



# Stigma & Bias Training

# Agenda

- Connection to purpose
- Stigma and bias defined
- Combating stigma and bias
- MOMs+ introduction: connection, treatment, community
- Steps forward

# Connection to Purpose

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## Recovery

- Substance use in the perinatal period is common.
- Harm reduction, naloxone, and plans of safe care for families is key.
- When SUD happens, it is treatable.
- Evidence-based treatment is available and extremely successful.
- Recovery is possible.
- Patients (especially parents) that are in recovery are **THRIVING**.

Why are we not seeing more recovery stories out of our Colorado birthing hospitals?



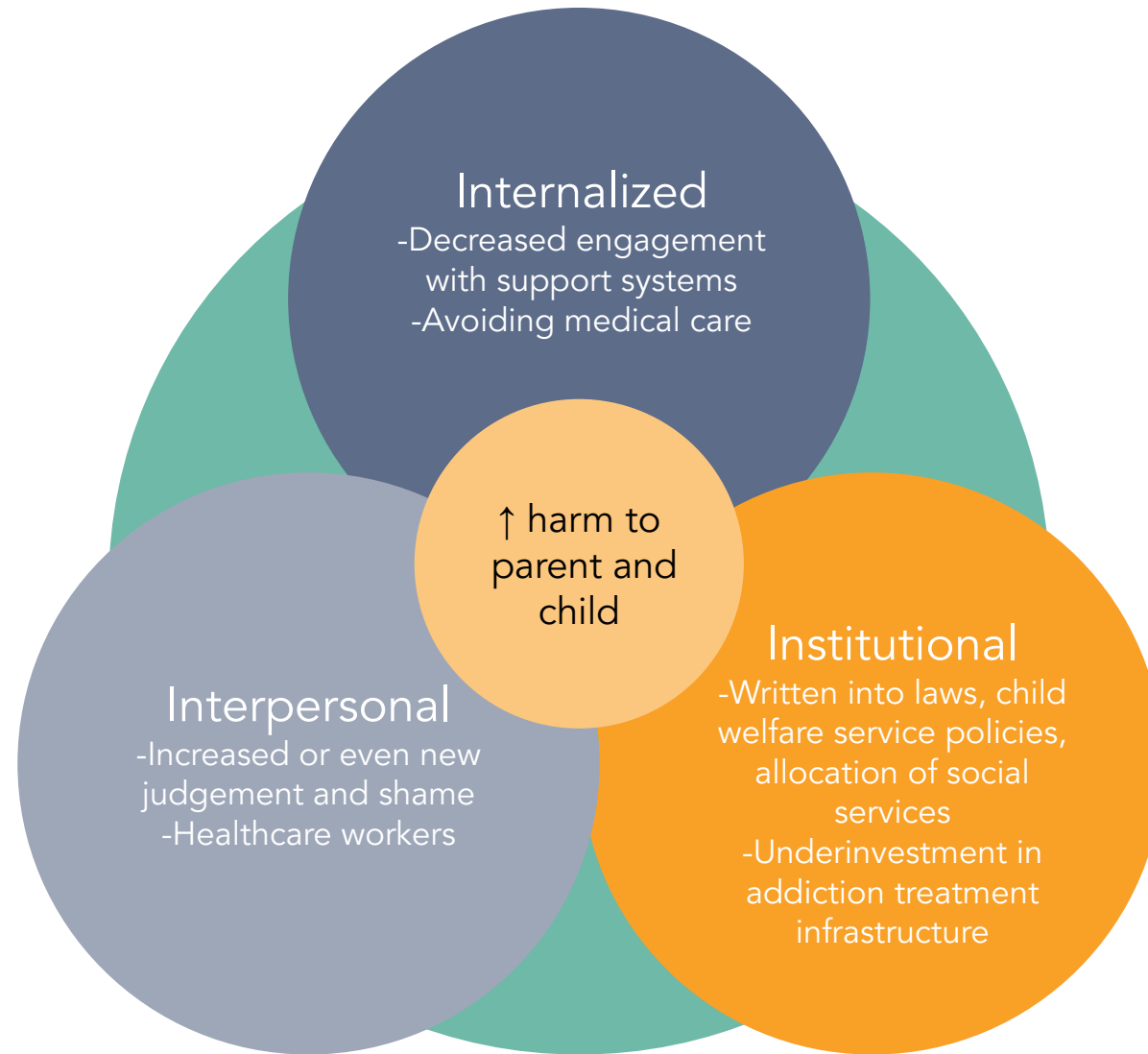
# Stigma

**Definition:** A mark of disgrace associated with a particular circumstance, quality, or person.

Pregnant people using substances throughout the peripartum period experience additional stigma through:

- Language
- Beliefs about gender roles
- Attitudes regarding fitness for parenting
  - express and perpetuate stigma
  - facilitate/perpetuate punitive rather than therapeutic approaches

# Stigma



Compounded stigmatization results in pregnant people avoiding SUD treatment and perinatal care.

# Implicit Bias

**Definition:** Unconscious attitude or stereotype that affects our understanding, actions, and decisions

We are poor at seeing bias in ourselves, but good at seeing it in others. In this way, there is real power in groups and teams taking bias on together (health system, hospital, unit).

It becomes important to name the bias, be transparent, and hold each other accountable.

# Stigma & Bias

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Stigma, discrimination, and bias interact with systems and distort individual outcomes, as well as public health overall.



Effects on the perinatal population:

- One study showed that the perception of being treated differently once a substance use history was disclosed was reported by 9 of the 10 women interviewed.
- The fear of being reported to child services and losing custody of their child or children guided all aspects of a new mother's decision-making.

# Maternal Mortality

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Why is this topic so important?

- ▶ The leading causes of maternal death in CO and the nation are suicide and overdose.
- ▶ Suicides and overdoses are rising, while the death rate from homicide and car crashes is declining.

We're doing a poor job of addressing mental health, behavioral health, and substance use disorder, all highly stigmatized issues. And that stigma is resulting directly in death. How do we start changing our practice?

## Research Letter

December 6, 2022

### **US Trends in Drug Overdose Mortality Among Pregnant and Postpartum Persons, 2017-2020**

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» [Author Affiliations](#) | [Article Information](#)

*JAMA.* 2022;328(21):2159-2161. doi:10.1001/jama.2022.17045



# Unconditional Positive Regard

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“The attitude of complete acceptance and love, whether for yourself or for someone else. When you have unconditional positive regard for someone, nothing they can do could give you a reason to stop seeing them as inherently human and inherently lovable. It does not mean that you accept each and every action taken by the person, but that you accept who they are at a level much deeper than surface behavior” (Carl Rogers, 1951)

- Not about liking a patient, or accepting everything they have done; it’s about respecting them as a fellow human being with his or her own free will and operating under the assumption that he or she is doing the best they can
- To be with another in this [empathic] way means that for the time being, you lay aside your own views and values in order to enter another’s world without prejudice.

”Even having gone through this before (having a baby with history of substance use during pregnancy), I was nervous. I knew a lot of what to expect (when baby was born in the hospital), but some things were different too. Like, I had been sober this whole pregnancy, and that felt good to be able to say. I felt more informed and confident, and I think that showed, so everyone treated me with more respect.”

*Me: Do you think you deserve more respect now because you are sober?*

“No, I think if I had been treated with more respect when I was still using, it might have made me more open to treatment, or get on medication (methadone) sooner. It really shut me down to help when I felt judged.”

# Patient Impacts: First Impressions Matter

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## Universal Truths for Clinical Care:

- The steps we take from first contact through the end of the first clinical encounter can make or break a prospective patient's resolve to attend and return
- Scheduling, Registering, Rooming, Rounding
- Continuity of Care in perinatal services is a predictor of positive outcomes
- No one aspires to develop a substance use disorder
- We rarely remember what we are asked in services interactions. We always remember how long we wait and if the people are nice to us

# Language

## Stigmatizing Language to Avoid



Addict →  
Alcoholic →  
Drug problem, drug habit →  
Drug abuse →  
Drug abuser →  
Clean →  
Dirty →  
A clean drug screen →  
A dirty drug screen →  
Former/ reformed addict/ alcoholic →  
Detoxification →  
Opioid replacement, methadone  
maintenance, medication assisted treatment

## Person First Language to Use Instead



Person with substance use disorder  
Person with alcohol use disorder  
Substance use disorder  
Drug misuse, harmful use  
Person with substance use disorder  
Abstinent, not actively using  
Actively using  
Testing negative for substance use  
Testing positive for substance use  
Person in recovery, person in long-term recovery  
Withdrawal Management  
Medications for Opioid Use Disorder (MOUD)

# Person-First Language

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- Places the person with the substance use first, not their disorder
- Reinforces use of accurate medical terminology, not colloquial language
- Clarifies that we are connecting with a person/pregnant person/other/infant/family, which is our area of expertise
- Consistent use of person-first language by health care providers can start to make amends for the ways in which people with substance use have been mistreated by the health care community
- Retrains ourselves and colleagues towards reducing harms

# Conclusion

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- Implicit bias, stigma and health inequity (conscious or unconscious) towards populations with substance use interact with systems and distort patient outcomes.
- Paying attention to our own implicit bias helps us to address organizational stigma, patient self-stigma, and health disparity overall. These practices enable caregivers to embody a more empathic and compassionate lens for improved prevention outcomes for postnatal overdose death.



# Combating Stigma & Bias

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## Healthcare providers

Utilize a trauma-informed approach that incorporates harm reduction and motivational interviewing to optimize the health of the parent-baby dyad.

- Build trust (connection)
- Offer treatment as standard of care
- Community recovery

# Points to Ponder

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Are pregnant and parenting patients affected by substance use disorders seeking care at your hospital, clinic, or health system?

If and when they seek care, could it be described as non-judgemental, destigmatized, whole-person care?

How do we go from an attitude of "mandatory reporting" → "mandatory responding"?



# About MOMs+

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CONNECTION, TREATMENT & COMMUNITY

MOMs+ is a part of CPCQC's IMPACT BH Program, and an extension of the MOMs (Maternal Overdose Matters) Initiative. MOMs+ is focused on helping birthing hospitals statewide provide equitable access to treatment and recovery for perinatal patients with substance use disorders.

## Pillars of Care:

1. Connection to the patient, baby, and family
2. Initiation of treatment with medication for opioid use disorder and other SUDs
3. Transition to outpatient recovery with community providers



# Leading Your Community

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## CONNECTION, TREATMENT & COMMUNITY

How can your hospital, clinic, health system, YOU lead the surrounding community in welcoming and providing treatment and perinatal care to pregnant and parenting patients and families affected by substance use?