

Understanding THE EVIDENCE

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Harm Reduction

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Natalie Proctor – Tribal Chairwoman, Cedarville Band of Piscataway Indians

- Quit accepting invitations to events due to feeling of tokenism and lack of sincere desire for change on the part of organizers
- Piscataway Indian Museum and Cultural Center was forced to close due to lack of attendance
- Living the American Indian Experience is a program aimed at raising awareness
 - Certain aspects of history avoided due to non-indigenous people's intolerance for discomfort
- Perceived as invisible unless wearing traditional garb, and not seen as whole people, with modern interests and talents
- Natalie hopes to bring their story to other colonized and war-torn peoples around the world
- **Make a donation via PayPal at:**

PiscatawayIndians@gmail.com



- Experience in NICU/Postpartum since **2004** at **14** hospitals in **8** states, and counting...
- **11** years in direct service and as a member of Board of Directors at syringe services program
- Presenter at NHRC, DPA, CDC, ONDCP, ACOG, ANN... and more
- Co-Founder of the Academy of Perinatal Harm Reduction



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Our mission is to improve the lives of pregnant and parenting people who use substances.

We strive to create communities where all families are **safe**, intact, and **informed** regardless of what they put into their bodies.



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I have no relevant
financial relationships with
any commercial interests
to disclose.



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PERINATAL SUBSTANCE USE: A Harm Reduction Toolkit

- Quality Perinatal Care is Your Right
- 6 Classes of Substances
- Navigating Systems
- Prenatal Care
- Labor and Birth
- Postpartum Care



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WHAT DO WE NEED TO KNOW?

- Does exposure affect parent health?
- Does substance cross the placenta?
- Does exposure affect lactation?
- Does substance pass into human milk?
- Do infants absorb it in the GI tract?
- Does pre- or postnatal exposure affect infant health and development?
- Law, policy, and social norms*



WHAT WE DON'T NEED TO KNOW

Urine tests:

- Are not recommended
- Lead to cascade of harm
- Are rarely medically indicated
- Are performed without patient knowledge or informed consent
- Do not provide useful information



Study samples are not representative of the general population, but based on

who gets caught

- Black, Indigenous, People of Color
- Young
- Disabled
- Neurodiverse
- Rural
- Families that do not conform to western ideals
- Poor
- LGBTQIA+
- Unmarried
- Former foster children



Major funders and medical associations do not have an interest in funding, conducting, or publishing research that does not find negative effects and outcomes.

- National Institutes of Drug Abuse (~90% of substance use research funding)
- American Society of Addiction Medicine (ASAM)
 - *Journal of Addiction Medicine*
- Society for the Study of Addiction (SSA)
 - *Addiction*



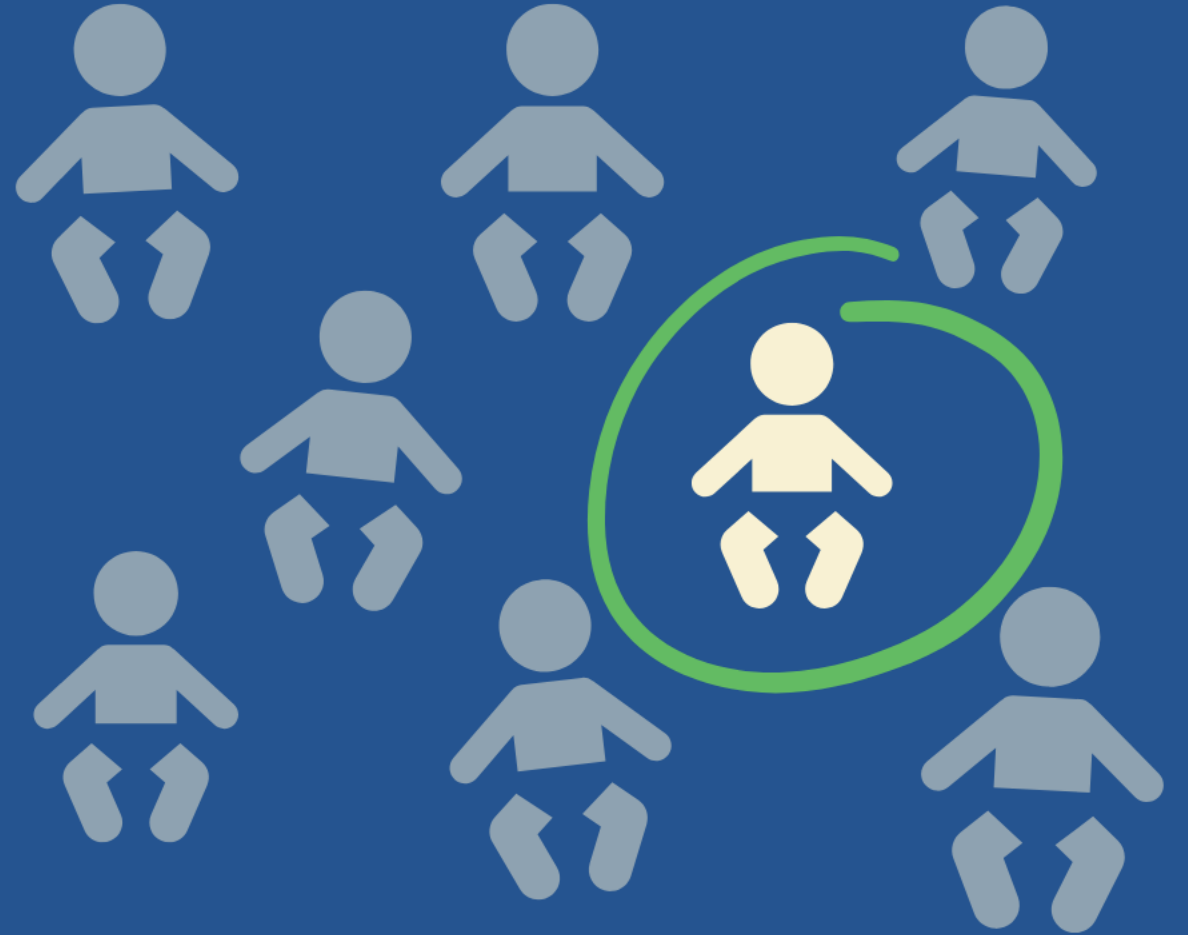
Association VS Causation



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Statistically
vs Clinically
SIGNIFICANT



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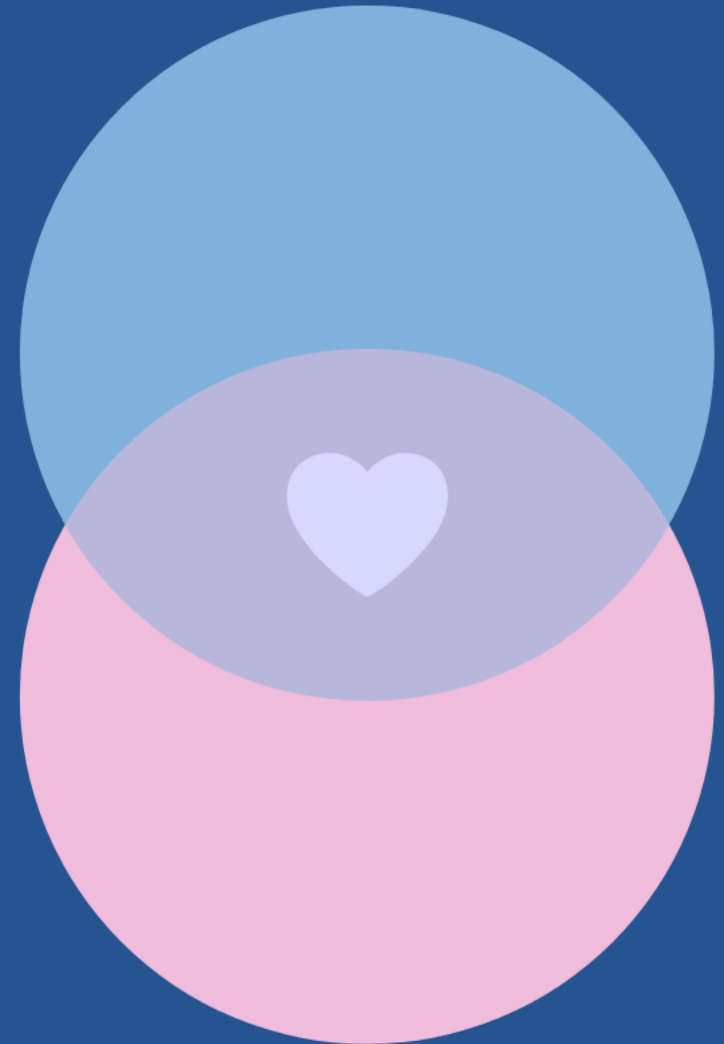
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Dyad

“There is no such thing as a baby ...”

“If you set out to describe a baby, you will find you are describing a baby and someone. A baby can not exist alone, but is essentially part of a relationship”

DW Winnicott, 1966



OPIOIDS

- Neonatal Opioid Withdrawal
- Not dose-dependent Cleary 2011
- Long-term outcomes similar to peer group ACOG 2017, SAMHSA 2005



Overdose in Pregnancy



- Respond the same way you would for any overdose
 - naloxone
 - rescue breathing
 - supplemental oxygen
- Use the LEFT side for recovery position to increase blood to the placenta



GOLD STANDARD

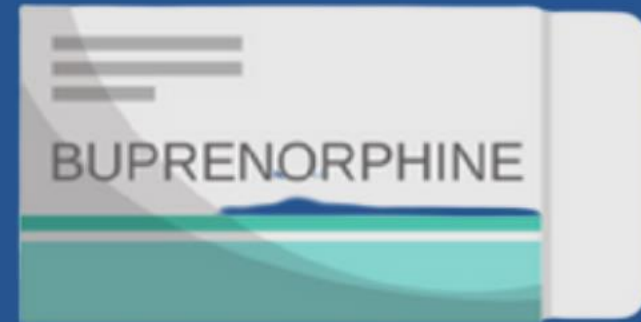
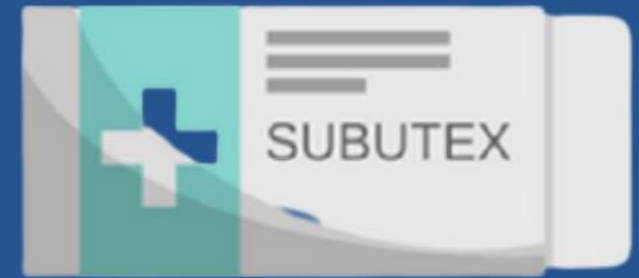
ACOG 2017, SAMHSA 2016

OAT opioid agonist therapy

MOUD medication for
opioid use disorder

- methadone
- buprenorphine

* Buprenorphine is probably slightly better than methadone. [ACCESS](#)



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ANOTHER OPTION: Naltrexone

opioid ANTagonist therapy

- Less likely to work
(Jones 2013)
- Poor patient satisfaction
(Wachman 2019)
- Increased risk of death
(Kelty 2017, Wachman 2019, Ward 2018)
- Requires detox first
(Jones 2013)

*** NO INFANT WITHDRAWAL**

(Chan 2004, Hulse 2001, Hulse 2002, Hulse 2004, Jones 2013, Kelty 2017, Kelty2017)



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ANOTHER OPTION: Naltrexone

RECOMMENDATION

- Continue if it's working
- Don't start during pregnancy
- * Unless the patient chooses it



Harm Reduction

- Overdose prevention and reversal
- Avoid codeine
- SUID risk and NOW interventions
- Eat, Sleep, Console (ESC)
- Recommend OAT
- Advocate for safe supply
- Method of Administration



TOBACCO + NICOTINE

- Ectopic pregnancy, intrauterine growth restriction, placenta previa and abruption, premature rupture of membranes, low birth weight, congenital anomalies, infant mortality, altered maternal thyroid function, respiratory, gastrointestinal, and metabolic disease in offspring

ACOG 2017, Einarson 2009, AAP 2012,
USDHHS 2004



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The EVIDENCE

Smokeless Nicotine

- Quitting nicotine altogether is the safest choice, both for your future health and for your pregnancy
- Gum, patches, and medications are not FDA approved for pregnancy, but have better data than e-cigarettes (vaping).

Safest	Quitting nicotine altogether
Safer	Quitting with traditional therapies
Safer	Quitting with a vape
Least Safe	Continuing to smoke cigarettes



E-cigarettes and Vaping

- E-cigarettes are safer than smoking for everyone, including pregnant people.
- Health and birth outcomes are improved for people who exclusively vape compared to those who smoke cigarettes

Bowker 2020, CDC 2019, McDonnell 2020, Shittu 2021, Spindel 2016, Wong 2020, Whittington 2018

Safest	Quitting nicotine altogether
Safer	Quitting with traditional therapies
Safer	Quitting with a vape
Least Safe	Continuing to smoke



TOBACCO + NICOTINE

We do have it, and we recognize that even so, it's no reason to tear apart families and deprive babies of human milk.

Why don't we apply this logic to other classes of drugs?



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EVIDENCE we DON'T HAVE

QUESTIONS and ANSWERS



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