



# Detox and Pregnancy: WHAT YOU NEED TO KNOW

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# Detox and Pregnancy:

## WHAT YOU NEED TO KNOW

This book is just for pregnant women like you who are starting detox. Getting sober is an important step for you and your baby. This book will answer some of your questions about detox.

### What is detox?

Detox is a place for you to get help to safely stop drinking or using drugs. Detox staff will help you get sober. They will also help get you ready for treatment and recovery after you leave. They are going to take good care of you and your baby.

If you don't feel good unless you are drinking or using drugs, you are "dependent" on them. People who are dependent often need to go to detox to safely stop drinking or using drugs.

### Do you...

- Need to drink more or use more drugs to get high than you used to?
- Feel sick when you try to stop drinking or using drugs?
- Use more alcohol or drugs than you mean to?
- Want to cut down, but haven't been able to?
- Spend a lot of time getting alcohol or drugs?
- Spend a lot of time recovering from drinking or using?
- Miss activities with family, friends, or work so you can drink or use?
- Keep drinking or using even though it causes problems?

If you do any of these things, you are **dependent**.

## How long will I be in detox?

Every person is different. The time you need in detox depends on a lot of things, including:

- How sick you get. The doctor may think that the right treatment for you is in a hospital setting, where you can receive obstetrical services in addition to detox.
- What drugs you were using.
- If you have other health or mental health problems.
- What type of insurance you have.

## What will happen to me during detox?

- **A doctor or nurse will give you a physical exam and ask about your alcohol and drug use.** It's important to tell the doctor or nurse about all the drugs you are taking, including prescription drugs and ones you buy without a prescription from your doctor. This will help you and the detox staff choose treatment that is right for you.
- **You will get medicine to help you feel better.** Your body is used to taking drugs, and it feels sick without them. The sickness you feel is called withdrawal. The detox staff is here to help you be more comfortable during withdrawal. Some withdrawal effects are very serious, but most just make you uncomfortable — like feeling itchy, dizzy, sick to your stomach. You may also have trouble sleeping. Withdrawal will end once there are no more drugs or alcohol in your body.
- **Your doctor may give you medicines to protect you and your baby from withdrawal.** These medicines can make you more comfortable and make it safer for your baby. For example, you may be given acetaminophen (Tylenol) for pain. If you are at risk of having a seizure, your doctor may give you Librium or Ativan.

Not everyone has serious withdrawal symptoms, but some serious withdrawal problems can include:

- Seizures
- Hallucinations (seeing and hearing things that are not there)
- Anxiety
- Vomiting
- Diarrhea
- Pain
- Pelvic pain and/or bleeding

If you have any of these problems, tell detox staff right away.

## Tell detox staff about all drugs you are taking. Taking certain medicines at the same time as some detox drugs can harm you and your baby.

It's important to get care from a doctor when you are in withdrawal and pregnant. Withdrawal without medical care in a detox could make it more likely that you will have a miscarriage or start labor (giving birth) too soon. A miscarriage is when the unborn baby dies before you reach the 5th month of pregnancy.

Once you are done with withdrawal, detox staff will help you make a recovery plan for when you leave detox. This will help you stay sober.

If you take opioids (like heroin, OxyContin, or Percocet), see the special section about treatment for opioid withdrawal on page 13.

## What will happen to my children while I am in detox?

In Massachusetts, going to detox while you are pregnant does not mean your baby or other children will be taken away.

The law says detox staff and doctors must send a report (called a 51A) to the Department of Children and Families (DCF) if:

- There are children for whom you are responsible at home who have been, or are at risk of being, hurt (abused) or neglected.

The law does **NOT** say detox staff and doctors have to file a 51A because a woman is pregnant and is using addictive drugs.

**REMEMBER, EVERY FAMILY IS DIFFERENT. Make sure to talk with detox staff if you are worried about your children.**

If you take methadone through a treatment program to treat your opioid dependence, see the special section about methadone and pregnancy on page 12.

## How will I feel during detox?

Women have many different feelings during detox.

You may feel stressed about not drinking or taking drugs. You might not want to be here at all. You might be afraid of what happens during detox. You might be worried about your family and what will happen to them. You might also be feeling excited and hopeful about changing your life.

**All these feelings and many more are normal to feel when you are in detox.**

### WHEN YOU ARE DEPENDENT ON DRUGS AND ALCOHOL, YOU ARE MORE LIKELY TO BE DEPRESSED. SOME SIGNS OF DEPRESSION INCLUDE:

- A sad, anxious, or “empty” mood that doesn’t go away
- Loss of interest in activities you used to enjoy, including sex
- Restlessness, irritability, being moody, or crying too much
- Feeling guilty, worthless, helpless, and/or hopeless
- Sleeping too much or too little, waking up early in the morning and not being able to go back to sleep
- Not being hungry, or being more hungry than usual
- Losing weight or gaining weight when you are not trying to
- Not having enough energy, feeling tired or “slowed down”
- Thoughts of death or suicide (killing yourself) or suicide attempts
- Having a hard time paying attention, remembering, or making decisions
- Ongoing physical problems that don’t get better with treatment, such as headaches
- Stomach problems and pain that doesn’t go away

Depression can happen in recovery, too. So, if you have some or most of these signs, you may be depressed. It’s important to let your doctor or detox staff know if you think you are depressed. Or you can get help by calling the statewide Emergency Services Program (ESP). Call **877-382-1609**, and enter your zip code. You will be given the number of the nearest ESP. Or go to [www.masspartnership.com](http://www.masspartnership.com) and click on ESP on the left side of the web page for more information.



## Contacting your health insurance plan

Many health plans offer special care for pregnant women. They can include medical care and other services. Some health plans will help you get to your appointments (by paying for a bus or taxi). Some will come to the detox center to see you.

Most health insurance plans have 2 numbers to call. Make sure you contact both:

- The behavioral health plan (the part of your health insurance plan that pays for detox)
- The medical plan (the plan that pays for your health care during pregnancy)

## What if I don't have insurance for care during my pregnancy?

Find out about **Healthy Start**. This is a health insurance plan for pregnant women who meet certain income requirements. The program offers prenatal (before birth) and post-partum (after birth) care, counseling, and other services. Call **1-888-665-9993** to find out if you can use the plan or **1-800-841-2900** to sign up.

When I was sent to detox, I was really worried about how I was going to pay for it. I talked to Linda, a detox counselor, and she helped me call my health insurance plan and gave them the information they needed. It really helped to have someone who knew all the right things to say to the insurance people.

**-Ana**  
*Drug-free for 4 years*

## PREGNANCY

### I just found out I'm pregnant

Many women find out they are pregnant when they come to detox. This is because all women take a pregnancy test when they start detox.

If you just found out you are pregnant, you may not know how long you have been pregnant. You can find out how many weeks you have been pregnant by getting an ultrasound (also called a sonogram). An ultrasound is easy and doesn't hurt. The ultrasound will let you and your doctor see how your baby is growing. If you don't have a doctor for your pregnancy (called an obstetrician or OB), the detox staff may be able to help you find one.

You may not know what you want to do about your pregnancy. These are difficult choices to make. The feelings you are having in detox may make it even harder for you to decide. If you want to discuss your choices about the pregnancy, you can talk with your doctor or call a counseling agency, like Planned Parenthood at **1-800-258-4448**; or Kidsnet at Massachusetts Society for Prevention of Cruelty to Children, **1-800-277-5387** which provides 24 hour a day counseling, [www.mspcc.org/aol](http://www.mspcc.org/aol).

**Baby Safe Haven** Even if you continue your pregnancy, you may decide that you do not want to keep the baby. There are a number of options you may consider. Adoption provides the most direct route to a permanent home for your child. If you are unsure about what to do, there are resources that can help. Massachusetts also has a program called Baby Safe Haven. This program lets a parent give up a newborn baby (less than 7 days old) without facing any legal charges. The parent must take the baby to a hospital, police station, or manned fire station. The staff will then contact DCF. DCF will place the baby in a foster or pre-adoptive home. The Baby Safe Haven hotline can be reached 24 hours a day, 7 days a week at 1-877-796-HOPE. This hotline will also help you understand your options.

**NOTE: You might not have this choice if you or your baby tests positive for illegal drugs when you give birth. In that case, the hospital is required to file a 51A.**

## What to expect during pregnancy

### First trimester (0-12 weeks pregnant)

In your first trimester, your doctor probably will not be able to hear your baby's heartbeat. This is normal. You likely won't feel the baby moving yet. You might feel tired and nauseous (feel like throwing up).

### Second trimester (13-27 weeks pregnant)

Some time at the beginning of your second trimester, your doctor may be able to hear the baby's heartbeat. This trimester is when you might start to feel the baby move. Tell the detox staff if you feel your baby move. Your body will start to change a lot during this time.

### Third Trimester (28 weeks pregnant to birth)

The third trimester begins around 28 weeks.

It's **very important** that you let your prenatal (before birth) doctor know you are in detox. The doctor can help make sure that you and your baby are healthy. Having contractions (a tightening of muscles in your uterus (womb)) or your water breaking are signs that labor might be starting. You need to tell the detox staff and go to the hospital. If you are close to your due date, the detox staff might decide that it's best for you and for the baby to finish your detox at the hospital.

## Warning signs to watch out for

These are signs that you or your baby might be sick or in trouble. Be sure to tell detox staff or call your doctor if you:

- Have felt the baby move before, but the **moving stops** and does not start again.
- Have any **pain** or **vaginal bleeding** (like a period or heavier).
- Have **cramps, contractions**, or any pain you have not felt before.
- Have to **vomit** (throw up) and have trouble keeping food or liquids in your stomach. If you are vomiting too often, you might get dehydrated (when your body doesn't have enough water in it).





## CARING FOR YOUR BABY BEFORE BIRTH

### Contact a prenatal (before birth) doctor.

It's very important that you meet with a prenatal doctor (called an obstetrician or OB). Your prenatal doctor will work with you to help keep you and your baby healthy.

Many women find it helpful for detox staff to talk with their prenatal doctor. You will be asked if you want to sign a form saying it's okay for the detox staff to give your doctor your medical information. This form is called a **Release of Information**.

To keep you and your baby healthy, be sure to:

- Tell your prenatal doctor that you are in detox
- Take prenatal vitamins with folic acid
- Quit smoking (if you smoke)
- Tell your doctor what type of medicines you are taking at detox and/or what type of treatment you are doing
- Get enough sleep

**Remember — Your prenatal doctor needs to know what medicines you are taking at detox and what type of treatment you are doing. When you talk to your doctor, remember that you are the expert about you. Before your appointment, think ahead about what you want to know and what you want to ask. Take notes. Bring someone with you.**

If you are dependent on alcohol, it's very important that you take thiamine (a kind of vitamin B in prenatal vitamins). Alcohol can make your body low in thiamine. Low thiamine can lead to problems with your vision, not being able to remember things, and hallucinations (seeing things that aren't there).

If you smoke cigarettes while you are pregnant, consider calling the Massachusetts Smokers Helpline @ 1-800-QUIT-NOW (1-800-784-8669) for free information about quitting and telephone counseling. Entering detox means you may be required by the facility to smoke less often. This may be a good time to consider cutting down or quitting for good as it will greatly improve your health and that of your baby.



### Benefits to Quitting Smoking while Pregnant

- Lowers your risk of bleeding, improving your chance of a safe delivery.
- Less likely to have your baby early.
- Less likely to have a baby who is small. Babies who are small often have health problems and are more likely to get sick.
- Increases the amount of air your baby will get.
- Increases the chances your baby's lungs will work well after birth.
- Improve your health.

## QUESTIONS AND ANSWERS ABOUT OPIOIDS

### What are my treatment options?

There are special treatments for people who use opioids. These are called medication-assisted treatments. Medication-assisted treatment is when a doctor gives you a drug, usually methadone, but sometimes Subutex®, to help you safely get through withdrawal and to stay off illegal opioids. Medication-assisted treatment is recommended if you are dependent on opioids.

**Medication-assisted treatment is the best treatment for pregnant women who are dependent on opioids.**

### Opioid Treatment Program

One type of medication assisted treatment is methadone maintenance. These programs are called Opioid Treatment Programs, and are often referred to as OTP's. Methadone maintenance starts in detox. During detox, you will start to take methadone. Once you are through detox and your body is used to methadone, you will go to an OTP for methadone maintenance. Methadone maintenance treatment is safer for you and for your baby because it:

- Gets rid of cravings for opioid drugs
- Makes you feel less sick during withdrawal
- Can keep withdrawal from starting for 24 hours or more
- Blocks the effects of other opioid drugs
- Lowers your risk of relapse (taking drugs again)

Subutex (buprenorphine) is a medication like methadone. It can also reduce craving, and lower your risk of relapse. Subutex is similar to Suboxone® but is much safer for pregnant women. You should **NOT** take Suboxone while you are pregnant. Ask medical staff here or at an OTP if you would like more information about Subutex.



**IT'S IMPORTANT TO REMEMBER THAT ANY TREATMENT IS BETTER THAN NO TREATMENT. YOU AND YOUR DOCTOR NEED TO DECIDE WHAT TREATMENT IS BEST FOR YOU AND YOUR BABY.**



### Medically Supervised Withdrawal

Medically supervised withdrawal is another type of medication-assisted treatment. In medically supervised withdrawal, you start to take methadone during detox. Then you go to an OTP to complete withdrawal. During medically supervised withdrawal, you take smaller and smaller amounts of methadone until your body is through withdrawal. The amount of methadone you take and how long you take it will depend on what drugs you were taking and for how long.

**Methadone maintenance is recommended for pregnant women taking opioids.**

But if you choose medically supervised withdrawal, make sure you know that:

- It's not recommended in the first 3 months of your pregnancy (your first trimester) because you might have a miscarriage.
- It's not recommended in the last 3 months of your pregnancy (your third trimester) because you can go into labor too soon.
- **You are more likely to start using heroin and other opioids again, compared to people going through a methadone maintenance program.**



## Is medication-assisted treatment safe when I'm pregnant?

Many pregnant women have safely taken methadone. Methadone has not been shown to cause physical birth problems (defects). But babies can go through withdrawal after they are born (called neonatal withdrawal syndrome). Babies usually start withdrawal a few days after being born, but withdrawal could start as late as 4 weeks after birth. A baby's withdrawal can last for weeks. Babies going through withdrawal may:

**Be fussy or restless • Not eat or sleep well • Have a fever • Vomit (throw-up) • Tremble or shake**

If your baby starts to experience withdrawal weeks after you leave the hospital, you may see the same symptoms. If this happens, let your baby's doctor know. Your baby is not in danger, but may need help getting through the withdrawal period. Sometimes these symptoms last for a while. When that happens, it is called "post-acute withdrawal syndrome".

Subutex is medication that is like methadone. It is sometimes used in medication-assisted treatment instead of methadone. Some babies exposed to Subutex (instead of methadone) may experience withdrawal for a shorter period of time, or their symptoms may not be as bad – but this is not true for all babies exposed to Subutex. If you are interested in Subutex, ask medical staff here in detox. If you go to an Opioid Treatment Program after detox, you can also ask about Subutex there.

And some babies whose mothers smoke during pregnancy have a longer period of withdrawal, or have more severe symptoms.

Most of the time, being in a quiet, comfortable place will make your baby feel better. If your baby is really sick, the doctor can prescribe medicine to help. The doctor will also give you information on how to make your baby more comfortable without medicine.

Babies born to mothers on methadone are much healthier than babies born to women using illegal drugs. While it's not known for sure how methadone treatment might affect your baby in the future, your baby's health will be much better than if you were still using heroin or other opioids.

**When you are in a medication-assisted treatment program, make sure that you have signed a Release of Information form. It's important that your doctor and the program staff can tell Department of Children and Families (DCF) that you are in treatment, how often you go to treatment, and what drugs you are taking.**



I was so scared when I started detox and found out I was pregnant. I didn't know if I had made my baby sick. It really helped to talk to an OB outside of the detox center. She answered a lot of my questions and helped me focus on getting better.

**-Sarah**

***Drug-free for 3 years***

## Opioid maintenance and giving birth

It is important to tell your doctors and nurses that you are taking methadone or Subutex. It is also important to give them the name and phone number of your OTP counselor. When you have one of these medications in your body, your doctor will need to manage your pain differently. These medications affect the type and amount of pain medication you take. There are drugs for giving birth that you cannot take when you are taking opioid maintenance medications. If your doctors don't know you are taking methadone or Subutex, they might give you a drug that can harm you or your baby. There are other safe pain medications they can give you.

If you worry about telling your doctor you are taking methadone or Subutex, don't forget – you are the expert about you. Most obstetricians know about opioid treatment, but some may need more information. It's a good idea to have your obstetrician talk with your Opioid Treatment Program (OTP), especially if your doctor has questions about methadone or Subutex.

## What will happen to my baby if I'm on methadone or Subutex?

Women and their new babies may be tested to see if there are drugs in their system when the baby is born. This is called a toxicology screen. If you are taking methadone or Subutex, it will show up on the test. The law says your doctor must report a positive toxicology screen that shows drug use, including methadone, to the Department of Children and Families (DCF). This report is called a 51A.

DCF has up to 3 days to decide if they need to follow up on your case. DCF may choose not to investigate your case if **all of these 3 things are true**:

1. The only drug found in your system is methadone, buprenorphine (the drug that is the basis for Subutex), or a prescribed medicine (from your doctor) that is being taken to treat a medical problem.
2. The drug found in your system is approved by a doctor, and the doctor who gave you the medicine confirms to DCF that it is being taken as part of a treatment program to treat a medical problem.
3. There are no signs of abuse, neglect, or risk to your baby or other children at home.

DCF has booklets describing how they respond to these (and other reports). These are available online. Go to **[www.mass.gov/dcf](http://www.mass.gov/dcf)**. On the DCF page, right hand side, click on: Child Abuse and Neglect Publications. DCF has guides in English, Spanish, Haitian Creole, Portuguese, Khmer and Russian. On the same page, left hand side, click on **Integrated Casework Practice Model (ICPM)**, and then click on **ICPM fact sheet**. If you would like to talk to parents who have been involved with DCF, you can contact **Parents Helping Parents** at 1-800-632-8188, **[www.parentshelpingparents.org/](http://www.parentshelpingparents.org/)**.

## What if I overdose on opioids during pregnancy?

A medicine called Naloxone (often known by the brand name, Narcan) can stop an opioid overdose. Naloxone can save a person's life, but it can also cause serious withdrawal. Naloxone can cause a pregnant woman to have a miscarriage or give birth too soon. Naloxone can also cause very serious withdrawal in babies right after birth, including being stillborn (dead).

That's why being in treatment now is such a good move.



After Detox

When you finish going through detox, you have completed the first step toward your recovery. You have choices about what to do next. Talk with detox staff about the different choices you have. There are different ways that you can continue your treatment. It's important to find a program that works best for you.

Talk with detox staff about your choices.

Some health plans offer special programs and services for pregnant women. These services can help you make appointments with your doctor and counselor, and help you get to appointments and 12-step meetings. To find out what services your health plan has, call them and ask as soon as you can. The phone number for your plan is on your insurance card.

Transitional Support Services

- Live-in
- Short-term (30 days max)

Outpatient Treatment

- Live at home
- Counseling and education

Residential Rehab

- Live-in
- Long term (3-6 months)
- Counseling and education
- Help finding employment and housing

Opioid Treatment Programs

Live at residential rehab, transitional support, or at home  
Methadone maintenance with counseling and education

This may be a good option if you:

- Are detoxing from drugs that take a long time to get out of your system (like tranquilizers, valium, Librium, Xanax, benzodiazepines).
- Need short-term support for other health problems.
- Need more time to plan your next steps for treatment.
- Do not have a safe place to stay.

This may be a good option if you:

- Have family and friends at home that are not, and will not be, using alcohol or drugs. You have strong support.
- Can get to treatment appointments regularly (have a way to get there, can get out of work, or get child care).

This may be a good option if you:

- Have family and friends at home who are using alcohol or drugs. You will need a lot of support in early recovery.
- Feel unsure or shaky about being able to stop using alcohol or drugs. You worry that you will start using again (relapse).
- Have mental health conditions that make it difficult to plan and know what to do.
- Do not have a safe place to stay.

This may be a good option if you:

- Are detoxing from opioids (like heroin or Percocet).
- Plan to do methadone maintenance or want medically supervised withdrawal.

## Where can I find treatment?

### Bureau of Substance Abuse Services (BSAS)

BSAS has a helpline to find treatment programs. This is available online at [www.helpline-online.org](http://www.helpline-online.org) and by phone at **1-800-327-5050 (TTY: 1-888-448-8321)**.

### Institute for Health and Recovery (IHR)

IHR is the main place to apply for residential treatment services for pregnant women. Call **1-866-705-2807 or 1-617-661-3991**.

### Alcoholics Anonymous (AA)

In Eastern Massachusetts call **1-617-426-9444** or [www.aaemass.org](http://www.aaemass.org)  
In Western Massachusetts, call **1-413-532-2111** or [www.westernmassaa.org](http://www.westernmassaa.org)  
For a list of meetings throughout the country, go to [www.aa.org](http://www.aa.org)

### Narcotics Anonymous (NA)

E-mail [info@newenglandna.org](mailto:info@newenglandna.org) or visit [www.Newenglandna.org](http://www.Newenglandna.org) or call **1-866-624-3578 (1-866-NA HELP U)**

Detox staff can help you find further treatment, too.

## What if I start using again?

People who are dependent on drugs or alcohol can be treated, but not cured. Sometimes people will begin to use alcohol and/or drugs again. This is called a relapse.

A relapse is serious and can be dangerous. Preventing relapse is an important part of treatment. When a relapse happens, people might not believe that they can quit for good. Many times family and friends will be angry and upset.

**If you do relapse, it does not mean that you are not trying or you don't want to be sober. Usually, it just means you don't have the skills and support to stay in recovery.**

To prevent relapse, you need to:

- Know what social events may have people drinking and/or using drugs, and learn how to stay out of those situations (called triggering situations)
- Find ways to deal with high-risk or triggering situations
- Know when you are craving to drink or use, and find ways to stay sober until the craving goes away
- Find a group of helpful family members and friends that support your recovery
- Understand why you have relapsed in the past, and try to change or fix those problems so you don't relapse again
- Know that no matter how many times you have relapsed, you can stay sober. Don't give up.

## Dealing with Family and Friends

People who are dependent on drugs or alcohol often stop doing things they enjoy, like spending time with family and friends. Using drugs and alcohol hurts relationships.

Everyone will react differently to you and your alcohol or drug use. Family members may be angry. Friends may not trust you. They are worried about your health.

The good news is many of your relationships can be repaired. When you are in recovery, you can find support to help rebuild your life. Usually your family and friends will support you in getting help.



## ARE YOU IN AN ABUSIVE RELATIONSHIP?

Abuse can be physical, financial, and emotional. The main sign is fear of your partner. Some other signs include when your partner or adult you live with is:

- Hitting or threatening to hit you
- Threatening to take your kids away, commit suicide, or damage your home
- Forcing you to have sex or do drugs
- Calling you names and putting you down
- Cutting you off from family and friends
- Not letting you have a job or a bank account

Abuse often gets worse during pregnancy. It also makes it more likely that you will use alcohol or drugs again. If you experience violence in your relationship, or if you are scared of someone becoming violent, now is the time to do something about it.

You can ask detox staff to help you. You can also get help through Safelink by calling **1-877-785-2020 (TTY: 1-877-521-2601)**.

## Children

Children may be confused, scared, and nervous. Sometimes when children have a parent in detox, they do worse in school and act out. The good news is that children can also get better by seeing you get better and by talking to a counselor. Many families feel happier and closer when everyone is alcohol and drug free.



## RESOURCES FOR PREGNANT WOMEN AND MOTHERS

### Women and Infant Care (WIC)

WIC provides vouchers (used in place of money) for food (like milk, eggs, cereal, and infant formula) for pregnant women and young children. WIC is based on your income (how much money you make) and if you live in Massachusetts. You will need an ID to prove your identity, like a driver's license or passport. To get more information, call **1-800-WIC-1007** (1-800-942-1007).

### Child Care

For information about child care, visit **[www.mass.gov/eec](http://www.mass.gov/eec)**. Links for child care programs, parent and family support programs, and other helpful resources are listed on the left side of this web page.

### Parenting

The Children's Trust Fund of Massachusetts keeps a list of agencies that offer help with parenting, including how to parent babies and young children. You can check the website **[www.mctf.org](http://www.mctf.org)** or call **1-617-727-8957** or email **[info@mctf.state.ma.us](mailto:info@mctf.state.ma.us)**

### Early Intervention

Very young children (babies to age 3) can get early intervention. Early intervention services help babies and toddlers who take a little longer to develop or are at risk for delays. Development delays are when a child is late in starting to develop certain skills like talking or walking. Early Intervention teams work with families to figure out what services can help, then after her baby is born, help her look into early intervention services, at **[www.massfamilyties.org](http://www.massfamilyties.org)**.

### Massachusetts Organization for Addiction Recovery (MOAR)

MOAR is a statewide organization of individuals, families, and friends who join together to educate the public about the value of recovery. Visit **[www.moar-recovery.org](http://www.moar-recovery.org)** or call **1-617-423-6627**.

### STAYING HOPEFUL

**Detox staff are here to help you stay strong and build a new life. This is the start of your journey toward sobriety and recovery. You can stay healthy for yourself and your baby. Congratulations on taking the first brave step.**

## WORDS TO KNOW

**Here are some words that you will hear during detox, at the doctor's office, or in treatment. If staff or your doctor use a word you don't understand, ask them what it means.**

**Dependence:** the need a person's body and mind develops when addicted to alcohol or other drugs.

**Detoxification:** the time when a person is getting a drug and/or alcohol out of his or her body.

**Ectopic:** an abnormal (not normal) pregnancy where the baby develops outside of the uterus (womb), usually in the fallopian tubes.++

**Embryo:** the beginning form of a baby. A baby is called an embryo from the moment it's conceived (when the egg and sperm meet) to the end of month 2 of a pregnancy.\*

**Fetal Alcohol Syndrome (FAS):** growth, mental, and physical problems that may occur in a baby when the mother drinks alcohol during pregnancy.++ (Also includes **Fetal Alcohol Spectrum Disorder (FASD)** and **Fetal Alcohol Effects (FAE)**)

**Fetus:** another name for the unborn baby from the end of week 8 of pregnancy until birth.\*

**Gestation:** the time period of pregnancy, when the baby is growing.\*

**Hepatitis:** a disease of the liver that is spread from person to person (like through sex or sharing needles) or from taking substances (like alcohol and drugs).

**HIV (Human Immunodeficiency Virus):** The virus that causes AIDS (Acquired Immune Deficiency Syndrome). People die of AIDS because their bodies can't fight the illnesses they develop.

Source: Heile's Newbury Dictionary of American English (online)

**Hyperemesis:** extreme, non-stop nausea (feeling like you need to throw up) and vomiting (throwing up) during pregnancy that may lead to dehydration (not having enough water in your body).++

**Methadone:** a prescription drug used to treat people who are dependent on opioids.

**Miscarriage:** when the fetus dies before you reach week 20 (5 months) of pregnancy.

**Naloxone:** a drug given to stop an opioid overdose (also known by the brand name Narcan).

**Neonate:** a newborn (a baby less than 28 days old).\*

**Obstetrician:** A doctor who gives care to a pregnant woman and her baby, including when she is giving birth and the time right after the baby is born.

**Opioid:** a drug made from opium (includes heroin, fentanyl, OxyContin, methadone, morphine, Percocet, and Vicodin).

**Over-the-counter:** a medicine available without a prescription.

**Perinatal:** happening before, during, or after the time of birth (from week 28 of pregnancy through the 7 days after the baby is born).\*

**Postnatal:** happening after birth.\*

**Prenatal:** happening before birth.\*

**Prescription:** a medicine ordered by a doctor.

**Preterm:** labor that begins before week 37 of pregnancy (early labor).\*\*

**Release of Information:** A form that a patient signs, which allows one health care provider to share the patient's medical information with another health care provider.

**Substance use disorder (SUD):** a range of conditions referring to alcohol, tobacco, and other drug use, including substance dependence, abuse, and withdrawal.+++

**Subutex:** a prescription drug used to treat people who are dependent on opioids.

**Tolerance:** the body's ability to get used to having alcohol and drugs in it, making a person drink or use more to get an effect.

**Trimester:** one third (three months) of the nine months of pregnancy

**Ultrasound (also known as sonogram):** the use of sound waves (that you can't hear) to get pictures of organs (like your stomach or heart) and structures inside the body (like a baby). During pregnancy, doctors use ultrasound to look at the baby.+

**Withdrawal:** the physical reaction a body has when a person stops taking drugs or alcohol.

\* From TIP 2 Pregnant, Substance Abusing Women + From TIP 45 Detoxification and Substance Abuse Treatment ++ from Medline \*\* NIH website +++ 105 CMR 164 definition

## Where you can find treatment:

### Bureau of Substance Abuse Services (BSAS)

BSAS has a helpline to find treatment programs. This is available online at [www.helpline-online.org](http://www.helpline-online.org) and by phone at **1-800-327-5050 (TTY: 1-888-448-8321)**.

### Institute for Health and Recovery (IHR)

IHR is the main place to apply for residential treatment services for pregnant women. Call **1-866-705-2807 or 1-617-661-3991**.

### Massachusetts Smokers Helpline

For free information about quitting smoking and free telephone counseling. **1-800-Quit-Now (1-800-784-8669)**

### Alcoholics Anonymous (AA)

In Eastern Massachusetts call **1-617-426-9444** or [www.aaemass.org](http://www.aaemass.org)  
In Western Massachusetts, call **1-413-532-2111** or [www.westernmassaa.org](http://www.westernmassaa.org)  
For a list of meetings throughout the country, go to [www.aa.org](http://www.aa.org)

### Narcotics Anonymous (NA)

E-mail [info@newenglandna.org](mailto:info@newenglandna.org) or visit [www.Newenglandna.org](http://www.Newenglandna.org) or call **1-866-624-3578 (1-866-NA HELP U)**

