

Table Three: A Few Recommendations for Treatment Organizations

<p>At the organizational level</p>	<ul style="list-style-type: none"> • Blend multiple funding sources to make the needed services available. • Provide staff training on addiction medications and pregnancy, motivational interviewing, cultural humility, historical and racial trauma, and the effects of stigma and implicit bias.
<p>Working with pregnant women</p>	<ul style="list-style-type: none"> • Take an empowering, strength-based, trauma-informed, recovery-oriented approach. • For patients receiving opioid agonist treatment for OUD, continue agonist therapy and do not expect it to provide analgesia or take the place of needed pain medication. • Provide or coordinate with peer support throughout engagement, treatment, and long-term recovery.
<p>Preparing women for life beyond treatment</p>	<ul style="list-style-type: none"> • Teach patients skills for problem solving and coping with post-partum stress. • Provide education for families and support systems. • Provide written materials for patients and their support systems on what to expect and what to do about it. • Work with patients on a plan of care for neonatal withdrawal syndrome, and engage support systems in this plan.
<p>Connecting with the wider community</p>	<ul style="list-style-type: none"> • Know your community. • Coordinate and collaborate with Child Protective Services. • Help connect patients to housing. • Participate in public education and advocacy: <ul style="list-style-type: none"> ○ countering stigma, stereotypes, and discrimination; ○ promoting psychologically safe and respectful policies, practices, services, environments; and ○ promoting harm-reduction measures.

Sources of Recommendations: Kaltenbach, 2017; Center for Substance Abuse Treatment, 2018; and Weber et al., 2021.