

General Requirements

Pregnant women are a priority population for treatment. Treatment providers must serve a pregnant woman within 48 hours. If they do not have the capacity to serve her immediately, the provider must refer the woman to a nearby facility or private practitioner that has available capacity. If no facility has capacity to serve her, the provider must notify the Alcohol and Drug Abuse Programs (ADAP) at 802-651-1550 for placement assistance. Providers must provide interim services, including a referral for prenatal care, until treatment is available.

Best Practices for Pregnant Women in Substance Abuse/Co-Occurring Treatment

Standard clinical practices for pregnant women receiving substance abuse treatment include:

- Gender specific, comprehensive, trauma informed assessment
- Consultation with OB/GYN, especially for women receiving care at Hubs
 - Women with opioid addiction in the Burlington area are referred to the Comprehensive Obstetrics Services (COS) through FAHC clinic for care
- The Seeking Safety curriculum, a counseling model to improve coping skills

Pregnant Women in the Alcohol and Drug Abuse Treatment System

Women enter the substance abuse treatment system through many doors. Women can be seen in Hubs or Spokes, in outpatient or residential treatment facilities. Women may also be referred at many different points during and after their pregnancy.

The number of pregnant women seeking care in the ADAP system has increased over time.

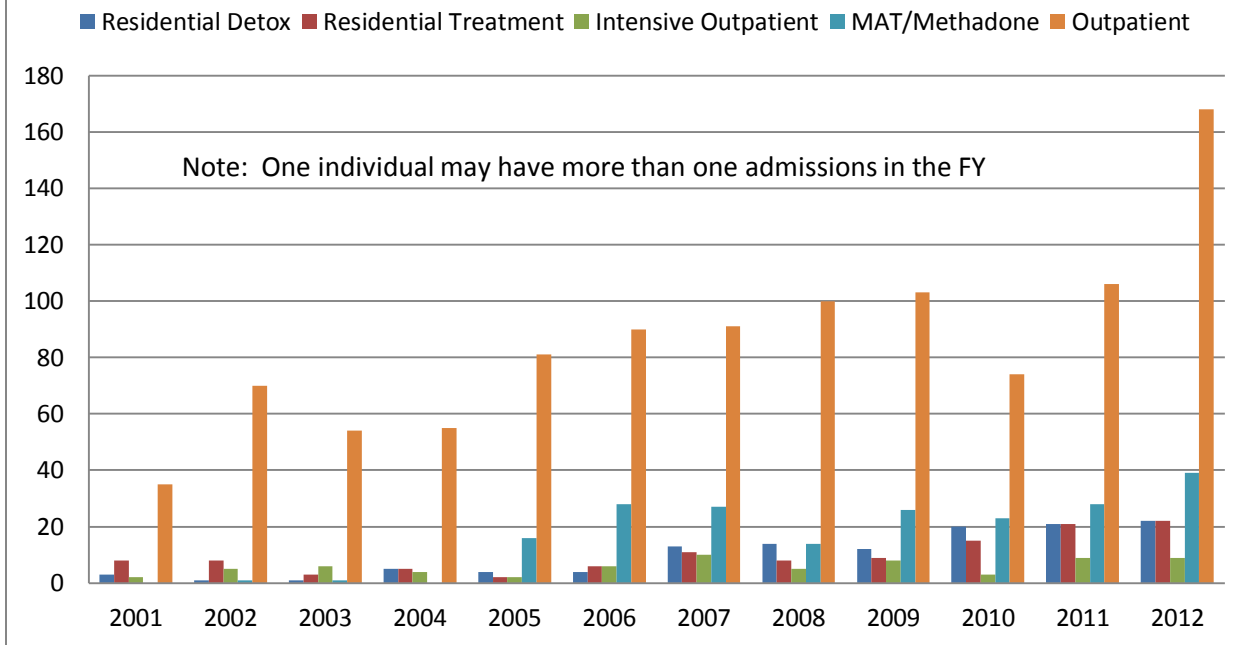
2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
49	80	64	72	103	124	135	125	144	110	144	207

ADAP collects self-reported pregnancy status upon **admission** to treatment. During long term treatment, such as medication assisted therapy, the data collection system doesn't have the capacity to collect pregnancy status over time.

Many women have more than one admission in the fiscal year, especially those receiving residential care. For instance, a person is usually admitted for detoxification then readmitted when she steps down to residential treatment a few days later. After discharge from residential care, the same woman should be transferred to a lower level of care such as outpatient services.

The vast majority of pregnant women in the treatment system are receiving outpatient services. Spoke services are provided outside the ADAP treatment system and are not reflected as a level of service in the graph below.

Pregnant Women - Admissions by Type of Service and State Fiscal Year



Please note that if a woman is receiving buprenorphine in a spoke, best practice includes simultaneous outpatient behavioral health care which is often provided within the ADAP system.