

**Title:**

A Model for Coordination of a Prenatal Care Clinic for Substance Abusing Pregnant Women

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**Session Title:**

Rising Stars of Nursing Invited Posters - Group 1

**Slot (superslotted):**

RSG STR 1: Thursday, September 25, 2014: 9:45 AM-10:30 AM

**Slot (superslotted):**

RSG STR 1: Thursday, September 25, 2014: 2:30 PM-3:15 PM

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**Keywords:**

neonatal abstinence syndrome, prenatal and substance abuse

**References:**

- 1.) Ashely, O., Marsden, M., & Brady, T. (2003). Effectiveness of Substance Abuse Treatment Programming for Women: A Review. *The American Journal of Drug and Alcohol Abuse*, 24(1), 19 – 53. doi: 10.1081/ADA-018838 2.) Goler, N., Armstrong, M., Taillac, C., & Osejo, V. (2008). Substance abuse treatment linked with prenatal visits improves perinatal outcomes: a New standard. *Journal of Perinatology*, 28, 597-603. 3.) Ordean, A. & Kahan, M. (2011). Comprehensive treatment program for pregnant substance users in a family medicine clinic. *Canadian Family Physician*, 57:e430-5. Retrieved from <http://www.cfp.ca/content/57/11/e430.long> 4.) Roberts, S., & Pies, C. (2011). Complex calculations: How drug use during pregnancy becomes a barrier to prenatal care. *Maternal Child Health Journal*, 15, 333- 341. doi 10.1007/s10995-010-0594-7 5.) Talliac, C., Goler, N., Armstrong, M., Haley, K., & Osejo, V. (2007). Early start: An integrated model of substance abuse intervention for pregnant women. *The Permanente Journal*, 11(3), 5-11. Retrieved from [www.kp.org/permanentejournal](http://www.kp.org/permanentejournal)

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE	TIME ALLOTTED	FACULTY/SPEAKER	TEACHING/LEARNING METHOD	EVALUATION/FEEDBACK
Example Critique selected definition of the term, "curriculum"	Definitions of "curriculum" Course of study Arrangements of instruction	Example 20 minutes	Example Name, Credentials	Example Lecture PowerPoint presentation Participant feedback	Example Group discussion: What does cultural training mean to you?

	<p>nal materials The subject matter that is taught Cultural "training"</p> <p>Planned engagement of learners</p>				
After this post board presentation the learner will be able to:	Poster Board Presentation	20 minutes	Post Board Presentation	Poster Board Presentation	Group Discussion: Prenatal care for substance abusing pregnant women
1. The learner will be able to discuss the special needs of a substance abusing pregnant woman.	Poster Board Presentation	20 minutes	Barbara J. Francis MSN, CNM	Poster Board Presentation	Group Discussion: What are special needs of a substance abusing pregnant woman?
2. The learner will be able to list two additions to prenatal care that will help substance abusing pregnant women.	Poster Board Presentation	20 minutes	Barbara J. Francis MSN, CNM	Poster Board Presentation	Group Discussion: Additions to prenatal care that will help substance abusing pregnant women.

**Abstract Text:**

The goal of prenatal care is to optimize pregnancy outcomes. Women who use potentially dangerous substances while pregnant present a special concern because prenatal exposure can cause poor pregnancy outcomes including early childhood behavioral issues, and negative developmental outcomes. Specific effects of individual drugs are difficult to determine with multiple use. In addition, substance use is often accompanied by other risk factors including poverty, stress, depression and lack of social support. Furthermore, risk factors such as exposure to violence and poor nutrition also exist. Perinatal substance abuse has reached critical levels in recent years. Healthcare providers face the difficult challenge of identifying women who are in need of treatment and identifying accessible services for treatment. While screening should be initiated at the first prenatal visit many providers feel, uncomfortable processing this information. There is bias regarding which specific women should be screened for substance use and they are unsure of legal ramifications or how to refer for appropriate interventions. These inconsistencies are not the only barriers women face. There are also extrinsic barriers such as lack of transportation, homelessness, drug use itself, childcare and the lack of or inadequate health insurance. Positive maternal and improved neonatal outcomes have been documented when substance abuse treatment has been integrated with prenatal care. In Toledo, Ohio, there is no prenatal care clinic for substance using women. This project addresses integration of prenatal care and proposes a model, which will include substance treatment options, mental health services, prenatal care and collaboration with the neonatal abstinence syndrome program. In addition, collaboration with social services in the postpartum period for the mother, infant and families will also be addressed. The purpose of this project is to develop a model for coordination of a prenatal care clinic for substance using women. Development of this model is expected to decrease substance use in the antepartum period, decrease medical costs for the mother and infant and decrease use of protective services and foster care. Collaboration with the neonatal abstinence syndrome will encourage mother infant bonding and self-care over the long term.