar circumstances fosters peer validation and shared learning



Building Sense of Community

- Creates a Safety Net in Moments of Crisis
 - Life postpartum is unpredictable – a crying baby, court hearings, or missed medication doses can trigger distress
 - A community can step in quickly with practical help or just a listening ear
 - This safety net can reduce emergency department visits, CPS involvement, or overdose



Building a Sense of Community

- Models Long-term Recovery and Hope
 - Seeing others maintain recovery while parenting shows that healing is possible
 - It gives new mothers a roadmap and role models, which can be more inspiring than clinical advice alone
- Community isn't a luxury – it's a clinical necessity. For postpartum individuals with OUD, community support is a critical protective factor that promotes recovery, reduces relapse, and nurtures healthier families.



4 Major Dimensions of Recovery

COMMUNITY

Have relationships and social networks that provide support, friendship, love and hope.

HEALTH

Make informed, healthy choices that support physical and emotional well-being.

HOME

Have a stable and safe place to live.

PURPOSE

Have meaningful daily activities and independence, income, and resources to participate in society.



Risk Reduction and Overdose Prevention

- Educate on overdose signs and symptoms; distribute naloxone
- Harm reduction: Safe use supplies, syringe service programs
- Prepare a postpartum safety plan: ex. Triggers, emergency contacts



Case Study

- "Maria, age 28, initiated buprenorphine at 24 weeks pregnant. After delivery, her OB discharged her with no follow-up plan. By 3 weeks postpartum, she relapsed due to lack of sleep and limited support. With proper follow-up, home visits, and integrated care, Maria re-engaged in treatment and is thriving with her 4-month-old son."
- Case highlights:
 - The importance of continuity
 - Collaborative care
 - Positive outcomes



Safe Sleep

- Home Visiting
- Safe sleep education in a peer group setting
- Baby care items, ex. Brand new pack n play
- We have learned from our clients:
 - You don't know what you don't know
 - They have encountered negative experiences with medical providers and community agencies that have reinforced the stigma associated with substance use during pregnancy and/or during the postpartum period, treated them poorly, which impacts their confidence to seek services and ask for help



Barriers to Practicing Safe Sleep for Individuals with OUD

Barriers	Examples of barriers that impact sleep practices
Awareness, knowledge	<ul style="list-style-type: none">• Lack of money to buy a new pack n play or crib• Concern that infant will be “uncomfortable” without blankets• Parent’s might not understand the rationale for the back sleep position
Culture and tradition	<ul style="list-style-type: none">• Bedsharing• Elder family members for advice





Referral Process

- Phone Number: (833) 481-7681
- Website: www.empoweredmoms.org
- Social Media: @empoweredmomsorg



Empowered VOICES

RECOVERY TO RESILIENCY



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Questions...

