

# Language Matters

How to Reduce Stigma, Provide Compassionate Care, & Improve Outcomes for Pregnant Mothers With a Substance Use Disorder



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## Conflicts of Interest

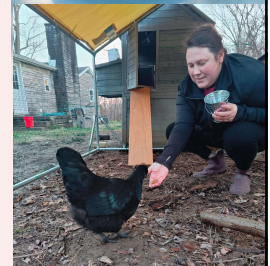
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## Bio

Sarah Jenkins MSW, LSW, is a perinatal social worker and the social worker team leader at Deaconess Women's Hospital in Newburgh, Indiana. She graduated from the University of Southern Indiana with her Bachelor of Social Work degree in 2017 and Master of Social Work degree in 2019. She is a licensed social worker in the state of Indiana and has practiced the past 7 years with the elderly and in women's healthcare. Sarah's social work background is with skilled nursing facilities, hospice, and the emergency department. She facilitates the Perinatal Support Program in her current position at Deaconess Women's Hospital. She currently serves on the board of the Haitian Center of Evansville and has a passion for providing equitable care among vulnerable populations. Sarah loves her dogs, lattes, and chickens. Most importantly, Sarah is a wife and mom to 3 amazing children.



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## Ground Rules

- Value your input
- Give me your knowledge
- Let me know your thoughts
- Share your resources

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## Abstract

Perinatal Substance Use is a significant concern for our community's health and overall wellbeing. Substance use is linked to adverse outcomes for both moms and babies. Language matters during the perinatal period. Our language when speaking to patients, coworkers, and in our documentation can significantly impact the trajectory of a patient's path of recovery. Pregnant women with a substance use disorder (SUD) or in recovery often feel a great deal of shame and face tremendous stigma from healthcare providers, including social workers. As social workers, we can help to overcome negative biases and combat stigma by using person first language as we speak and as we document. Research on the impact of using person first language shows that compassion in language can help support moms; therefore, making them more likely to seek prenatal care, access earlier treatment interventions, make plans to keep the family unified, and improve overall outcomes for a healthy pregnancy. The presentation will display findings of how mindfulness can empower the provider and also the patient. We will take a look at examples of person first language in the perinatal context. By transforming our way of biased thinking, we open up the conversation to look at a person as they truly are instead of looking at a person as their disorder. My hope is to help encourage fellow social workers and providers to reduce stigma so pregnant women feel comfortable raising their voices and asking for help, not staying in their shame.

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## Objectives

- 1 Define history or current substance use disorder in the perinatal period
- 2 Why language matters
- 3 Research on positive impact of person first language
- 4 Examples/how to be aware of your language and documentation
- 5 Empowering you to encourage those around you and even patients to use person first language

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## Define Perinatal Period

“Perinatal is the period of time when you become pregnant and up to a year after giving birth.”

(NHS Foundation Trust, n.d.)



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## History of Substance Use Disorder (SUD) in the Perinatal Period

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## Define Substance Use Disorder (SUD)

(Prince, Daley, Ayers, 2023)

DSM-5 CRITERIA COMBINED SUBSTANCE ABUSE AND DEPENDENCE CRITERIA TO DIAGNOSE SUD (2+ in previous 12 months):

- Hazardous use
- Social/interpersonal problems due to using
  - Neglect of expected roles
  - Withdrawal
  - Tolerance
- Using more of for longer than intended
  - Repeated attempts to quit
- Related physical/psychological problems
  - Craving
- Use preferred over other activities

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### Stats

"Women are at the highest risk for development of substance use disorder during their reproductive years (age 18-44 years)" (Forray, Yonkers, 2021)

"Unintended pregnancy rates among women with substance use disorders are approximately 80%, considerably higher than in the general population."

"Perinatal substance use is a significant public health issue in the United States (US) and worldwide. In the US, 40% of persons with a lifetime drug use disorder and 26% with a combined alcohol and drug use disorder during the prior year are women."

Patients with SUD have higher rates of mental health disorders compared to others.

Postpartum relapse rates: can be as high as 80% in the first year postpartum (includes tobacco, THC, ETOH)

(Prince, Daley, Ayers, 2023)

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## Different Substances & Associated Complications

- Tobacco: FGR, low birth weight, prematurity
- Alcohol: FAS, congenital malformations
- Marijuana: stillbirth, low birth weight, preterm birth
- Benzodiazepines: preterm delivery, low birth weight
- Cocaine: maternal hypertension, placental abruption, low birth weight, prematurity
- Amphetamines/Methamphetamines: maternal hypertension, preeclampsia, placental abruption, fetal demise
- Opioids: (illicit & prescribed)NOMS/NAS, affects central nervous, autonomic, respiratory, gastrointestinal, prolonged hospitalization, poor feeding, irritability, low birth weight, etc

(Shyken, Babbar, Babbar, Forinash, 2019)

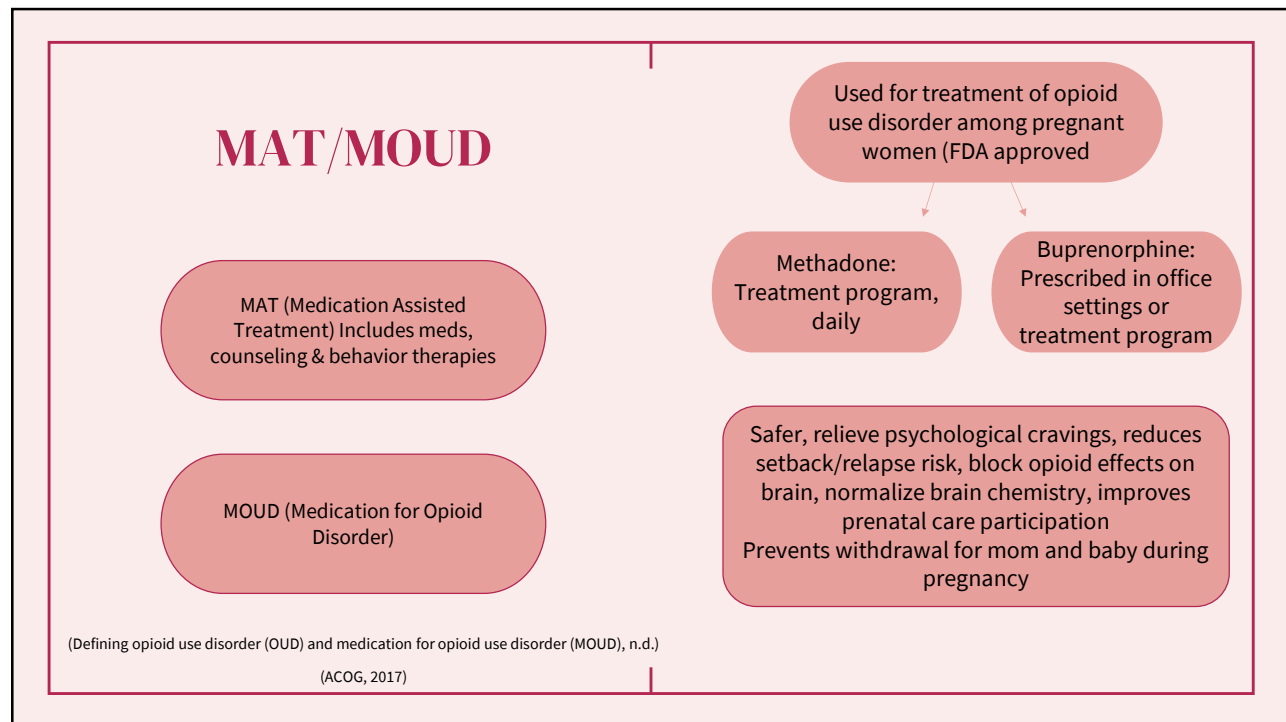
(Prince, Daley, Ayers, 2023)

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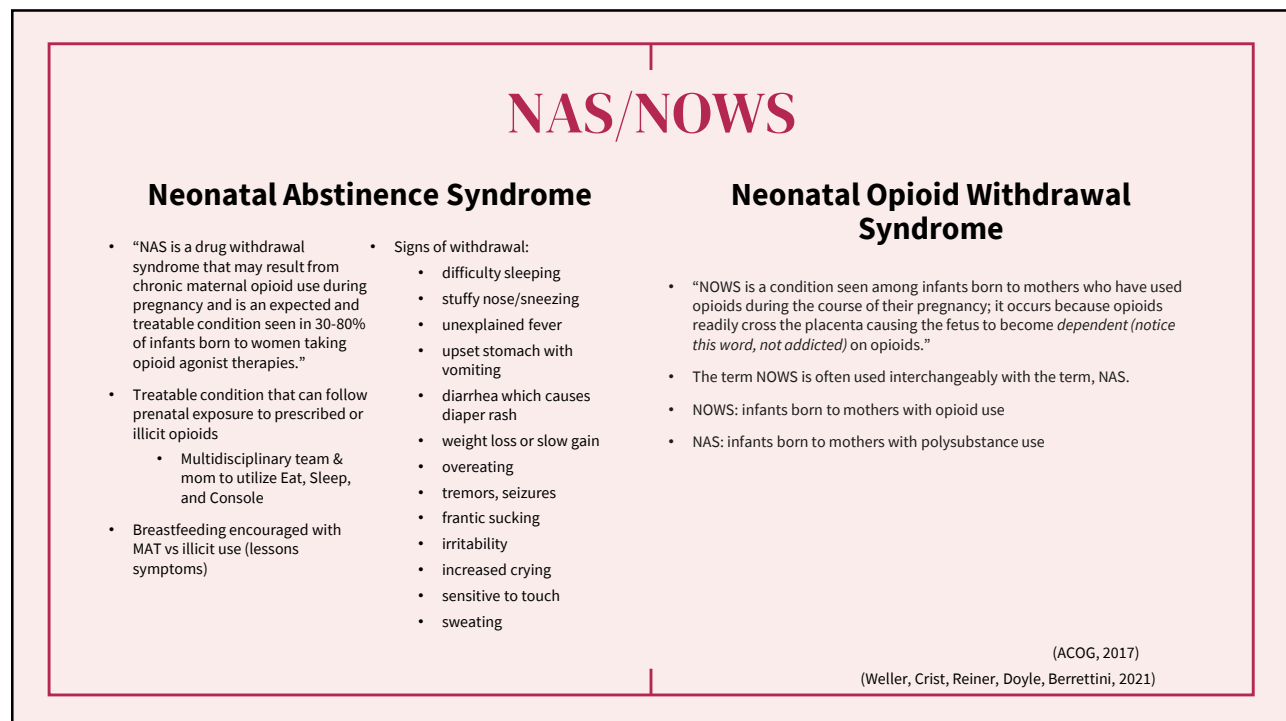
## 2023 IN Maternal Mortality Report

- According to the 2023 Indiana Maternal Mortality report, Substance Use Disorder (SUD) including alcohol and all illicit and prescription drugs, was among the most common contributing factors for pregnancy associated deaths year 2021 (death during or within one year of pregnancy.)
- The top cause of pregnancy associated deaths years 2018-2021 were due to overdose (accidental or undetermined intent).
- Also, overdose accounted for 31% (largest) of pregnancy associated deaths for these years.

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## Why language matters?

- Provides compassionate, non-biased care which improves outcomes for moms, babies, & families
- Simply put, our language could change lives
- Our words have power
- We are all human and all have our flaws
- How we speak (profession & personal) and write about others impacts their lives and the care received
- Person first language helps encourage the patient to reflect on their own language and self stigma



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## Empathy

"You never really understand a person until you consider things from his point of view; until you climb into his skin and walk around in it."

–Atticus Finch

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## Implicit Bias

- “Defined as an individual’s *subconscious beliefs*, have also revealed that individuals hold significantly more negative autonomic attitudes toward the term “*addict*” as opposed to the term “*a person with a substance use disorder*.”
- Social media, how we were raised, etc.
- Language choice and bias can impact those seeking treatment with SUD

(Shi, McKee, Cosgrove, 2022)



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## Stigma

- Define: “discrimination against an identifiable group of people, place, or nation.”
- Examples: people with SUD are dangerous, low socioeconomic status, bad parents, criminals
- Women may experience stigma more than men
- Our flawed beliefs = SUD as a moral failing
- People often see a woman with a substance use disorder as “choosing” to cause harm to their unborn baby by having a SUD vs having a “medical condition.” This flawed way of thinking can make pregnant women feel deep shame.

(NIDAMED, 2021)

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## How does stigma affect people with substance use disorder?

- Reduces the willingness of individuals seeking care for substance abuse problems, prenatal care, mental health care, and basic health care
- “Stigmatizing language can negatively influence health care provider perceptions of people with SUD, which can impact the care they provide.”
- Individuals may fear social, legal, and employment ramifications if they disclose a substance use history
- Connections between people and those with a SUD dwindle due to fear, anger, etc.

(NIDAMED, 2021)

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## How does stigma uniquely affect pregnant women and mothers with SUD?

- Effects:
  - Poor self image/self esteem, feelings of shame, fear, depression, anxiety
  - damaged relationships (including healthcare providers/social workers)
- Pregnant and postpartum women with SUD are less likely to:
  - Seek treatment for SUD
  - Get prenatal care/late
  - Breastfeed their babies



(NIDAMED, 2021)

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## Why are they less likely to seek medical care or to breastfeed?

- Fear: criminalization or CPS involvement (leads to missed appts or lack of self reporting of SUD) or judgement (others & of self)
- SUD during pregnancy is considered child abuse in some states
- Misconceptions of treatment options
- Lack of knowledge about breastfeeding (especially with MAT)

(NIDAMED, 2021)

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## Example of Fear

*Interviewer:* And did worrying about being involved with CPS or getting her taken away, did it keep you from doing anything you might otherwise do?

*Patient:* My third child, I had no prenatal care.

*Interviewer:* For what reason?

*Patient:* Because I was taking drugs, well, not drugs-drugs; I was down there smoking on marijuana and drinking liquor. And they told me if they see THC or something like that in my system, then protective services would get involved. So I didn't go to no care for her, none.

(NIDAMED, 2021)

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## Fear

- “Punitive measures provide no proven health benefits for mother or child—and may lead to avoidance of prenatal care and substance use treatment”
- “Pregnant women must be able to discuss their substance use openly with their medical providers without fear of punishment.”



(AAP Urges Public Health Approach for Women Who use Opioids During Pregnancy, 2017)

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## State Laws & Substance Use in Pregnancy

- 18 states have laws that say drug use during pregnancy is child abuse
- At least 45 states have sought to prosecute women for substance use during pregnancy at some point in history
- IN does not report prenatal drug screens- try to keep it less punitive and encourage prenatal care

(PSU Conference, 2022)

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## 21<sup>st</sup> Century Cures Act & Information Blocking

BE MINDFUL OF LANGUAGE IN DOCUMENTATION  
BECAUSE PATIENTS HAVE ACCESS TO MEDICAL  
RECORDS THROUGH THE CURES ACT

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## How can we change stigmatizing behavior?



(Nidamed, 2021) (Schaefer, 2021)

- "Use non stigmatizing language that reflects an accurate, science-based understanding of substance use disorder and is consistent with your professional role" when talking to individuals with SUD, their families, coworkers.
- Mothers can feel more comfortable with person-first language which helps to reduce treatment barriers.
- Clinicians are often first contacts with an individual with a SUD and need to take the necessary steps to reduce stigma.
  - Lead by example in the workplace & community
  - Allow individuals to choose how they are described
  - Participate in activities to help reduce stigma
- Non-judgmental multidisciplinary approach working together to improve outcomes for mom and baby
- Be mindful of language used in the office & waiting rooms, and pharmacy counter because bias can happen these places too
- It is important to compliment staff if they did a good job using person first language speaking or in documentation

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(NIDAMED, 2021)

## Person-First Language

**Definition: “Maintains the integrity of individuals as whole human beings by removing language that equates people to their condition or has negative connotations.”**

Instead of...	Use...	Because...
Addict	Person with substance use disorder	<ul style="list-style-type: none"> <li>• Person first language</li> <li>• This example shows that the person “has” a problem with substance use versus “is” the problem</li> <li>• These terms avoids negativity, stigma, blame</li> <li>• Separates the person from diagnosis</li> </ul>
Clean	Testing negative	<ul style="list-style-type: none"> <li>• Clinically accurate terms</li> <li>• Example to not use stigmatizing “slang”</li> </ul>
Junkie	Person in active use Use person’s name and say they are in active use	<ul style="list-style-type: none"> <li>• Focuses on the person</li> </ul>

(NIDAMED, 2021)

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## Positive Impact of Person first language

- Reduces stigma, improves treatment participation, and outcomes
- Dignity increased both with others and patient
- Better quality of care
- Patient feels deserving of care & compassion

(Shi, McKee, Cosgrove, 2022)

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## Yes & No Language

Yes	No
<ul style="list-style-type: none"> <li>• Person in recovery</li> <li>• Drug screen supports recovery</li> <li>• Baby is dependent</li> <li>• Declined services</li> <li>• Had a setback</li> </ul>	<ul style="list-style-type: none"> <li>• Junkie, druggie, addict</li> <li>• Clean and dirty</li> <li>• Baby is addicted</li> <li>• Non-compliant</li> <li>• Relapse</li> </ul>

(Schaefer, 2021, Slide 8)

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## Even more language

Baby is exposed / dependent  
NOT  
addicted to drugs

(Schaefer, 2021)

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## Relapse vs Setback

Relapse: more in depth

Setback: short & isolated



(Schaefer, 2021)

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## Example of How to Chart

“Patient was really uncomfortable and declined fetal monitoring at this time.”

*Instead of*

“Patient was noncompliant.”

(Schaefer, 2021)

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## Compassion Leads to Empowerment

As humans and professionals, we need to hold each other accountable by simply admitting “I did not show enough compassion to that patient, and I am sorry. Likewise with our patients and self-stigma.

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## Approaches

### Strengths Based Approach

- Assessing and exploring strengths & resources
- Empowerment & recognition of autonomy
- Applying strengths as a part of the patient's recovery
- Positive outcomes have been linked to this approach

### Motivational Interviewing (MI)

- Assessing and exploring change
- Focus on past successes
- “Remember when you used to struggle so much with this?”
- “Look where you are now and how much you have achieved in this area.”

(Xie, 2013)

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## Big Question/Takeaway

**“HOW DO WE START PEELING BACK THE  
STIGMA TO HELP A PREGNANT WOMAN WHO  
IS USING BE ABLE TO RAISE HER VOICE AND  
ASK FOR HELP?”**

**KINDNESS = BETTER OUTCOMES**

(Harrison, 2021, 13:49) (Schaefer, 2021)

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 **The Women's Hospital  
Deaconess**

## Perinatal Support Program

MULTIDISCIPLINARY APPROACH TO PROVIDING  
SUPPORT AND EDUCATION TO PATIENTS

Neonatologist  
Lactation Consultant  
Perinatal Social Worker  
Newborn/NICU Educator

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## Resources

AAP Urges Public Health Approach for Women Who Use Opioids During Pregnancy. (2017, February 20).

The American College of Obstetricians and Gynecologists. (2017). Opioid Use and Opioid Use Disorder in Pregnancy. *ACOG Committee Opinion*, 711.

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## Questions?

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