

# Stigma and Neonatal Abstinence Syndrome (NAS) / Neonatal Opioid Withdrawal Syndrome (NOWS)

This information was presented during a **CPQCC Maternal Substance Exposure (MatEx) webinar in January 2021** by **Jennifer Godfrey**, a Family Support Specialist with personal experience with NAS, **Sandi Orlando**, a former NICU RN who fostered infants with NAS, and **Marty Wunsch**, a Pediatrician and Addiction Medicine Specialist. You can view the full presentation and slides [here](#).

## What is stigma?

"...attitudes, beliefs, behaviors, and structures that...manifest in prejudicial attitudes about and discriminatory practices against people with substance use disorders."<sup>1</sup>

Stigma can sound like judgement or blame; it can feel like guilt, shame, or a lack of empathy. It is not limited to people with substance use disorders, but can be particularly detrimental among pregnant populations as it may limit their willingness to seek care.<sup>2</sup>

## How does the stigma of addiction affect a parent's recovery journey and their ability to care for their newborn?

Stigma, especially when experienced repeatedly, reinforces feelings of low self-esteem. These feelings stem from a person's belief that if they are unsuccessful in recovery, they will also be unsuccessful as a parent. When feelings of frustration and low self-esteem set in, a parent may lie, skip appointments, or worse- withdraw.

Stigma can be perpetuated by hospital staff and lead to the staff's lessened ability to show compassion and patience. Unless thoroughly trained and invested in helping others, providers may feel suspicious of a parent with a substance use disorder or feel they can't trust what the parent is saying. Without the ability to build trust with providers, parents are less likely to receive the support they need; subsequently they are less likely to receive the support they need in order to care for their infant both in the NICU and post-discharge.

## What do you wish healthcare providers knew about pregnant or postpartum individuals with a history of substance use?

Positive reinforcement and compassion are critical. Substance use disorder is a disease, not simply a choice. Be aware of information overload when working with this population as the emotions that come with postpartum may be particularly overwhelming for some individuals. Shame and judgement are powerful factors; building empathy and trust are key to improving and providing care. Your own personal experiences with substance abuse or addiction (with yourself or members of your family) may mean that you aren't impartial; acknowledge your own feelings and recognize when you may be more biased towards someone because of their diagnosis.

<sup>1</sup> National Academies of Sciences, Engineering, and Medicine. Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change. Washington (DC): 2016 Aug 3. 2, Understanding Stigma of Mental and Substance Use Disorders. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK384923/>

<sup>2</sup> Substance Abuse and Mental Health Services Administration. Substance Use Disorder Treatment for People With Co-Occurring Disorders. Treatment Improvement Protocol (TIP) Series, No. 42. SAMHSA Publication No. PEP20-02-01-004. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2020.

### How does healthcare providers' stigma impact access to health care or access to mental health care?

When healthcare providers seem dismissive or uncaring, they contribute to a parent's feeling of being stigmatized. In turn, these feelings can lead to the avoidance of difficult conversations or even missed appointments (for both the birthing person and the infant). Without trust, parents may feel judged and choose to withhold certain information out of fear of the unknown. For example, the likelihood of a parent losing their child to child protective services can be a strong limiting factor to accessing the right care.

### What are practical ways to proactively create a welcome environment / reduce the potential for colleagues to act in a way that displays stigma?

In order to proactively create a welcoming environment that reduces the potential for stigma, providers can enter the conversation with success stories or personal experiences. Conversations regarding the patient can also be phrased more positively to reflect feelings of optimism. Furthermore, providing training regarding addiction and establishing a workplace built on respect (both between staff and between staff/patients) is key. Ultimately, the goal should be to establish trust between providers and parents by fostering empathy, open communication, and collaboration to promote the best outcome for the infant.

### What can healthcare providers incorporate into their practice to reduce or avoid stigma?

In order to reduce and avoid stigma, healthcare providers must ultimately instill hope in their patients that they will be able to overcome their obstacles. Providers must be encouraging, patient, and caring. In the hospital setting, a provider can set the initial tone for the disease process. By having a better understanding of the disease of addiction, they can choose less stigma-charged words or phrases. User-friendly clinical settings and support groups will also lessen feelings of stigma. By working together with social workers, providers can maintain updated patient/family information while building a stronger support network grounded in respect and hope. In cases where a provider may feel unable to assist due to a reduced emotional capacity or a lack of knowledge, they should request a consult or seek further training.



### For more information on Stigma and NAS/NOWS

See CPQCC's Mother & Baby Substance Exposure Toolkit [Best Practice No. 37 on Stigma](#) (available at [nastoolkit.org](http://nastoolkit.org)) and this [video from Health Management Associates](#) which shares stories of mothers who have experienced stigma related to addiction first hand during their pregnancies and postpartum periods.

**Learn more about Neonatal Abstinence Syndrome (NAS) /Neonatal Opioid Withdrawal Syndrome (NOWS) at [cpqcc.org/MatEx](http://cpqcc.org/MatEx)**