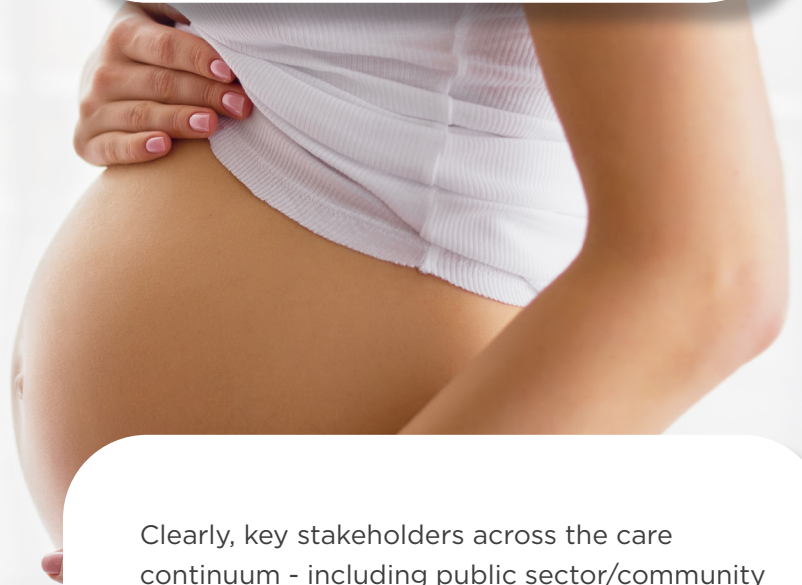


Supporting Treatment and Recovery During Pregnancy and Early Parenthood



Often, pregnancy is a time of excitement and change. Many pregnant individuals try to adopt healthier behaviors, in hopes of setting their future children up for success. Supporting these health goals is especially important for individuals battling substance use disorder (SUD) and co-occurring mental health conditions.

Unfortunately, the trends for SUD in pregnancy are going in the wrong direction; for example, opioid use disorder has increased by 4x among pregnant women since 1999ⁱ. Individuals who use substances during pregnancy have higher rates of depression, anxiety, and other chronic medical conditions; substance use during pregnancy is also linked to preterm birth, low birth rate, and breathing/feeding problems for the infant. The average cost of hospitalization for a woman who uses opioids during pregnancy is 38% higher than those who do not use opioidsⁱⁱ.

Clearly, key stakeholders across the care continuum - including public sector/community programs, healthcare providers, and payers - are motivated to address the challenges that are specific to substance use during pregnancy. Often, improving care outcomes for SUD is difficult due to multiple factors:

- **Many healthcare providers are poorly equipped to screen for, address, and refer for substance use and mental health concerns during pregnancy**
- **Programs are tasked with addressing multiple other urgent health goals during pregnancy - such as reducing hypertension or diabetes**
- **Ongoing stigma and shame faced by people who use substances, particularly during pregnancy**
- **The need for continued support into early parenthood, when there are numerous stressors that may cause depression, anxiety, and recurrence of substance use.**

ⁱ <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/substance-abuse/opioid-use-disorder-pregnancy/pdf/MMWR-Opioids-Use-Disorder-Pregnancy-Infographic-h.pdf>

ⁱⁱ Valerie E Whiteman, Jason L Salemi, Mulubrhan F Mogos, Mary Ashley Cain, Muktar H Aliyu, Hamisu M Salihu. Maternal opioid drug use during pregnancy and its impact on perinatal morbidity, mortality, and the costs of medical care in the United States

Introducing the Perinatal Program from CHESS

CHESS has customized tools that make it easier for healthcare providers and community programs to address the specific challenges of combatting SUD during pregnancy through:

- **Electronic referral tools to make it easier for providers and other key stakeholders to refer to needed services.**

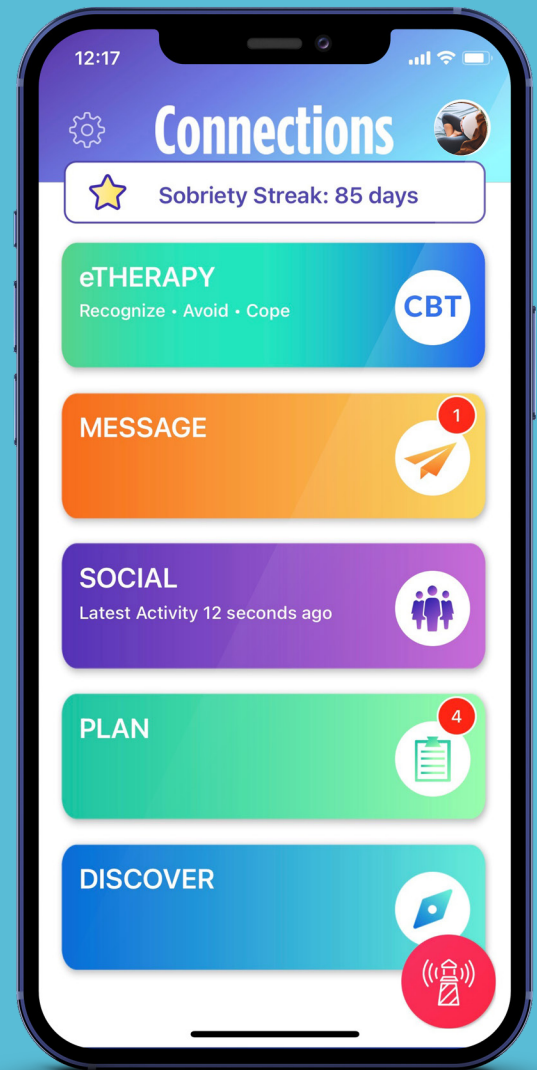
Our eIntervention tool eliminates the “guessing game” of how to address substance use, particularly for those who are confronted with SUD infrequently. Providers can easily identify and refer to appropriate services – such as SUD or MAT providers – and also other services that may be needed specifically during pregnancy, such as services that can assist in cases of domestic violence or additional mental health needs.

- **Supportive, journey-validating resources specifically tailored for pregnant individuals and new parents with SUD, available 24/7.**

Through Connections, individuals have access to peer support specialists, who have lived experience combatting SUD during pregnancy and early parenthood. In addition to moderating lively in-app discussion, our peers host video-enabled support group meetings and may meet 1:1 with individuals specifically to discuss the issues that matter most to pregnant people and new parents in treatment and recovery. Peers have the knowledge and sensitivity to support individuals through difficult situations, such as child custody arrangements and mental health needs. Content resources – such as which medications are safe to use during pregnancy – are also available in the app.

- **Meaningful data to track program outcomes.**

Our data and analytics tools make it easier to track patient outcomes, both on an individual and population level. We complement typical resources with those specific to pregnancy, such as the Edinburgh Perinatal/Postnatal Depression Scale (EPDS) and the Clinical Opiate Withdrawal Scale (COWS) for pregnant people on Medication Assisted Treatment (MAT), so that we can provide a fuller view to help reduce risks that may lead to recurrence of use.



CHESS Health. Real Evidence. Real Recovery.

At CHESS, we are dedicated to upholding the dignity of individuals in recovery and addressing the crisis caused by SUD. We can help. Learn more at www.chess.health