

What happens to me if I'm pregnant and using drugs or alcohol?

When women are pregnant and using substances like pain pills, marijuana, cocaine, methamphetamines, heroin or alcohol, we know that getting help is extremely important. **Decreasing drug and alcohol use in pregnancy will increase the chances of having a healthy pregnancy and a healthier baby.**

It's best when health care providers and patients work together to create a plan for the patient to stop using drugs and alcohol. Depending on individual circumstances, the plan may include the following:

- Finding a safe living environment
- Starting medications
- Seeing a mental health specialist
- Going to community recovery support meetings (12 Step, Smart Recovery, Celebrate Recovery etc.)
- Counseling

In addition to regular prenatal visits, women with substance use disorders may need additional care while pregnant. The ultimate goal is to set every patient up for success in life and in parenting their baby.

Every baby requires a safe and nurturing environment. Parents who have substance use disorders may find it difficult to provide this safe, nurturing environment without support and assistance. It is not possible for a health care provider to know which babies are at greatest risk for unsafe environments.

Indiana Department of Child Services (DCS) exists to help make sure children are safe and that families have the necessary resources and treatment to keep their children safe. DCS may become involved if a baby is born positive for substances that were not prescribed to the mother or substances that were not used per the prescription. If DCS does become

involved, a Family Case Manager (FCM) will be assigned to complete an assessment. Involvement with DCS can be scary but knowing more information about what to expect if your family becomes involved with DCS can help reduce some of the fear and help families have more control in planning for the safe care of their baby.

There are many important things patients and families can do before the baby is born to help ensure the safety of their baby after birth. Making these plans prior to birth may help a family feel more prepared and in control if they do become involved with DCS.

- All caregivers in the home with substance use disorders engaged in treatment and recovery
- Identification of a sober caregiver who is willing to be present 24h/day and able to provide safe care for the baby if the parent relapses
- Establish a safe place for baby to sleep
- Ensure the home is free from drugs and/or violence
- Develop a Relapse Prevention Plan for all caregivers
- Develop a team of friends, family and providers who are willing and able to support both the baby and the family
 - *Working to establish a supportive team and safe plan for both the baby and the parents is one of the most important things a patient can do, not only to ensure that their baby is safe and healthy, but also to decrease the need for DCS intervention. DCS encourages and helps families to form their own teams and having the patient's medical provider as a team member is often very helpful.*

It is important to remember that while the primary goal of DCS is to ensure the safety of the baby, DCS strives to keep families together and only places children in out of home care if no other safe options are available. It is also important to know that parents have a voice in making these decisions and that DCS wants to work with parents to create plans to ensure the safety of the baby while remaining in the care of the parents. If a child does need to be

placed in out of home care, DCS works to place the child back in the home as quickly as possible while ensuring the safety of the baby.