



## COMPASSIONATE CARE FOR ALL – How YOU Can Help As A Health Care Professional

Stigma prevents people from receiving the best possible care. Inadequate care for a mother directly impacts the health of her baby.

Mothers who experience stigma often experience these negative effects. The Outcomes of Babies with Opioid Exposure (OBOE) study asked mothers with opioid use disorder (OUD) about their experiences in health care settings.



Did you know stigma can affect a person's overall health and well-being? People who experience health-related stigma also experience<sup>1</sup>

- social isolation,
- poor quality of life,
- less access to health care,
- delayed diagnoses,
- reduced adherence to treatments, and
- illness and death.



Stigma is a process where people with certain social identities are labeled, stereotyped, and devalued, leading to discriminatory behavior and internalized shame.<sup>2</sup>

### Mothers with OUD experiencing stigma had:



Inadequate prenatal care



Food insecurity



Verbal or physical abuse during pregnancy



Inadequate emotional support



More postpartum depression symptoms



*I don't want people to judge me or think I was a bad mom.*

*I was always talked down on while in the NICU... I felt the nurses were sweeter to other moms.*

*On multiple occasions whether it be a physician, nurse... a few times as soon as I mentioned I was on suboxone, the interaction felt different after that.*



Clinical recommendations for pregnant people with OUD include Medication for Opioid Use Disorder rather than supervised withdrawal.<sup>4</sup>

## YOU CAN MAKE A DIFFERENCE.

As a health care worker, you can help improve outcomes for mothers and babies. Small changes have BIG impact. Here are a few simple tips to help reduce stigma in your clinic.

1. Provide space where mothers feel comfortable to discuss their experiences with opioids, treatment options, and unmet needs.
2. Leave assumptions at the clinic door; nurture a “judgment free zone” in your care setting.
3. Avoid stigmatizing labels; use person first language. For example, avoid terms like “addict” and use terms such as “person with opioid use disorder” or “person-in-recovery.”
4. Be aware of your own prejudice. Even if you don't intend to cause harm, unconscious bias can impact the way you interact with patients.

» CURIOUS ABOUT THE EXPERIENCES OF MOTHERS IN YOUR CLINIC?

DOWNLOAD THE PRENATAL OPIOID USE PERCEIVED STIGMA (POPS) SCALE TODAY!<sup>5</sup>

\*FOR MORE INFORMATION, VISIT THE OBOE STUDY WEBSITE AT <https://oboestudy.rti.org/>

<sup>1</sup> March of Dimes. (2023). *Beyond labels: Do your part to reduce stigma*. <https://beyondlabels.marchofdimes.org/>

<sup>2</sup> Tsai, A. C., Kiang, M. V., Barnett, M. L., et al. Stigma as a fundamental hindrance to the United States opioid overdose crisis response. *PLoS Medicine*, 16(11), 1–18. <https://doi.org/10.1371/journal.pmed.1002969>

<sup>3</sup> Bann, CM et al. Psychological distress among postpartum women who took opioids during pregnancy: The role of perceived stigma in healthcare settings. *Archives of Women's Mental Health* (2023). <https://doi.org/10.1007/s00737-023-01390-5>

<sup>4</sup> American Society of Addiction Medicine, Committee on Obstetric Practice. (2017). *Opioid use and opioid use disorder in pregnancy*. Committee Opinion Number 711, reaffirmed 2021. The American College of Obstetricians and Gynecologists. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/08/opioid-use-and-opioid-use-disorder-in-pregnancy>

<sup>5</sup> Bann CM et al. Psychometric properties of the prenatal opioid use perceived stigma scale and its use in prenatal care. *J Obstet Gynecol Neonatal Nurs*. 2023; 52(2):150–158. <https://doi.org/10.1016/j.jogn.2022.12.002>