



# Substance Use During Pregnancy, 2020-2022

## Background

Substance use during pregnancy can have severe consequences for both mother and baby. Pregnant women can experience placental abruption, preterm labor, miscarriage, stillbirth, and problems getting pregnant. Infants may suffer from preterm birth, low birth weight, heart defects, birth defects, infections, or neonatal abstinence syndrome (NAS).<sup>1</sup> Pregnant and parenting people who use substances face tremendous stigma and judgment when they seek medical care. Experience of bias, judgment, and scrutiny – especially from healthcare workers, loved ones, family, and friends – can isolate people and make it harder to seek prenatal care, mental health counseling, social services, and community support.<sup>2</sup> Healthcare providers can ensure that these individuals have access to adequate care and support services through universal screening, education and referrals to treatment for substance use disorders.

## Fast Facts

- 9.4% of Montana mothers reported alcohol use during pregnancy and 11.7% respondents reported illicit drug use.
- Fewer moms were screened for illicit drug use (20.2%) during pregnancy than alcohol use (96.5%) at prenatal visit.

The Montana Pregnancy Risk Assessment Monitoring System (PRAMS) is a survey of recent mothers about their experiences and behaviors before, during, and shortly after pregnancy. PRAMS aims to improve the health of Montana mothers and infants by collecting high-quality data that is representative of the Montana population. For the time periods before and during pregnancy, PRAMS asks respondents about the use of substances including alcohol and illicit drugs (marijuana or hash, synthetic marijuana, heroin, amphetamines, cocaine) before, during, and after pregnancy. A total of 2,313 mothers responded to PRAMS between 2020 and 2022, with an average weighted response rate of 54%. During that time, 99.2% of respondents attended at least one prenatal visit, and of those who were screened, 9.4% reported alcohol use during pregnancy, and 11.7% respondents reported illicit drug use. 96.5% of expectant mothers were screened for alcohol use during their prenatal visits but only 20.2% were screened for illicit drug use.

## Substance Use Among Pregnant People

**Between 2020 and 2022 alcohol and illicit drug use remained relatively the same.**

*% of mothers reporting substance use, 2020-2022*

	Montana % (95% CI)*					
	2020		2021		2022	
	Count	Weighted Percent	Count	Weighted Percent	Count	Weighted Percent
Alcohol Use During Pregnancy	75	11.6% (9.2-14.5)	96	8.9% (7.3-10.9)	68	7.8% (6.1-10.0)
Illicit Drug Use During Pregnancy	108	12.7% (10.2-15.7)	131	11.6% (9.6-13.8)	124	11.0% (8.9-13.6)

\*Weighted percent (95% Confidence Interval). Weighted Percent is the estimated percent representing a population based on only a sample of the population. The weighted percent considers sampling, nonresponse, and noncoverage to calculate the estimate. Confidence Interval is a range of values that is likely to include the population value with a degree (i.e., 95%) of confidence.

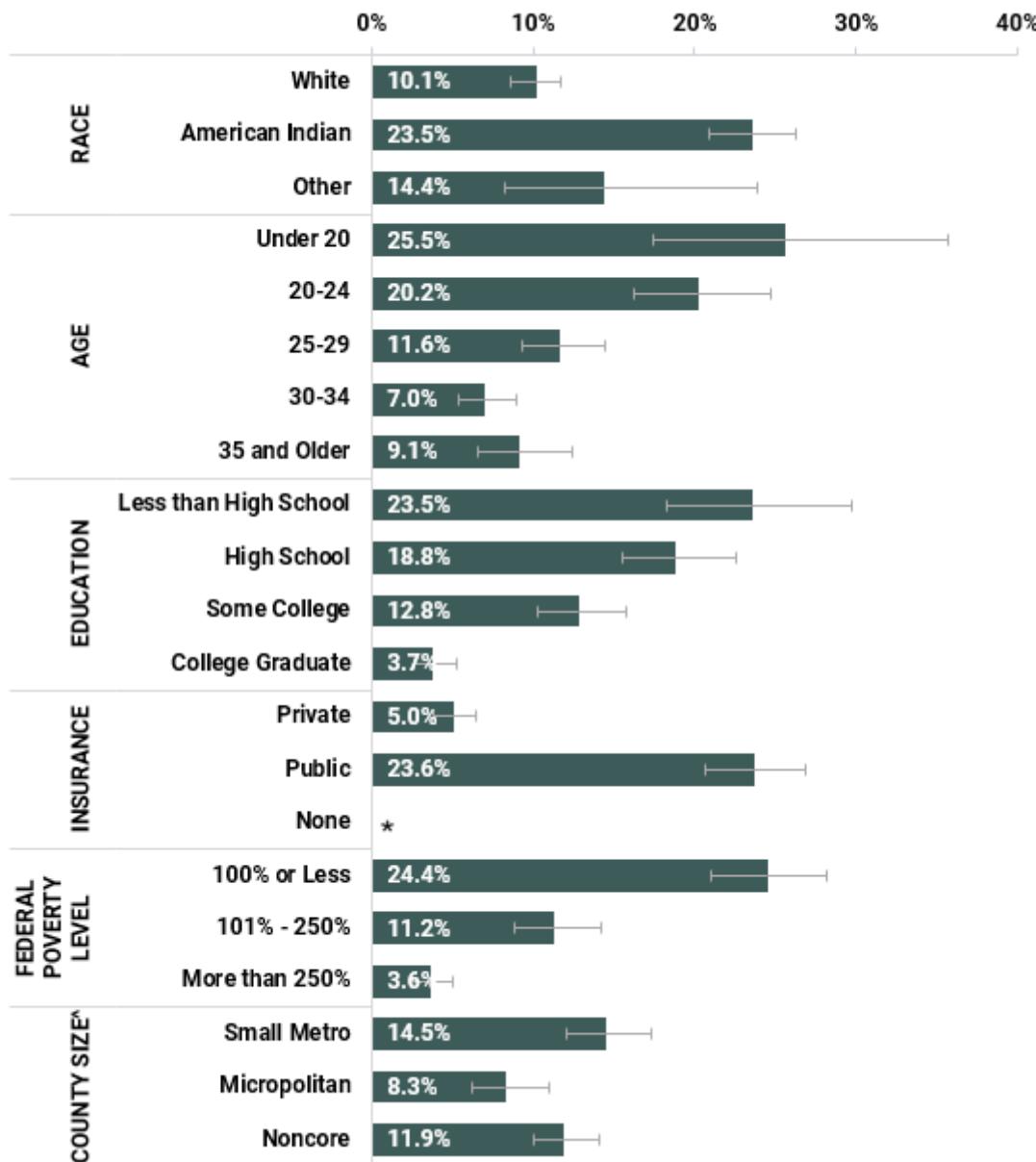
\*\*Illicit drug use during pregnancy is any use of marijuana or hash, synthetic marijuana, heroin, amphetamines, or cocaine use during pregnancy



Mothers who are American Indian, under the age of 24, with lower education attainment, on public insurance, or whose income is 100% or less of the federal poverty level had higher rates of illicit drug use.

**The proportion of mothers who reported illicit drug use during pregnancy by maternal characteristics.**

*% of mothers reporting illicit drug use during pregnancy by subgroup, 2020-2022*



<sup>a</sup>NCHS Urban-Rural Classification Scheme for Counties

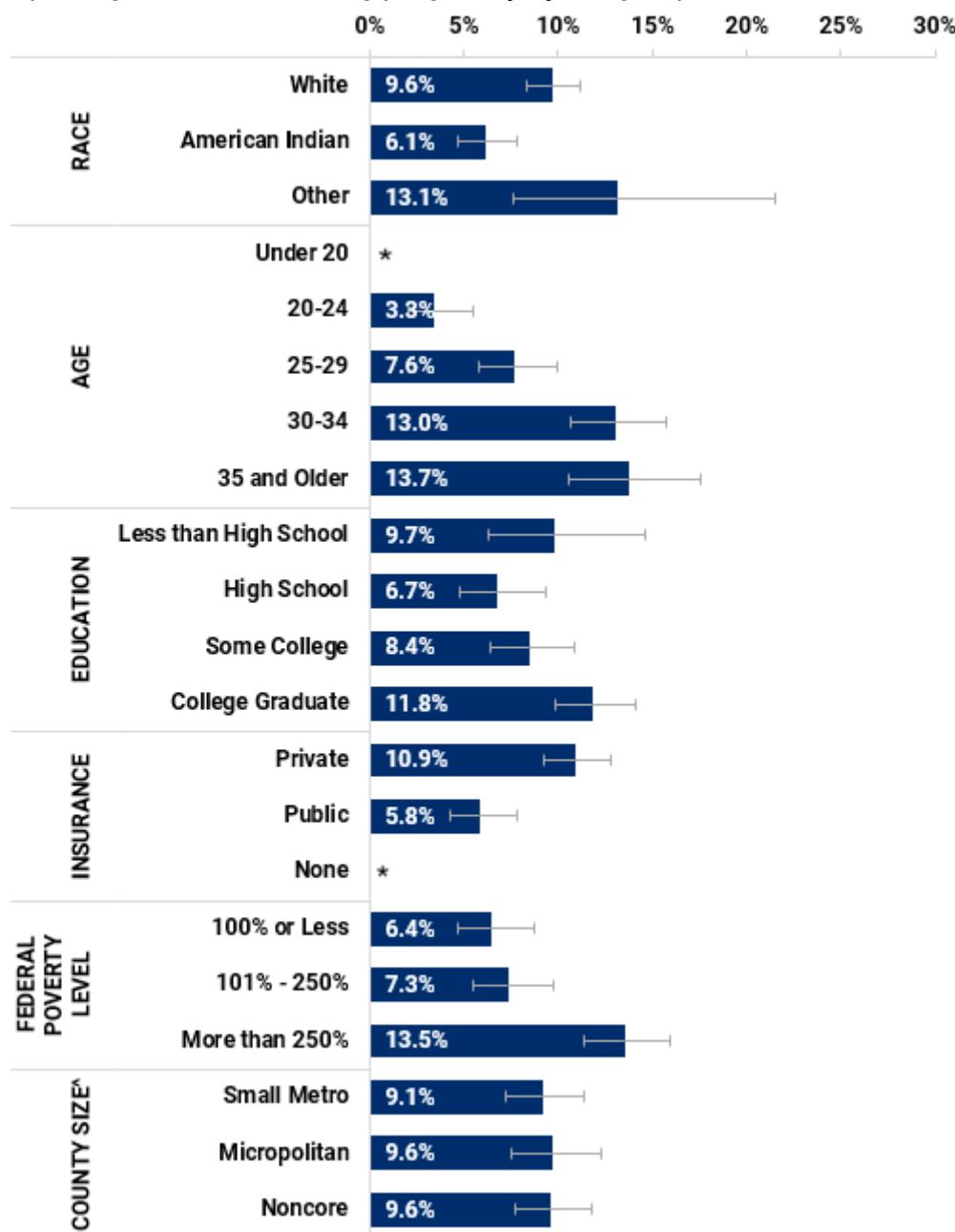
\*Estimate have been suppressed because it is statistically unstable.



Mothers who were White, aged 30 and older, on private insurance, and whose income is greater than 250% of the federal poverty level more often reported they used alcohol during pregnancy.

### The proportion of mothers who reported alcohol use during pregnancy by maternal characteristics.

*% of mothers reporting alcohol use during pregnancy by subgroup, 2020-2022*



<sup>a</sup>NCHS Urban-Rural Classification Scheme for Counties

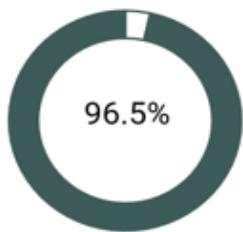
\*Estimates have been suppressed because it is statistically unstable.

## Screening for Substance Use

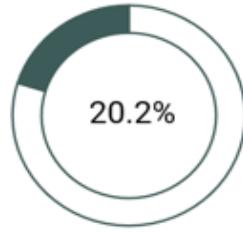
**One in five expectant mothers were screened for illicit drug use during their prenatal appointment, whereas almost all were screened for alcohol use.**

*% of mothers reporting being screened by substance use, 2020-2022*

Screened for alcohol use



Screened for illicit drug use



## Call to Action

Healthcare provider recommendations for screening and treatment of substance misuse

- The American College of Obstetricians and Gynecologists (ACOG) and the American Society of Addiction Medicine (ASAM) recommend universal screening for substance misuse with validated tools for pregnant patients during perinatal visits.<sup>3</sup> Obstetric providers are encouraged to conduct early universal screening, brief intervention, and referral to care for pregnant patients, as it can reduce health risks to the mother and baby.<sup>3</sup>
- ACOG recommends that all women who receive obstetric–gynecologic care be screened for alcohol use annually and during the first trimester of pregnancy.<sup>4</sup>
- ACOG recommends that obstetrician–gynecologists protect patient autonomy, confidentiality, and the integrity of the patient–physician relationship to the extent allowable by laws regarding disclosure of SUD. Physicians should be aware that reporting mandates vary widely and be familiar with the legal requirements within their state or community. Additionally, they should familiarize themselves with resources available through their local hospital, community, or state to appropriately and effectively refer patients for treatment.<sup>4</sup>

## Public health recommendations for promotion of SUD resources

- Public health officials are encouraged to organize training and education opportunities to increase knowledge and confidence in prescribing medications for opioid use disorder within primary care settings.
- Public health officials are encouraged to increase awareness of SUD resources such as treatment provider lists and closed-loop referral systems.

## National Objectives

### Healthy People 2030:

- Increase abstinence from alcohol among pregnant women. (MICH-09)
- Increase abstinence from illicit drugs among pregnant women. (MICH-11)

## Resources

- [ASAM's Substance Use and Substance Use Disorder Among Pregnant and Postpartum People](#)
- [ACOG's Opioid Use and Opioid Use Disorder in Pregnancy](#)
- [Department of Public Health and Human Services \(DPHHS\) Substance Use Disorder Services and Resources](#)
- [Montana CONNECT Referral System](#)
- [Provider Clinical Support System \(PCSS\)](#)
- [Montana LIFTS Guide](#)

## References

1. Street Drugs and Pregnancy. March of Dimes. Published December 2024. Accessed April 21, 2025. <https://www.marchofdimes.org/find-support/topics/pregnancy/street-drugs-and-pregnancy>
2. Pregnancy and Substance Use: A Harm Reduction Toolkit - National Harm Reduction Coalition. National Harm Reduction Coalition. Published September 2, 2023. Accessed April 21, 2025. <https://harmreduction.org/issues/pregnancy-and-substance-use-a-harm-reduction-toolkit/>
3. Opioid Use and Opioid Use Disorder in Pregnancy. American College of Obstetricians and Gynecologists (ACOG). Published August 2017. Accessed April 21, 2025. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/08/opioid-use-and-opioid-use-disorder-in-pregnancy>
4. Committee Opinion No. 496: At-Risk Drinking and Alcohol Dependence: Obstetric and Gynecologic Implications. (2011). *Obstetrics and gynecology*, 118(2 Pt 1), 383–388. <https://doi.org/10.1097/AOG.0b013e31822c9906>

## Disclaimer

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