

# Six

## Antepartum Education Points to Build a Foundation for perinatal care

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### Newborn Care

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

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### Hospital Stay

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

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

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### 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.

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### Financial Disparities

Create space for pregnant individuals to discuss their financial needs

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



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### Eat, Sleep, Console



Provide education on the Eat, Sleep, Console Model

- Focus on non-pharmacological treatment (i.e. rooming in, skin-to-skin)
- Potential pharmacological therapy
- The birthparent/parent role as central “treatment”

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### 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