

Antepartum Education Points to

Build a Foundation for perinatal care



Medication Dosage Changes



Discuss the potential of medication dosage changes early in the perinatal period.

- Pregnant persons may feel discouraged with an increase in their dose
- Emphasize and explain that the increase is due to physiological changes in pregnancy.
- It is important to reassure the birthparent and hear their concerns, as often increases in OAT doses can be a trigger for birthparents.







Financial Disparities

Create space for pregnant individuals to discuss their financial needs

 Educate on available supports and establish the supports during the antenatal period





Provide education on the Eat, Sleep, Console Model

- Focus on nonpharmacological treatment (i.e. rooming in, skin-toskin)
- Potential pharmacological therapy
- The birthparent/parent role as central "treatment"



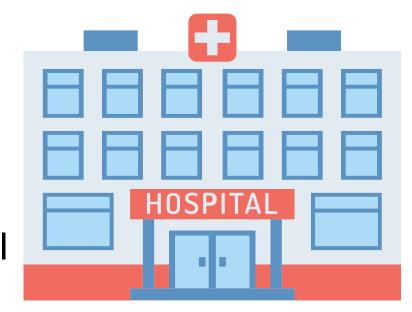
Provide anticipatory guidance on what to expect in their role as a birthparent to a newborn who is withdrawing

- signs and symptoms of neonatal withdrawal
- increased length of hospital stay 5-7 days



Hospital Stay

Have an open and supportive conversation about what their hospital stay may look like:



- Rooming-in
 - Importance of constant birthparentinfant dyad togetherness
- Requiring passes when leaving the hospital









Breast (chest) Feeding



Breast(chest)feeding is safe and encouraged for pregnant persons diagnosed with opioid use disorder (with no additional contradictions)

 Opioid Agonist Therapy is NOT a contraindication