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Pregnant Women with Substance Abuse Disorders Require Collaborative Care Between Psychiatrists and Other Health Care Providers

**According to New Article Published in *Psychosomatics***

Bethesda, MD, April 15, 2016 — Witnessing a pregnant woman smoking, drinking, or using illicit substances may ignite passionate responses from well-intentioned individuals, psychiatrists, and other health care providers. A new article published in *Psychosomatics*, the Journal of the Academy of Psychosomatic Medicine, offers guidelines for psychiatrists to better engage these patients in care and to break the cycle of abuse and addiction.

“Our goal is to achieve optimal health for the mother, her baby, and other family members,” said Laura P. McLafferty, M.D., lead author of *Guidelines for the Management of Pregnant Women with Substance Use Disorders*. Psychosomatic Medicine physicians working with female patients are in a unique position to affect the outcome of the achieving that optimal health, she noted.

The first step is careful screening for substance abuse for *all* women of childbearing age. “All substance users face a lot of stigma,” said Dr. McLafferty. “This is particularly true of women who are pregnant because there is another stakeholder involved—the fetus.” Because of that the psychiatrist’s first challenge is to overcome this stigma and to establish a trusting therapeutic rapport with the pregnant patient who is a substance abuser.

The article describes risk factors for use of illicit substances, cigarettes, and alcohol in pregnant women, and provides recommendations for screening and treatment. “Psychosomatic Medicine physicians are also in a unique position to coordinate collaborative professional care,” said Dr. McLafferty. This includes working with other allied health professionals, such as obstetricians, gynecologists, and providers who care for children in youth services, and those in government agencies.

While the goal is to achieve optimal health for the mother, her baby, and other family members, Psychosomatic Medicine physicians and other health care providers also need to “be aware of the climate in which they are practicing,” said Dr. McLafferty. The article notes that 18 states have declared substance abuse during pregnancy to be child abuse under civil child welfare statues, with three states considering substance abuse to be grounds for civil commitment of pregnant women, and one state allowing assault charges to be filed against the pregnant woman. Fifteen states require health care providers to report suspected prenatal drug use, and four states mandate the testing of pregnant women for drug exposure if drug abuse is suspected.

These laws may do more harm than good as they may deter pregnant women with addictive disorders from seeking the prenatal care that they need. “We need to make sure that any legislation has as its heart the welfare of the child and the mother,” stresses Dr. McLafferty, who advocates for public policy that protects the autonomy and confidentiality of the doctor-patient relationship and facilitates treatment for women with addictive disorders.

Ultimately, it is the role of Psychosomatic Medicine physicians to remain knowledgeable about the rapidly changing legal landscape while establishing a strong therapeutic rapport with their patients and collaborating with other health care providers. By doing so, they are in a position to make a significant difference in the overall health of their patients by delivering evidence-based treatment to pregnant women afflicted with substance abuse.

The Academy of Psychosomatic Medicine, a professional society of over 1200 leading physicians, represents psychiatrists dedicated to the advancement of medical science, education, and health care for persons with co-morbid psychiatric and general medical conditions.

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