

Center for Rural Health



Comprehensive Center
for Pain & Addiction

**Supporting Individuals
Experiencing Perinatal
Opioid Use Disorder**

**A Guide For Community
Health Workers/
Representatives**

The Arizona Center for Rural Health (AzCRH), and Comprehensive Center for Pain and Addiction (CCPA), in collaboration with the Arizona Department of Health Services (ADHS) is implementing training and technical assistance for the Overdose to Data Action – State (OD2A-S) program. AzCRH & CCPA provides professional development content for clinicians, community health workers/ representatives (CHW/Rs), and healthcare professionals. This guide, developed by the Arizona Center for Rural Health (AzCRH), supports community health workers and representatives (CHW/Rs) in offering effective opioid use disorder (OUD) prevention, overdose prevention, treatment, and recovery, during the perinatal period. The commitment of CHW/Rs is critical to improving access to care and health outcomes for individuals experiencing perinatal opioid use disorder.

Understanding the Perinatal Period

The perinatal period includes pregnancy and the first year after birth. During this time, people using or misusing opioids may be at increased risk for complications, including preterm birth, neonatal abstinence syndrome (NAS), and mental health challenges.¹ The care they receive is often shaped not just by their health conditions, but by stigma, barriers to care, stigma, and lack of access to supportive services, criminalization, and a lack of trust in health systems. These realities can lead to delayed or inadequate care, and unfortunately, worse outcomes.²

Providers often report that patients with substance use concerns have complex health needs that stretch beyond the expertise of a single practitioner.³ When bias, fear of child welfare involvement, or judgmental language enters the care space, it can create even more distance between someone and the support they need.^{4,5,6,7} Across the country, inconsistent practices and limited culturally responsive training only widen these gaps in care.⁸

Still, there is so much potential in this window of time. Pregnancy and early parenting can be a powerful motivator for people to engage in care and make meaningful change. As CHW/Rs, your grounded presence can offer hope, connection, and continuity when the rest of the system may feel overwhelming.

Why is Maternal and Infant Health Important?

When we support maternal and infant health, we support families, futures, and entire communities. But not everyone has equal access to quality care, especially people navigating substance use, poverty, or systemic harm. Black, Indigenous, and Latiné parents face higher rates of pregnancy complications and infant mortality, in part due to differences in access to care, healthcare resources, and quality of services.^{4,8} Research shows that high-quality, affirming prenatal and postpartum care can reduce preventable risks and help birthing families thrive.^{1,9}

This guide presents resources and recommendations for:

ACTIONABLE STEPS FOR CHW/Rs

aligned with Arizona
Department of Health
Services (ADHS) Community
Health Worker Core
Competencies.

USING PERSON- FIRST AND GENDER- AFFIRMING LANGUAGE

ACCESSING SUPPLEMENTAL RESOURCES



Actionable Steps for CHW/Rs:

Action

Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT):

The SBIRT approach helps CHW/Rs identify people at risk for substance use disorders and connect them to services early. When adapted to the perinatal setting, it can be a compassionate way to introduce care without judgment. Recent studies have shown that SBIRT can effectively support pregnant individuals with substance use needs and increase engagement in services.¹⁰

Deliver Trauma-Informed Perinatal Support

Trauma-informed care (TIC) in perinatal settings acknowledges how past harm, including racism, poverty, or sexual trauma, shapes someone's experience with pregnancy, birth, and healthcare. Incorporating TIC helps reduce fear and shame and supports longer-term engagement.^{13,14,15} CHW/Rs can help model and advocate for TIC across clinical and non-clinical settings.

Normalize and Reframe Early-Pregnancy Substance Use

Many people discover they were pregnant only after using alcohol or other drugs, which can trigger deep guilt, embarrassment, or fears of being judged.

CHW/Rs can help by

- (a) validating those feelings (“You didn’t have all the information then, and you’re taking care of yourself and baby now”);
- (b) shifting the focus to present-moment supports: prenatal vitamins, OUD treatment, overdose prevention supplies;
- (c) using motivational-interviewing questions (“What feels most important for you and your baby over the next week?”); and
- (d) offering warm referrals to perinatal mental-health or peer circles so parents can process guilt in a non-punitive space.¹⁶

Include Overdose Prevention as a Care Practice:

Overdose prevention approaches, like offering naloxone, supporting safer use practices, and validating each person's goals, are linked to better maternal and neonatal outcomes. Overdose prevention also affirms the dignity and autonomy of birthing people who use substances. Recent evidence highlights how integrating Overdose prevention in perinatal care improves engagement and reduces overdose risks.^{17,18}

Integrate Community-Based Doula Programs:

Doulas provide emotional, physical, and informational support during pregnancy, birth, and the early postpartum period. Studies show that doulas can lower the rates of complications and interventions, especially among people who have been historically underserved.^{17,18}

What is a doula?

A doula is a trained professional who provides continuous emotional, physical, and informational support before, during, and shortly after childbirth. They are non-clinical and do not replace doctors or midwives.

Aligned core competencies:

Next Steps

Health education for behavior change; Referrals and providing follow-up.

Learn more: [SAMHSA SBIRT Overview](#)

Health literacy & cross-cultural communication; Individual support and coaching.

Learn more: SAMHSA Trauma Resources

Individual support and coaching; Communication skills.

Refer patients to: Postpartum Support International (PSI) HelpLine — 1-800-944-4773 (TEXT 503-894-9453), more information found here: <https://apal.arizona.edu/perinatal>

Trained volunteers return calls within 24 hours, provide brief emotional support, and connect callers to local, perinatal-mental-health–informed resources, including clinicians and peer groups that specialize in substance use during pregnancy and postpartum.

Individual support and coaching; Client and community assessment.

Service coordination & navigation of resources; Cultural mediation between communities and health systems.

[DONA International](#): Directory of certified doulas across the U.S., explanations of what birth and postpartum doulas do, and training opportunities.

[Perinatal Mental Health Provider Directory](#): A searchable directory of professionals who support perinatal mental health, including doulas, therapists, psychiatrists, and support groups. You can filter by specialty (e.g., birth trauma, substance use, postpartum depression), language, and location—including Arizona.

Arizona Doula Directory (via Arizona Breastfeeding Coalition): Listings of doulas across Arizona, plus training and support options.

Collaborate Across Sectors for Whole-Person Care: Collaboration between healthcare, housing, public health, and peer support teams results in more holistic care. A stepped-care model in perinatal OUD treatment—one that includes CHWs and community-based support, has shown promise in improving continuity of care and family outcomes.¹ Aligned core competencies: Client and community assessment; Provide direct services.

Learn more: [Perinatal Toolkit by Krans et al. \(2024\)](#)

Action

Ensure Access to Culturally Responsive Care:

Partner with local organizations to provide care tailored to diverse cultural needs. Whenever possible, refer clients to providers and programs that honor their language, culture, history, and lived experience. This helps reduce re-traumatization and improves long-term engagement.^{2,8}

Expand Education on Implicit Bias:

Offer training or resources that help your team recognize how bias, especially around race, class, and substance use, can shape care decisions. These patterns are often unconscious, but their effects are very real.⁴

Lead Stigma-Reduction through Peer Supports:

Connect clients with peer-led warm-lines or support groups, such as Postpartum Support International-AZ or the Birth-to-Five Helpline and share public, lived-experience stories that re-frame substance use and mental health as treatable, non-moral issues. State recommendations highlight stigma campaigns and peer networks as key to engagement and maternal-health equity.¹⁹

Promote Access to Financial and Logistical Support:

Barriers like transportation, food, housing, and childcare can prevent people from accessing healthcare. Your support in connecting folks to wraparound services can make a major difference in outcomes.²

Continuing Education:

Stay curious and connected to the evolving needs of your community. CHW/Rs are often the first to witness where systems are falling short. Your observations matter and they can inform better care for everyone.

Know Your Arizona Legal Landscape:

Action

Mandatory Substance Exposed Newborns (SEN) reporting & Infant Care Plans:

Arizona law (§ 8-201 (25)(c)) requires any professional who “reasonably believes” a newborn was prenatally exposed to alcohol or drugs to call the DCS Hotline (1-888-SOS-CHILD). Every infant exposed to substances must also leave the hospital with an Infant Care Plan that lists medical follow-ups, safe-sleep guidance, and parent supports; CHW/Rs should verify the plan and help families carry it out.²⁰

Prescription-Drug Monitoring Program (PDMP):

State guidance urges all perinatal providers to run PDMP checks and flag worrisome scripts for a care-manager warm hand-off. CHW/Rs can remind clients to keep an updated medication list and consent for PDMP queries when needed.¹⁶

Naloxone Standing Order & Good-Samaritan Protections:

Arizona’s Opioid Action Plan backs pharmacy standing-order naloxone and shields bystanders who administer it from prosecution. Encourage families to pick up free or low-cost kits and train support persons on use.¹⁹

Advocate for Non-Punitive, Rights-Based Policies:

Punitive responses to substance use during pregnancy, like Child Protective Services involvement or criminalization, discourage people from seeking care. CHW/Rs can advocate for supportive, non-punitive approaches that encourage engagement in care and improve maternal and infant health outcomes.¹

Aligned core competencies:

Next Steps

Cultural competence & responsiveness; Service coordination.

Health literacy & cross-cultural communication; Advocacy & capacity building

See [AzMAT Mentors Program Quick Guide #3: Reducing Substance Use Disorder Stigma](#)

Community outreach & engagement; Health education for behavior change.

Read [Arizona Department of Health Services. Maternal Mental Health- and Substance Use-Related Deaths in Arizona. Arizona Department of Health Services, Mar. 2022.](#)

Support, advocacy & health-system navigation

See AzCRH's Guides and Manuals: Substance Use Treatment Resources by County <https://crh.arizona.edu/publications/guides-manuals>

Reflective practice; Continuing professional development

Aligned core competencies:

Next Steps

See Mandatory Reporting of Substance Exposed Newborns, <https://dcs.az.gov/resource/brochure>

Professional skills & conduct; Legal and ethical responsibilities

Read [Arizona Department of Health Services. Maternal Mental Health- and Substance Use-Related Deaths in Arizona. Arizona Department of Health Services, Mar. 2022. Appendix D.](#)

Read [Arizona Department of Health Services. Maternal Mental Health- and Substance Use-Related Deaths in Arizona. Arizona Department of Health Services, Mar. 2022. Appendix D.](#)

Advocacy & community engagement; Policy and systems change

Using person-first and gender-affirming language²⁰

Being aware of a person’s gender identity and offering gender-affirming care is important for person-centered care.²² Use respectful, person-first language when discussing pregnancy and substance use. Ask patients how they prefer to be addressed and use clear, respectful communication to support trust and engagement in care. The use of inclusive language helps enhance patient-provider relationships for positive health outcomes. Here are some examples of person-first and gender affirming language.

Pregnancy	Use terms such as a “parent who is expecting,” “parent experiencing pregnancy,” “patient who is pregnant,” and/or “patient in labor” alongside women-centered language.
Feeding	Use terms such as “parent who is chest feeding,” or “body feeding” alongside the term woman who is breastfeeding ^{22,23}
Person-first and gender-neutral terms	These terms can be used alongside can be used alongside woman-centered language, such as: <ul style="list-style-type: none">• Women and people who are pregnant• Women and people who are birthing• Women and people who are breast/chest feeding• Women and people who are in postnatal period
Person-first language	when discussing substance use. When discussing substance use consider reviewing these resources: Addictionary developed by the Recovery Research Institute, click here: https://tinyurl.com/addiction-ary ‘Words Matter’ developed by the National Institute on Drug Abuse, click here: https://tinyurl.com/words-matter-NIDA



Additional Resources

AzCRH Perinatal Mental Health Support – resources for Birthing Parents & Families – hotlines, peer groups, therapy directories. crh.arizona.edu/perinatal-mental-health-support-resources-birthing-parents-and-families

AzCRH Perinatal Mental Health Support – resources for Healthcare Professionals – training, toolkits, referral lists. <https://crh.arizona.edu/perinatal-mental-health-support-resources-healthcare-professionals>

AzCRH Substance Use Treatment Resource Cards by County – printable one-pagers listing local harm-reduction, SUD, and social-service contacts. <https://crh.arizona.edu/publications/guides-manuals>

Arizona Department of Health Services – Continuing Education for Community Health Workers (core competencies and approved trainings). <https://www.azdhs.gov/licensing/blpo/index.php#chw-continuing-education>

Arizona Poison & Drug Information Center (APAL) – 24/7 clinician hotline for medication, overdose, and toxic-exposure guidance. <https://azpoison.com>

Arizona Department of Health Services – opioid prevention resources and education, click here: <https://www.azdhs.gov/opioid/#community>

CDC: Treatment for Opioid Use Disorder Before, During, and after Pregnancy, click here: https://www.cdc.gov/opioid-use-during-pregnancy/treatment/?CDC_AAref_Val=https://www.cdc.gov/pregnancy/opioids/treatment.html

Community Health Worker Impact on Knowledge, Antenatal Care, and Birth Outcomes – research study. <https://link.springer.com/article/10.1007/s10995-021-03299-w>

Comprehensive Center for Pain and Addiction <https://painandaddiction.arizona.edu/clinical/NAS-program>

Early Childhood Technical Assistance Center - Prenatal Substance Exposure & Early Identification, guidance on screening, referral, IDEA Part C eligibility, and family-centered practices. <https://ectacenter.org/topics/earlyid/prenatalsubstances.asp>

Fourth Trimester Arizona – community-based postpartum-care collective (doulas, lactation, mental health). <https://4thtrimesteraz.org>

Guide to accurate and compassionate communications on drug and alcohol use during pregnancy, click here: <https://bixbycenter.ucsf.edu/guide-accurate-and-compassionate-communications-drug-and-alcohol-use-during-pregnancy>

Importance of Community Health Workers for Maternal Health Care Management – review article. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10917972/>

National Partnership for Women & Families – Maternal Health Bulletin, click here: <https://tinyurl.com/perinatal-care>

MotherToBaby – Evidence-based information on various exposures during pregnancy and breastfeeding. Services are free support those who are pregnant and/or breastfeeding, families and health professionals. <https://mothertobaby.org/>

OAR Line – free, confidential, 24/7 help with opioids from certified experts. Call 1-888-688-4222 or visit <https://www.azdhs.gov/oarline/>

SAMHSA – Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants,; <https://library.samhsa.gov/sites/default/files/sma18-5054.pdf>

Rural Health Information Hub – provides examples of models addressing OUD in pregnant women, click here: <https://tinyurl.com/rural-maternal>

References

1. Substance Abuse and Mental Health Services Administration. Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants. HHS Publication No. (SMA) 18-5054. 2018. Accessed May 6, 2025. <https://library.samhsa.gov/sites/default/files/sma18-5054.pdf>
2. Barnett ER, Knight E, Herman RJ, Amarakaran K, Jankowski MK. Difficult binds: A systematic review of facilitators and barriers to treatment among mothers with substance use disorders. *J Subst Abuse Treat.* 2021;126:108341. doi:10.1016/j.jsat.2021.108341
3. Substance Abuse and Mental Health Services Administration (SAMHSA). (2018). Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants.
4. Howell EA, Egorova NN, Janevic T, et al. Race and Ethnicity, Medical Insurance, and Within-Hospital Severe Maternal Morbidity Disparities. *Obstet Gynecol.* 2020;135(2):285-293. doi:10.1097/AOG.0000000000003667
5. Weber A, Miskle B, Lynch A, Arndt S, Acion L. Substance Use in Pregnancy: Identifying Stigma and Improving Care. *Subst Abuse Rehabil.* 2021;12:105-121. Published 2021 Nov 23. doi:10.2147/SAR.S319180
6. Austin AE, Naumann RB, Simmons E. Association of State Child Abuse Policies and Mandated Reporting Policies With Prenatal and Postpartum Care Among Women Who Engaged in Substance Use During Pregnancy. *JAMA Pediatr.* 2022;176(11):1123–1130. doi:10.1001/jamapediatrics.2022.3396
7. Bixby Center for Global Reproductive Health. Guide to accurate and compassionate communications on drug and alcohol use during pregnancy. UCSF Bixby Center for Global Reproductive Health website. Published April 9, 2024. Accessed July 13, 2025. <https://bixbycenter.ucsf.edu/guide-accurate-and-compassionate-communications-drug-and-alcohol-use-during-pregnancy>
8. MacDorman, M. F., & Mathews, T. J. (2009). Understanding racial and ethnic disparities in U.S. infant mortality rates. *NCHS Data Brief, (74)*, 1–8.
9. Gruber, K. J., Cupito, S. H., & Dobson, C. F. (2013). Impact of doulas on healthy birth outcomes. *The Journal of Perinatal Education, 22(1)*, 49–58.
10. Reese SE, Glover A, Fitch S, Salyer J, Lofgren V, McCracken Iii CT. Early Insights into Implementation of Universal Screening, Brief Intervention, and Referral to Treatment for Perinatal Substance Use. *Matern Child Health J.* 2023;27(Suppl 1):58-66. doi:10.1007/s10995-023-03842-x
11. Ulrich M, Memmo EP, Cruz A, Heinz A, Iverson RE. Implementation of a Universal Screening Process for Substance Use in Pregnancy. *Obstet Gynecol.* 2021;137(4):695-701. doi:10.1097/AOG.0000000000004305
12. Hostage JC, Brock J, Craig W, Sepulveda D. Integrating Screening, Brief Intervention and Referral to Treatment (SBIRT) for Substance Use into Prenatal Care. *Matern Child Health J.* 2020;24(4):412-418. doi:10.1007/s10995-020-02892-9
13. Sperlich M, Seng JS, Li Y, Taylor J, Bradbury-Jones C. Integrating Trauma-Informed Care Into Maternity Care Practice: Conceptual and Practical Issues. *J Midwifery Womens Health.* 2017;62(6):661-672. doi:10.1111/jmwh.12674
14. Caring for Patients Who Have Experienced Trauma: ACOG Committee Opinion, Number 825. *Obstet Gynecol.* 2021;137(4):e94-e99. doi:10.1097/AOG.0000000000004326
15. NHS England. Trauma-Informed Care in the Perinatal Period. Published February 19, 2021. Ac-

- cessed September 23, 2025. <https://www.england.nhs.uk/wp-content/uploads/2021/02/BBS-TIC-V8.pdf>
16. Mitchell-Foster SM, Emon CE, Brouwer M, Duncan Elder L, King J. Disconnected perspectives: Patient and care provider’s experiences of substance use in pregnancy. *Int J Gynaecol Obstet.* 2021;155(2):170-178. doi:10.1002/ijgo.13919
 17. Kozhimannil KB, Hardeman RR, Attanasio LB, Blauer-Peterson C, O’Brien M. Doula care, birth outcomes, and costs among Medicaid beneficiaries. *Am J Public Health.* 2013;103(4):e113-e121. doi:10.2105/AJPH.2012.301201
 18. Bohren MA, Hofmeyr GJ, Sakala C, Fukuzawa RK, Cuthbert A. Continuous support for women during childbirth. *Cochrane Database Syst Rev.* 2017;7(7):CD003766. Published 2017 Jul 6. doi:10.1002/14651858.CD003766.pub6
 19. Arizona Department of Health Services. Maternal Mental Health- and Substance Use-Related Deaths in Arizona. Arizona Department of Health Services, Mar. 2022.
 20. Arizona Department of Child Safety. Mandatory Reporting of Substance Exposed Newborns (SEN): A Guide for Professionals and the Community. Arizona Department of Child Safety, Rev. 6-19, 2019.
 21. Mendivil E, Murphy BS, Brady B. AzMAT Mentors Program Provider Collaboration Quick Guide 4: Treating Perinatal Opioid Use Disorder (OUD). The University of Arizona Center for Rural Health, January 2023.
 22. Hahn M, Sheran N, Weber S, Cohan D, Obedin-Maliver J. Providing Patient-Centered Perinatal Care for Transgender Men and Gender-Diverse Individuals: A Collaborative Multidisciplinary Team Approach. *Obstet Gynecol.* 2019;134(5):959-963. doi:10.1097/AOG.0000000000003506
 23. MacKinnon KR, Lefkowitz A, Lorello GR, Schrewe B, Soklaridis S, Kuper A. Recognizing and renaming in obstetrics: How do we take better care with language?. *Obstet Med.* 2021;14(4):201-203. doi:10.1177/1753495X211060191

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We respectfully acknowledge the University of Arizona is on the land and territories of Indigenous peoples. Today, Arizona is home to 22 federally recognized tribes, with Tucson being home to the O’odham and the Yaqui. The University strives to build sustainable relationships with sovereign Native Nations and Indigenous communities through education offerings, partnerships, and community service.

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