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ACLU of Maine

PROTECTING PREGNANT WOMEN AND NEWBORNS



By [rachel \(/en/biographies/rachel/\)](/en/biographies/rachel/)

DECEMBER 2, 2013 - 10:32AM

Last week we signed on to [an open letter to Gov. LePage \(https://www.aclumaine.org/en/open-letter-policies-addressing-pregnant-women-and-opiate-use\)](https://www.aclumaine.org/en/open-letter-policies-addressing-pregnant-women-and-opiate-use), urging him to ensure that Maine's policies regarding pregnant women and newborns are informed by science, and that they do not inadvertently endanger the health of babies.

The letter addresses some medical inaccuracies in an [earlier weekly message \(http://content.govdelivery.com/accounts/MEGOV/bulletins/946815\)](http://content.govdelivery.com/accounts/MEGOV/bulletins/946815) by the governor about babies and drug dependency. We very much support efforts to ensure maternal, fetal and newborn health in Maine, but we want to make sure those efforts are rooted in science, not bias. To that end, we joined with several Maine physicians, health care providers, public health advocates and activists in signing the letter, the full text of which follows:

Open Letter Urging That Policies Addressing Pregnant Women and Opiate Use Be Rooted in Science, Not Stigma

November 25, 2013

Dear Governor LePage,

We are writing this open letter in response to your email and radio address concerning "Drug-Dependent Newborns, a Disturbing Trend" (Nov. 13, 2013). We share your concern about the health and well being of Maine's children and families. We are writing, however, to

ensure that Maine's policies regarding pregnant women and newborns is informed by science and that they do not inadvertently increase danger to the health of babies.

- As [this letter](#) (http://idhdp.com/media/32950/rnewmanopenexpertletter_3.11.13.pdf) from leading medical experts makes clear, referring to newborns prenatally exposed to opiates as “addicted” is medically inaccurate and dangerously stigmatizing to newborns. We believe that being mislabeled as “addicted” at birth is no way to start life.
- More than 40 years of research confirms that when babies show evidence of neonatal withdrawal, these symptoms are readily treatable, and there is no empirical evidence suggesting any long-term adverse consequences. There is no need for these newborns to “suffer” if medical staff are properly trained in the provision of care to pregnant women and newborns. In fact, leading national and international experts, including the federal [Substance Abuse and Mental Health Services Administration](#) (<http://www.atforum.com/addiction-resources/documents/SAMHSAbrochurePregnantWomen2006.080904-39-5315-04-44.pdf>), the [World Health Organization](#) (http://www.who.int/substance_abuse/publications/opioid_dependence_guidelines.pdf), and the [American College of Obstetricians and Gynecologists](#) (<http://www.acog.org/Resources And Publications/Committee Opinions/Committee on I> opioid-dependent pregnant women to continue treatment, like methadone or buprenorphine, throughout their pregnancy.
- Pain does not disappear when a woman becomes pregnant, and for women who are living with severe and chronic pain, opioid painkillers have been relied upon as the safest alternative. Denying pregnant women adequate pain treatment would not only be [inhumane](#) (<http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session22/A.HI>

but untreated pain during pregnancy would certainly present as a major stressor for pregnant women and their fetuses.

- Cost estimates from the cited JAMA study are misleading. The study did not evaluate whether those providing care were properly trained or whether they were following the well-supported protocols of [rooming in](#) (http://www.jogc.com/abstracts/full/201009_HealthPolicy_1.pdf) and [breastfeeding](#) (<http://www.ncbi.nlm.nih.gov/pubmed/23909865>), both of which decrease the occurrence and severity of NAS. [One study](#) (<http://www.ncbi.nlm.nih.gov/pubmed/19440732>) showed that only 11% of babies who boarded with their mothers required treatment of NAS compared to more than four times as many who were placed in a NICU.
- In order to be effective, policies addressing pregnant women and opioid use must include consideration of the [medical, social, and economic factors](#) ([http://www.acog.org/Resources And Publications/Committee Opinions/Committee on I](http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_I) influence such use, as well as access to effective treatment for it.
- Policies that are not rooted in science may result in denying pregnant women access to appropriate treatment for pain, creating barriers to medically approved and federally recommended opioid treatment, and increasing punitive and counterproductive child welfare interventions that undermine, rather than protect, children and families in Maine.
- The Snuggle ME Project was developed by Maine healthcare providers throughout the state specifically to improve outcomes for babies born to women who use or who are being prescribed opiates as part of medical treatment. It provides evidence-based guidelines for effective care of both mother and newborn.

We would very much like to join your efforts to ensure maternal, fetal, and child health in the state. To that end, we would be happy to

provide you with access to national and international experts in the field of addiction treatment and we request the opportunity to meet with you to discuss this important issue.

Sincerely yours,

Kelly Bentley, Assistant Professor, Community Health Education,
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ACLU of Maine

National Advocates for Pregnant Women

*this person signs as an individual and title and work information are for identification purposes only

cc: Commissioner Mary Mayhew of the Department of Health and Human Services