



Improving Treatment for Pregnant and Postpartum Women Act 2.0

Senators Luján, Whitehouse, and Klobuchar

The Improving Treatment for Pregnant and Postpartum Women Act 2.0 would reauthorize residential treatment programs for pregnant and postpartum women supported by the federal Center for Substance Abuse Treatment. This vital grant program provides funding for comprehensive substance use disorder (SUD) treatment services, recovery support services, and harm reduction interventions to pregnant and postpartum women across a continuum of specialty SUD residential and outpatient levels of care, based on comprehensive, individualized screenings and assessments that inform treatment planning and service delivery in a continuous care model. Using a holistic approach, grant funds also support required activities for minor children and partners of the women, and other extended family members of the women and children, as requested by the women. Fundamental to this program is ensuring access to services for low-income women, including providing these services in locations accessible to low-income women.

[Opioid use disorder among pregnant women](#) has escalated in recent years causing a significant public health concern. Opioid use disorder at labor and delivery has quadrupled from 1999 to 2014, according to a [recent CDC analysis](#). Tragically, this use is [linked](#) with serious negative health outcomes for pregnant women and developing babies, including preterm birth, stillbirth, maternal mortality, and neonatal abstinence syndrome (NAS). In addition, maternal mortality reviews in several states have identified substance use as a major risk factor for pregnancy-associated deaths.

[Studies](#) have shown that programs focused on pregnant and post-partum women and their children have had positive impacts on infant mortality and morbidity, treatment retention and completion rates, and behavioral changes in the participating mothers at six months post discharge. Programs focusing on women are particularly important because women are likely to have different reactions to substance use disorder than their male counterparts, including physiologic and social bases, as well as negative effects on pregnancy, the developing fetus, and minor children. These programs have had positive impacts on improving the lives of women and their children, reducing substance use or remaining abstinent, avoiding criminal activity, and becoming responsible wage earners.

The Improving Treatment for Pregnant and Postpartum Women Act 2.0 will support these critical programs to deliver the resources necessary for those in need.