

August 30, 2016

Melinda Campopiano, MD, Medical Officer
SAMHSA, CSAT
Division of Pharmacologic Therapies
5600 Fishers Lane, 13E24
Rockville, MD 20852

Sent via email to: samhsa.ppdaram@samhsa.hhs.gov

Re: Public Comment on Report Entitled: Advancing the Care of Pregnant and Parenting Women With Opioid Use Disorder and Their Infants: A Foundation for Clinical Guidance

Dear Dr. Campopiano:

On behalf of the American Nurses Association (ANA), we are pleased to respond to the request for comments from the Substance Abuse and Mental Health Services Administration (SAMHSA) regarding the report *Advancing the Care of Pregnant and Parenting Women With Opioid Use Disorder and Their Infants: A Foundation for Clinical Guidance*. As the only full-service professional organization representing the interests of the nation's 3.6 million registered nurses (RNs), ANA is privileged to speak on behalf of its state and constituent member associations, organizational affiliates, and individual members. RNs serve in multiple direct care, care coordination, and administrative leadership roles, across the full spectrum of health care settings. RNs provide and coordinate patient care, educate patients and the public about various health conditions, and provide advice and emotional support to patients and their family members. ANA members also include the four advanced practice registered nurse roles: nurse practitioners, clinical nurse specialists, certified nurse-midwives and certified registered nurse anesthetists.¹ ANA is dedicated to partnering with health care consumers to improve practices, policies, delivery models, and outcomes and advance access to health care across the health care continuum.

ANA recognizes that substance use disorder, including opioid use disorder, is a disease and therefore should be treated safely through non-punitive measures. ANA strongly supports a collaborative approach to safe treatment of pregnant and breastfeeding women with substance use disorder. ANA has advocated for pregnant and breastfeeding women with substance use disorder

¹ The Consensus Model for APRN Regulation defines four APRN roles: certified nurse practitioner, clinical nurse specialist, certified nurse-midwife and certified registered nurse anesthetist. In addition to defining the four roles, the Consensus Model describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation.

for many years. The current position statement [Non-punitive Alcohol and Drug Treatment for Pregnant and Breast-feeding Women and their Exposed Children](#) (2011)² outlines background information on substance use disorder and neonatal abstinence syndrome; provides educational reference materials for nursing practice; and specific advocacy recommendations for nurses, including funding at all levels for research and resources for nursing professionals who care for this population. Nursing plays a significant role in the care of pregnant and breastfeeding women and their exposed infants, ranging from registered nurses in inpatient, outpatient and home health care settings, to advanced practice registered nurses who assess and diagnose the pregnant woman, prescribe medications for treatment and manage the substance use disorder.

ANA acknowledges that some nurses in maternal child health services may not be adequately educated in the needs of this population and welcomes guidelines, educational programs, resources, webinars, and training in mental health and substance use disorder. This SAMHSA report is robust with specific clinical guidelines designed for uniformity and standardization, which is a valuable tool for all health care providers caring for this population. As multidisciplinary health care providers focus on different aspects of patient care, the following policy considerations are recommended:

- Page 4 & 75, Appendix 4: Key Features of Medications Approved for Treating Opioid Use Disorders. The language should reflect the current status of nurse practitioner prescribing authority for buprenorphine. [Comprehensive Addiction and Recovery Act, Public Law 114-198.](#)
- Page 10, Safeguarding Against Discrimination and Stigmatization. ANA acknowledges that socioeconomics, class, race, and ethnicity may influence how women are cared for in the maternal child health setting related to this issue, and compels fairness in drug screening (universal versus selective), treatment, and rehabilitation services. Practice considerations for health care providers should include assessment of individual bias (which may largely be unintended) to safeguard against discrimination and stigmatization.
- Page 10, Safeguarding Against Discrimination and Stigmatization. Research has demonstrated the stressful effect that caring for pregnant women with substance use disorder can have on the health care provider.³ Mechanisms for identifying personal and professional challenges and interventions amongst health care providers when caring for this population should be incorporated into the guidelines.
- Page 12, Need for Collaboration Among Multiple Agencies. Current research indicates that susceptibility to the criminal justice system may also result in a pregnant women's reluctance to seek treatment, therefore possibly harming the pregnant woman and fetus.⁴

² The ANA Center for Ethics and Human Rights is currently revising this position statement and welcome comments during our upcoming public comment period.

³ Maguire, D., Webb, M., Passmore, D., & Cline, G. (2012). NICU nurses' lived experience: caring for infants with neonatal abstinence syndrome. *Advances in Neonatal Care*, 12(5), 281-285. doi: [10.1097/ANC.0b013e3182677bc1](https://doi.org/10.1097/ANC.0b013e3182677bc1)

⁴ Hill, P.E. (2013). Perinatal addiction: Providing compassionate and competent care. *Clinical Obstetrics and Gynecology*, 56(1), 178-185. doi:[10.1097/GRF.0b013e3182802da0](https://doi.org/10.1097/GRF.0b013e3182802da0)

- Page 21, A Guide for Collaborative Planning. It is essential to have a multidisciplinary team for effective collaboration, as mentioned on pages 18-19. Within this model, the voice of the pregnant woman should not be absent. In a shared decision making framework, the patient's perspective is critically valuable, even in policy considerations. ANA commends the inclusion of the patient as a core stakeholder.
- Page 67, Appendix 3: Training Needs and Resources. ANA is essential in providing specific guidance to nurses in all aspects of practice. Nurses are the largest population of health care providers in the industry and therefore ANA recommends the current position statement [Non-punitive Alcohol and Drug Treatment for Pregnant and Breast-feeding Women and their Exposed Children](#) is included as a resource in this report.

This report skillfully presents the challenges that health care providers face regarding lack of consistency and uniformity in the care of pregnant and breastfeeding women with substance use disorder, as well as the lack of resources, understanding and collaboration federally, statewide and locally. This report successfully provides strategies to overcome these challenges through a comprehensive repository of information and clinical guidelines for use among many disciplines. We appreciate the opportunity to share our views on this matter. If you have questions, please contact Liz Stokes, Senior Policy Advisor, Center for Ethics and Human Rights, at liz.stokes@ana.org or 301-628-5384.

Sincerely,



Debbie D. Hatmaker, PhD, RN, FAAN
Executive Director / Executive Vice President

cc: Pamela Cipriano, PhD, RN, NEA-BC, FAAN, ANA President
Marla Weston, PhD, RN, FAAN, ANA Chief Executive Officer