



*KY Moms*

Maternal Assistance  
Towards Recovery



# Regional Map of KY Moms MATR Services

## KY Moms: Maternal Assistance Towards Recovery (MATR) Services:

- ❖ For Pregnant and Postpartum Individuals who are at risk for or diagnosed with Substance Use Disorders
- ❖ Operated by KY's 14 Community Mental Health Centers
- ❖ Additional Mental Health services and Recovery Supports are offered by each region. Contact the CMHC for more information.

Kentucky Division of Behavioral Health contact:  
 Katie Stratton: (502) 782-6192  
 katie.stratton@ky.gov



### KY Moms MATR by Community Mental Health Region

- 1- Four Rivers Behavioral Health**  
 (Paducah & surrounding counties)  
 Ellen Walsh (270) 442-8039 x 1703  
 ewalsh@4rbh.org
- 2- Pennyroyal Center**  
 (Hopkinsville & surrounding counties)  
 Chris Sparks (270) 886-0486  
 csparks@pennyroyalcenter.org
- 3- River Valley Behavioral Health**  
 (Owensboro & surrounding counties)  
 Nikki Gossett (270) 689- 6564  
 Gossett-Nikki@rvbh.com
- 4- Lifeskills**  
 (Bowling Green & surrounding counties)  
 Amy Hutchinson (270) 901-5000 x 1277  
 ahutchinso@lifeskills.com
- 5- Communicare**  
 (Elizabethtown & surrounding counties)  
 Tara Smith (270) 765-5992 x 1401  
 TCSmith@communicare.org

- 6- Seven Counties Services**  
 (Louisville & surrounding counties)  
 Mendy Mason (502) 341-5400  
 mmason@sevencounties.org
- 7- NorthKey Community Care**  
 (Newport and surrounding counties)  
 Autumn Smith (859) 578-3200  
 autumn.smith@northkey.org
- 8- Comprehend**  
 (Maysville & surrounding counties)  
 Sarah Arrasmith (606) 759-7799  
 sarrasmith@comprehendinc.org
- 10- Pathways**  
 (Ashland & surrounding counties)  
 Margaret Campbell (606)324-1141  
 Margaret.campbell@pathways-ky.org
- 11- Mountain Comprehensive Care**  
 (Prestonsburg & surrounding counties)  
 MaShawna Jacobs (606) 889-0328  
 Mashawna.jacobs@mtcomp.org

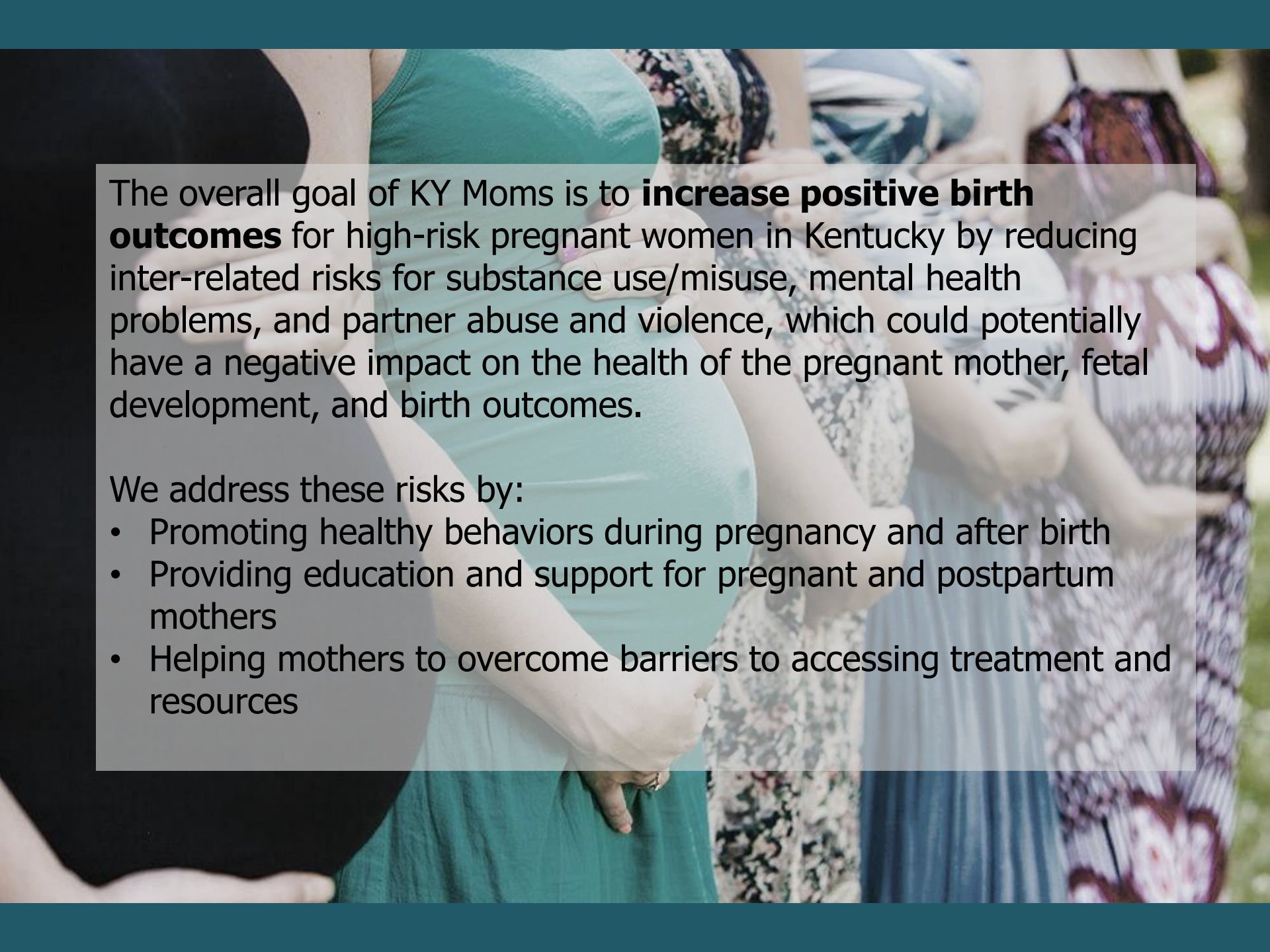
- 12- KY River Comprehensive Care**  
 (Hazard & surrounding counties)  
 Ginger Shouse (606) 666-7591 x 7110  
 ginger.shouse@krccnet.com
- 13- Cumberland River Behavioral Health, Inc**  
 (Corbin & surrounding counties)  
 Jill Owens (606) 337-2070  
 jill.owens@crccc.org
- 14- The Adanta Group**  
 (Somerset & surrounding counties)  
 Sherri Estes (606) 679-9425  
 sestest1@adanta.org
- 15- New Vista**  
 (Lexington & surrounding counties)  
 Shawn Freeman (859) 225-3296  
 drfreeman@newvista.org

**Project Link**  
 Seven Counties Services  
 Pregnancy Case Management  
 Louisville  
 Morgan Coy  
 (502) 297-3874  
 Morgan.coy@centerstone.org

# What is KY Moms MATR?

- KY Moms Maternal Assistance Towards Recovery is a part of the Governor's Office of Early Childhood's Kentucky Invests in Developing Success NOW (Kids Now), and is administered by the Division of Behavioral Health.
- Grant funded (tobacco settlement funds)
- No income restrictions for eligibility
- Community Outreach and Education
- Medicaid-Billable Prevention Education and Case Management Services
- Available State-wide
- Our 3-person team covers Communicare's service area:
  - Amanda Clark- Hardin, Nelson, LaRue Counties
  - Now Hiring!-Nelson, Washington, Marion Counties
  - Now Hiring!- Meade, Grayson, Breckinridge Counties
- Services are provided at Health Centers, Communicare Clinics, Regional Prevention Center, EasternCare, SpringHaven. We also provide Home Visits for clients with transportation issues. We also offer our services virtually.
- We use the following Evidence-Based Practices:
  - SBIRT, Motivational Interviewing, Contingency Management, Person-Centered Planning, and Strengths-Based Intensive Case Management





The overall goal of KY Moms is to **increase positive birth outcomes** for high-risk pregnant women in Kentucky by reducing inter-related risks for substance use/misuse, mental health problems, and partner abuse and violence, which could potentially have a negative impact on the health of the pregnant mother, fetal development, and birth outcomes.

We address these risks by:

- Promoting healthy behaviors during pregnancy and after birth
- Providing education and support for pregnant and postpartum mothers
- Helping mothers to overcome barriers to accessing treatment and resources

Anyone can make a referral to KY Moms.

Any pregnant woman can participate (up to 60 days postpartum)!

KY Moms MATR accepts referrals via phone, email, or fax!

## KY Moms MATR Referral

KY Moms Maternal Assistance  
Toward Recovery  
is a **FREE** program that provides  
**prevention education** and  
connection to  
**community resources**  
to promote healthy pregnancies  
and healthy babies!

Available to **ALL PREGNANT  
WOMEN!**

(up to 60 days postpartum)

**Women who participate  
receive a free baby gift!**

\*Pregnancy Case Management Services available  
to women with Substance Use Disorder

For more information, contact  
Amanda Clark at 270-401-1706.



To make a referral, please  
complete this form and fax to  
Communicare  
Regional Prevention Center  
at 270-737-2293  
OR email this form to  
acclark@communicare.org

Client Name: \_\_\_\_\_ Client SSN: \_\_\_\_\_

Client's Birth Date: \_\_\_\_\_ Client Phone: \_\_\_\_\_

Client Mailing Address: \_\_\_\_\_

Circle One:  Pregnant/  Postpartum

Expected Delivery Date (or Birth Date, if Postpartum): \_\_\_\_\_

Referred By: \_\_\_\_\_ Program: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

### AUTHORIZATION FOR RELEASE/ACQUISITION OF PATIENT INFORMATION

The undersigned hereby authorizes \_\_\_\_\_

Whose address is \_\_\_\_\_

To release to/or procure from **KY Moms MATR**  
**1311 N Dixie Hwy, Bldg A**  
**Elizabethtown, KY 42701**

Information from the patient/clinic record or:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
ID Number

All information may be released, including: alcohol abuse, drug abuse, psychological or psychiatric conditions,  
or genetic testing, etc.-unless specifically requested by the patient, parent or legal guardian:

\_\_\_\_\_  
for the purpose of Coordination of Pre & Post Natal Services

I understand that this authorization will expire on the following date, event or condition: \_\_\_\_\_  
up to 60 days Post delivery of Child

I understand that if I fail to specify an expiration date or condition, this authorization is valid for the  
period of time needed to fulfill its purpose for up to one year, except for disclosures for financial transactions,  
wherein the authorization is valid indefinitely. I also understand that I may revoke this authorization at any  
time.

I understand that my information may not be protected from re-disclosure by the requester of the  
information.

I also understand my refusal to sign this authorization will not affect my ability to obtain treatment,  
payment for services or eligibility for benefits. If a service is requested by a party other than the patient for the  
purpose of creating health information, refusal to sign this authorization may result in the service request being  
denied.

I understand I can cancel this authorization and to do so I must send a written request to the Local  
Health Department Agency specifically authorized above.

I understand I can obtain a copy of my health care data and to do so I must submit a written request to  
the Local Health Department Agency specifically authorized above.

\_\_\_\_\_  
Signature of Client/Patient, Parent or Legal Guardian Date

\_\_\_\_\_  
Relationship (if signature is not patient/client)

\_\_\_\_\_  
Signature of Witness Date  
(Only required when client/patient, parent or legal guardian signs by mark)

**Pregnancy Behavioral Health Risk Screening** Date: \_\_\_\_\_

**PASTE "C Label" HERE**

Patient Name: \_\_\_\_\_  
 First MI Last  
 SSN: \_\_\_\_\_  
 Insurance Info: \_\_\_\_\_

Circle one: Pregnancy or Postpartum ICD Code \_\_\_\_\_  
 OB: \_\_\_\_\_  
 Agency/Location: \_\_\_\_\_  
 Expected Delivery Date: \_\_\_\_\_  
 Hospital most likely for delivery: \_\_\_\_\_  
 Location of hospital: \_\_\_\_\_

Patient Phone: (\_\_\_\_) \_\_\_\_\_ OR (\_\_\_\_) \_\_\_\_\_

Patient Mailing Address: \_\_\_\_\_

\* \_\_\_\_\_ \*  
 Signature of health care provider or their duly authorized representative confirming pregnancy diagnosis      Signature of individual completing screening form, if different

**Health care provider** ⇨ After asking ALL screening questions, return to question #1 and review with patient/client, checking suggested actions taken below.  
 ⇨ Offer every patient/client a fact sheet on the importance of abstinence from nicotine & substance use during pregnancy/postpartum.  
**Patient** ⇨ Women's health can be affected by emotional concerns, alcohol, nicotine, substance use, and domestic violence. Women's health is also affected when those same problems are present in people close to them.  
 \*\*\*Nicotine\*\*= vapes, cigars, cigarillos, cigarettes, hookahs, water pipes, dip, chew, and dissolvables \*\*\* (Institute for Health and Recovery and FDA.gov)

Screening Questions	Answers	Suggested Action
1. Did any of your <u>parents</u> ever have a problem with alcohol or substance use?	__ Yes __ No	<b>If YES to questions #1, 2, or 3:</b> <input type="checkbox"/> Stated concern that any of these can increase risk for developing alcohol and substance use concerns <input type="checkbox"/> Referral to KY-Moms MATR for prevention education services
2. Does your <u>partner</u> have any problem with alcohol or substance use?	__ Yes __ No	
3. Do any of your close <u>friends</u> have any problem with alcohol or substance use?	__ Yes __ No	
4. In the month <u>before</u> you knew you were pregnant, how <u>many days</u> did you smoke cigarettes, vape or use nicotine products? (Even one cigarette per day equals one day.)  <b>If ANY DAYS, ask:</b> In the <u>last month</u> , how <u>many days</u> did you smoke cigarettes or use any form of nicotine product?  5. In the month <u>before</u> you knew you were pregnant, how <u>many servings</u> of alcohol (beer, wine, wine coolers, or hard liquor) did you drink?  <b>If ANY SERVINGS, ask:</b> In the <u>last month</u> , how <u>many days</u> a week did you drink alcohol?	____ Days (#)  ____ Days (#)  ____ Servings (#)  ____ Days (#)	<b>If ANY nicotine products or substance use in questions #4- #6:</b> <b>Completed Brief Intervention:</b> <input type="checkbox"/> Stated concern <input type="checkbox"/> Advised abstinence <input type="checkbox"/> Discussed patient's reaction <input type="checkbox"/> Agreed on a plan of action <b>Completed Referral:</b> <input type="checkbox"/> Kentucky's Tobacco Quit Line (1-800-QUIT-NOW) <input type="checkbox"/> Referral to a behavioral health provider for assessment/ treatment Provider: _____ <input type="checkbox"/> Referral to KY-Moms MATR for prevention/ case management services & linkage with other needed services <input type="checkbox"/> Other: _____
6. Have you <u>ever</u> used other <u>substances</u> such as: cocaine, methamphetamines, amphetamines, tranquilizers, heroin, prescription pain pills (other than as prescribed), marijuana, LSD, PCP, or inhalant substances (fumes from aerosol cans, or other fumes) in the past?  <b>If YES, ask:</b> In the month <u>before</u> you knew you were pregnant, how <u>many times</u> did you use any of the substances that you have used <u>in the past</u> ?  <b>If ANY TIMES, ask:</b> In the <u>last month</u> , how <u>many days</u> a week did you use the substances that you mentioned?	__ Yes __ No  ____ Times (#)  ____ Days (#)	
7. Are you feeling at all <u>unsafe</u> in any way in your relationship with your current partner or with a previous partner?	__ Yes __ No	<b>If YES to question #7:</b> <input type="checkbox"/> Followed office procedure for intimate partner violence disclosure
8. Over the past few weeks, has <u>worry, anxiety, depression or sadness</u> made it difficult for you to do your work, get along with others, or take care of things at home?	__ Yes __ No	<b>If YES to question #8:</b> <input type="checkbox"/> Stated concern about the effects of depression and anxiety on the baby <input type="checkbox"/> Referred to behavioral health provider for assessment/ treatment Provider: _____

\*Statewide KY-Moms MATR contact: Katie Stratton 502-782-6192  
 \*Regional KY Moms MATR representative contact:

\*Adapted from screening instrument created by Robert Walker, University of Kentucky, Center on Drug and Alcohol Research.

**KY Moms MATR**  
 services begin with our  
**Pregnancy Behavioral Health Risk Screening form.**  
 This form identifies risks associated with an individual's environment, self-reported substance use during and prior to pregnancy, domestic violence concerns from current or past partners, and mental health concerns.





Once an individual's risk factors have been identified, we provide a brief intervention. "Making Healthy Choices" curriculum is presented, and the client is referred to treatment and/or resources relevant to her needs.

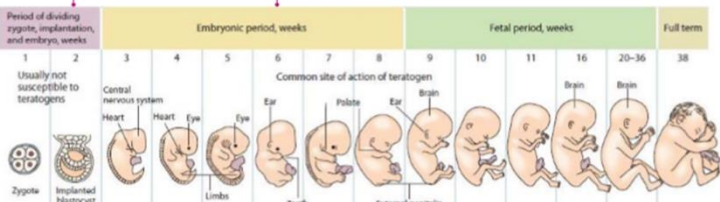
# HOW THE BABY GROWS EACH WEEK

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**DRUG EXPOSURE AT 2 WEEKS:** Early death or spontaneous abortion due to lack of implantation or cell division

**DRUG EXPOSURE AT 6 WEEKS:** Minor anomalies at the external ear

Drug and alcohol use can lead to preventable causes of mental, physical and psychological impairments



**DRUG EXPOSURE:** Neural Tube closure defects

**DRUG EXPOSURE:** Gross structural abnormalities with tissues and organs, microcephaly develops, brain growth can be minimized resulting in mental retardation

**ALCOHOL EXPOSURE:** Heart defects

**DRUG EXPOSURE:** Abnormalities of the heart and blood vessels

**ALCOHOL EXPOSURE:** Abnormalities of the central nervous system - brain and spinal cord

**DRUG EXPOSURE:** Limb defects

**ALCOHOL EXPOSURE:** Limb defects

**ALCOHOL EXPOSURE:** Defects of the ears

**ALCOHOL EXPOSURE:** Defects of the eyes

**DRUG EXPOSURE:** Skeletal abnormalities

# GET THE FACTS TOBACCO USE HARMS YOU AND YOUR BABY

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All women are encouraged to quit smoking upon learning they are pregnant for their health and the health of their babies; however, many women do not realize that second and third hand smoke have just as harmful effects.

## SMOKING WHILE PREGNANT CAN CAUSE THE FOLLOWING PROBLEMS:

- Miscarriage and stillbirths
- Affects the placenta (oxygen and food for the baby)
- Certain birth defects like a cleft lip or palate
- Sudden Infant Death Syndrome (SIDS)
- Smoking problems, including asthma
- Increase in baby's heart rate

## SECOND HAND SMOKE

Second hand smoke is inhalation from tobacco products being smoked by someone else. Tobacco contains thousands of chemicals, including hundreds that are toxic and can cause cancer. If you are exposed to second hand smoke during pregnancy, both you and your baby are put at risk. Some health problems associated with second hand smoke include:

- Miscarriage and stillbirths
- Being born too early and/or too small
- Sudden Infant Death Syndrome (SIDS)
- Problems with learning and behavior
- Bronchitis and pneumonia
- Ear infections

## THIRD HAND SMOKE

Third hand smoke is the residue left behind by tobacco on rugs, carpet, furniture, paint, books and other items. Because the residue can stick around for months or years, pregnant women can be exposed to it without realizing it. Third hand smoke is likely as harmful as second hand smoke to your baby.

- Third hand smoke can damage human DNA in cell cultures.
- The toxins in the residue can enter your bloodstream (and therefore shared with your baby) when you touch or breathe in the residue.
- The risk is even greater for babies and children crawling on the floor with residue and putting objects in their mouths.

## 5 KEYS TO SUCCESSFULLY QUITTING SMOKING DURING PREGNANCY

- Plan ahead for challenges
- Get support from people around you
- Talk to your doctor
- Keep reminding yourself why you're quitting
- Don't give up. Be stronger than the pull of nicotine!

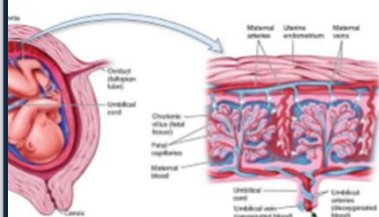
Don't wait too long. Your baby needs you to quit as soon as possible. Quitting smoking, even if you're already pregnant, can make a big difference in your baby's life.

GET THE FACTS

# THE PLACENTA

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Made up of blood vessels that carry oxygen and food from the mother



Source: <http://biology-education.com/2014/04/01/the-placenta/>

estrogen hormone. When you "milk" during pregnancy, it means that on the placenta, IGF-1 (insulin growth factor), causes gestational diabetes. It stops up blood cell production left your baby at the start of

The diac's (placental tissue) anastomoses to the uterus is where the maternal blood and baby blood exchange oxygen and nutrients. The mom's blood and baby's blood DO NOT TOUCH. The umbilical cord is attached to the placenta and it carries these nutrients directly into the baby's blood stream. The amniotic membranes (bag of water) adhere to the placenta as well as the uterus.

estrogen hormone. You can the placenta when you pee pretty shade of pinkish.

The food you eat does not go directly to the baby. It is broken down into tiny particles of proteins and nutrients that cross the placenta. So if you are eating nutrient deprived food, you are not feeding your baby.

Every minute of your pregnancy, 5 gins of

GET THE FACTS

# DON'T DRINK ALCOHOL WHEN YOU ARE PREGNANT

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When a pregnant woman uses alcohol, her baby does too. That's why not drinking throughout pregnancy and during breastfeeding is the best gift a mother can give her child—a gift that lasts a lifetime.

Prenatal exposure to alcohol can cause permanent brain damage. The fetal brain can be harmed at any time, because the brain develops throughout pregnancy. Fetal Alcohol Spectrum Disorders (FASD) is the #1 cause of mental retardation in babies and children in the U.S.

FASD is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. The term FASD is not used as a clinical diagnosis. It refers to conditions such as Fetal Alcohol Syndrome, Partial Fetal Alcohol Syndrome, Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure, and alcohol-related birth defects.

In the United States, about 130,000 pregnant women each year drink at levels shown to be the risk of having a child with an FASD. Each year, as many as 40,000 babies are born with an FASD, costing the Nation up to \$6 billion annually in institutional and medical costs.

It is possible for a baby/child with FASD to display and experience damage to the brain without physical deformities to the face or body. Facial deformities are not the only way for an individual to determine if a baby/child has effects of an alcohol-related disorder.

## ALCOHOL CAN CAUSE ONE OR MORE OF THESE PROBLEMS AT HOME AND AT SCHOOL

- Speech problems
- Problem remembering things
- Problems with learning
- Trouble following the rules
- Trouble completing chores or homework

## BABIES CAN ALSO HAVE ONE OR MORE OF THESE OTHER PROBLEMS

- Mental retardation
- A different looking face
- Being born too early and/or too small
- Heart, bone, stomach and bowel trouble
- Seeing and hearing problems
- Breathing problems

## I WANT TO DO WHAT IS BEST FOR MY BABY! WHAT CAN I DO?

Do not drink alcohol during pregnancy. No amount is safe. If you are using alcohol, stop now. It is never too late to help your baby.

Tell your doctor if you are using alcohol during your pregnancy so they can help you. Other people can help you too. You can talk with the person who gave you this information.

GET THE FACTS

# FETAL ALCOHOL SYNDROME: PHYSICAL DEFECTS

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Alcohol use can harm your baby at any point during pregnancy and can cause a group of conditions called Fetal Alcohol Spectrum Disorders. The most serious type of FASD is Fetal Alcohol Syndrome.

Facial features of Fetal Alcohol Syndrome include:

- Small eyelid openings (palpebral fissures)
- Short, upturned nose
- Long upper lip (from nose to mouth) with a thin red border and a smooth ridge between the nose and upper lip (philtrum)
- Reduced size of the head (microcephaly)



Image source: Fetal Alcohol Syndrome: Identifying the Effects of Prenatal Alcohol Exposure. Alcohol Alert: National Institute on Alcohol Abuse and Alcoholism, 2010. Retrieved from <http://pubs.niaaa.nih.gov/publications/AA02/AA02.pdf>

FETAL ALCOHOL SYNDROME MAY ALSO INCLUDE THE FOLLOWING SYMPTOMS:

GET THE FACTS

# SUBSTANCE ABUSE AND MISUSE

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## What is Substance Use?

Use of a substance to alter one's mental state in a way that modifies emotions, perceptions and feelings for recreational purposes is considered Recreational Substance Use. For many people, drugs never go much beyond just occasional use or experimentation. During pregnancy, recreational substance use can still be harmful to the developing baby while in the womb.

Some people, however, are unable to stop their recreational substance use - even if they possess a clear understanding of the damage the use is causing them, the people they love, and their developing baby while in the womb. The last point is the most common sign that an individual has moved from mere "social" drug use into something much more serious: Drug Abuse/Misuse.

## WHAT IS SUBSTANCE ABUSE/MISUSE?

Substance Abuse/Misuse refers to the condition in which an individual exhibits one or more of the following behaviors over a 12 month period:

- Performance at work or school suffers as a result of drug or alcohol use
- Takes part in reckless behaviors associated with the use of drugs or alcohol that endangers their safety as well as the safety of others. (For example, driving while intoxicated)
- Continuing to use the substance even though it is causing stress and strain on personal relationships.
- Having legal problems, financial problems or problems with the police as a result of their alcohol or drug use.

## WHAT IS SUBSTANCE ADDICTION/DEPENDENCE?

The more severe of the two conditions, alcohol or drug addiction/dependence. This refers to the condition in which a person has shown one or more of the following important psychological or psychosocial signs and symptoms:

- Has developed a tolerance to drugs or alcohol - meaning it takes more and more of the substance over time to achieve the desired effect
- Experiences psychological or physical withdrawal symptoms after halting use of the drugs or alcohol they had been using habitually
- Is unable to stop using alcohol or drugs even after repeated attempts to do so
- Ingests dangerous amounts of the drug in question

If you answered "yes" to one or more of the questions above, you may have what addiction treatment professionals clinically describe as a substance misuse problem. Please talk with one of the professionals available today and they will assist you in being able to make healthy choices for you and your baby.



# ILLCIT DRUG USE CAN HARM YOUR BABY



WHEN A PREGNANT WOMAN USES ILLCIT DRUGS, her baby can be born small, weak, and sick.

USING ILLCIT DRUGS DURING PREGNANCY CAN CAUSE THE FOLLOWING PROBLEMS FOR THE BABY:

- Being born too early and/or too small
- Miscarriage and stillbirth
- Withdrawal symptoms such as shaking, vomiting and diarrhea
- Problems with learning
- Trouble following the rules
- Birth defects, such as kidney, liver, and bladder problems

## NEONATAL ABSTINENCE SYNDROME (NAS)

About half of babies born to women with any illegal or illicit exposure to opioids will experience NAS, typically within 72 hours of birth.

NAS is a group of withdrawal symptoms that are a result of fetal exposure to opioids by the mother during pregnancy.

Symptoms include:

- Fever
- Not eating or sleeping
- Vomiting
- Trembling/twitchiness

## I WANT TO DO WHAT IS BEST FOR MY BABY! WHAT CAN I DO?

- Do not use illicit drugs during pregnancy, after pregnancy, or while breastfeeding.
- If you are using illicit drugs, it is never too late to help your doctor about your drug use so they can help you stop in a safe way.
- It can hurt your baby if you stop using illicit drugs on your own without talking to your doctor about your drug use so they can help you stop in a safe way.
- Other people can help you too. You can talk with the perinatal nurse or your doctor. You can also call someone on the list in the back of this book.

# CAFFEINE USE DURING PREGNANCY



**DID YOU KNOW?** Caffeine is a stimulant and increases your blood pressure and heart rate, both of which are not recommended during pregnancy. Caffeine also increases the frequency of urination which causes reduction in your body fluid levels, and washes calcium and other key pregnancy nutrients out of your system before they can be thoroughly absorbed. Caffeine may also cause you to feel jittery, have indigestion or have trouble sleeping.

## WHERE IS CAFFEINE HIDING?

	AMOUNT	CAFFEINE
Starbucks Grande Coffee	16 oz	330 mg
One shot of espresso, generic	1 oz	30-90 mg
Black tea, brewed	8 oz	40 mg
Green tea, brewed	8 oz	45 mg
7 Eleven Big Gulp Diet Coke	32 oz	124 mg
7 Eleven Big Gulp Coca Cola	32 oz	92 mg
Red Bull	8.3 oz	80 mg
Mountain Dew	12 oz	54 mg
Dr. Pepper	12 oz	37 mg
Coke	12 oz	35 mg
Ben & Jerry's Coffee Buzz Ice Cream	8 oz	72 mg
Dark chocolate	1.45 oz	31 mg
Baker's chocolate	1 oz	26 mg
Milk chocolate	1.45 oz	11 mg
Hot cocoa	8 oz	3-13 mg
Ecodrin	per capsule	65 mg

SOURCE: the "Baby Center" at [www.babycenter.com](http://www.babycenter.com)

## FIND ALTERNATIVES OR CUT DOWN ON YOUR CAFFEINE

- TAKE A GRADUAL APPROACH:** Start by cutting down one cup a day.
- MAKE YOUR OWN LATTE:** Cut the coffee back to half a cup, and fill it to the top with hot steam or low-fat milk.
- KNOW FLAVOR WITHOUT CAFFEINE:** Switch to decaf or turn instead to sparkling water or sparkling juice.
- EATING SMALLER MEALS:** Eating smaller, more frequent meals and snacks will keep your energy up by keeping your blood sugar from dipping.
- TAKE PRENATAL VITAMINS:** Prenatal vitamins will also help you maintain your stamina without a caffeine fix.

# PRESCRIPTION AND OVER-THE-COUNTER MEDICATION USE DURING PREGNANCY

Many pregnant women take prescription and over-the-counter medications, but not all medicines are safe to take when you are pregnant.

## ASK YOUR DOCTOR ABOUT YOUR MEDICATION

- Q:** What should I do about the medicine I already take? **A:** Work with your doctor to make a plan to help you safely use your medicines.
- Q:** What medicine should I avoid? **A:** Some medicines can harm your baby during different stages of your pregnancy (see Handout #1). At these times, your doctor may have you take something else.
- Q:** Will I need to change the dosage of my medicines? **A:** Medicines may pass through your body faster during pregnancy because your kidneys and heart are working harder. Your doctor may change your dosage.
- Q:** What if I don't want to take my medicine? **A:** Ask about special vitamins for pregnant women. Do not take regular vitamins if they may be too much or too little. Vitamins you need.

SOURCE: [www.thebabycenter.com](http://www.thebabycenter.com)

## WHAT ABOUT NARCOTICS?

Narcotics are prescription medicines, such as Lorazepam and Oxycodone, which can harm the baby. People can take too much and become dependent. These medicines must always be taken under the guidance of your doctor. Harmful effects can include:

- Miscarriage and stillbirth
- Being born too early and/or too small
- Sudden Infant Death Syndrome (SIDS)
- Withdrawal symptoms such as shaking, vomiting, diarrhea

## POSSIBLE EFFECTS

Prescription drugs pass through the placenta. This means that if you are on a prescription or illicit drug, your baby may be exposed to the drug. Symptoms of withdrawal include:

- Shaking/trembling
- Diarrhea
- Vomiting
- Excessive crying
- Feeding problems
- Excessive sweating
- Excessive yawning
- Excessive sneezing
- Excessive coughing
- Excessive hiccupping
- Excessive gasping
- Excessive fussiness
- Excessive irritability
- Excessive sleepiness
- Excessive lethargy
- Excessive weakness
- Excessive fatigue
- Excessive drowsiness
- Excessive tiredness
- Excessive exhaustion
- Excessive malaise
- Excessive discomfort
- Excessive pain
- Excessive soreness
- Excessive tenderness
- Excessive swelling
- Excessive redness
- Excessive itching
- Excessive rash
- Excessive hives
- Excessive blisters
- Excessive sores
- Excessive ulcers
- Excessive wounds
- Excessive lacerations
- Excessive abrasions
- Excessive bruising
- Excessive bleeding
- Excessive clotting
- Excessive bruising
- Excessive swelling
- Excessive redness
- Excessive itching
- Excessive rash
- Excessive hives
- Excessive blisters
- Excessive sores
- Excessive ulcers
- Excessive wounds
- Excessive lacerations
- Excessive abrasions
- Excessive bruising
- Excessive bleeding
- Excessive clotting

## HOW CAN I PROTECT MY GROWING BABY FROM POSSIBLE HARM CAUSED BY LEGAL DRUGS?

**GET THE FACTS**

# USING SUPPLEMENTS, HERBAL TEAS, AND HOME REMEDIES DURING PREGNANCY

You know that supplements, herbal teas, and home remedies **MAY BE** harmful to your growing baby.

**WHY CAN THESE SUBSTANCES BE UNSAFE FOR MY BABY?**

Supplements and herbal teas are **not approved for safety by the FDA**, therefore the true contents are not always known. The safety of home remedies is not known.

**WHILE PREGNANT:**

- When used orally, has hormonal activity
- When used orally, may cross the placenta
- When used orally, due to uterine stimulant effects
- When used orally in large doses; dizziness
- When used orally in pregnant women
- When used orally; uterine stimulant and abortifacient

**HERBS RATED LIKELY SAFE OR FOR USE WHILE PREGNANT:**

- Peppermint Leaf - Helpful in relieving morning sickness and flatulence
- Ginger root - Helps relieve nausea
- Slippery Elm Bark - (when the orally in amounts used in foods) relieves nausea, heartburn, and vaginal irritation
- Oats & Oat Straw - Rich in calcium, helps relieve anxiety, restlessness

**HERBS WITH INSUFFICIENT INFORMATION:**

- Dandelion - Rich in Vitamin A, calcium, and iron; also helps with sleeplessness and inflammation of joints
- Chamomile (German) - High in calcium and magnesium; also helps with sleeplessness and inflammation of joints
- Nettles (Stinging Nettles) - High in vitamins A, C, K, calcium, potassium, and iron. Used in many pregnancy teas because it is a great all-around pregnancy tonic.

SOURCE: [www.thebabycenter.com](http://www.thebabycenter.com)

## HOW CAN I KEEP MY BABY SAFE?

protect your baby's health, **always** talk with your doctor **first** before using any supplements, herbal teas or home remedies.

# BREASTFEEDING AND ALCOHOL, TOBACCO AND DRUG USE



**DID YOU KNOW?** Breast milk is the best food for most babies during the first year of life.

## BREASTFEEDING BENEFITS FOR YOUR BABY MAY INCLUDE:

- Protecting against ear, lung and bladder infections
- Protecting against possible allergies
- May boost intelligence
- Protecting against obesity
- Lowering risk of Sudden Infant Death Syndrome (SIDS)

## BREASTFEEDING BENEFITS FOR YOU MAY INCLUDE:

- Reducing stress level
- Reducing risk of postpartum depression
- Reducing risk for some types of cancer
- Cost savings compared to formula-feeding
- Burning extra calories

Research shows that alcohol, tobacco, and other drugs easily pass through breast milk to the baby. This can have significant effects including:

## I WANT TO DO WHAT IS BEST FOR MY BABY! WHAT CAN I DO?

### EFFECTS ON THE MOTHER:

- Low milk supply
- Impaired functioning and maternal judgment

### EFFECTS ON THE BABY:

- Poor appetite and fussiness
- Poor muscle control or development
- Increased risk of SIDS

SOURCE: the "Baby Center" at [www.babycenter.com](http://www.babycenter.com); WebMD at [www.webmd.com](http://www.webmd.com); [www.aafp.org](http://www.aafp.org); and [www.marchofdimes.com](http://www.marchofdimes.com)

Created for the Kentucky Department of Behavioral Health and Intellectual Disabilities by the University of Kentucky

# UNSAFE CHEMICALS AND MATERIALS

## THINGS YOU SHOULD AVOID DURING PREGNANCY:

- Toxic cleaning supplies such as bleach
- Paint and paint thinners
- Bug spray and pesticides
- Weed killer
- Cat feces (poop)
- Metals such as mercury and lead
- X-rays

There are chemicals of concern that have been detected in pregnant women's bodies and/or breast milk which should also be avoided, or limited, during pregnancy including:

- Retinol (found in many skin care products)
- Salicylic acid (found in many acne products and aspirin)
- Chemicals used to apply false nails
- Benzophenones in sunscreen
- PFOS in non-stick cookware
- Parabens in personal care products
- Bisphenol-A (BPA) found in store receipts and canned foods
- Flame retardants (PBDEs) in furniture, electronics and foam-padded baby products
- Triclosan found in antibacterial cleaners, antibacterial hand soap and some toothpastes
- Phthalates and synthetic musks found in some fragrances, cosmetics, air fresheners, scented cleaners

**REMEMBER:** If you plan to use any of these products, talk to your doctor first for safety tips.

## HOW CAN I AVOID THESE HAZARDS?

- Make your own natural cleaning products with baking soda and vinegar
- Have someone else apply pesticides and clean out the litter box. Wash all produce thoroughly.
- Use distilled water to mix infant formula.
- If you think there is lead paint in your home, you can paint over it with latex paint.
- Check the Skin Deep database at [www.cosmeticsdatabase.com](http://www.cosmeticsdatabase.com) to find safer beauty products.
- If you are unsure whether a chemical or material is unsafe, talk with your doctor.



## DEPRESSION DURING PREGNANCY



## DID YOU KNOW?

Sometimes you may feel depressed during pregnancy, due to changes in your hormones, but if you feel depressed for 2 weeks or more, it may be a sign of a more serious problem.

Ongoing feelings of depression can put your baby at risk of being born too early or too small. If you are having these feelings, it is important you talk with your doctor.

## TYPICAL EMOTIONAL CHANGES DURING PREGNANCY

Women often experience a range of emotions during pregnancy, including:



Mood swings



Feeling really tired



Appetite changes

## HOW DO YOU KNOW IF YOU MIGHT BE DEPRESSED?

If you feel any of the following for 2 weeks or more call your doctor:



Crying all the time



Not enjoying the things you use to



Feeling worried or nervous for no good reason

I WANT TO DO WHAT IS BEST FOR MY BABY!  
WHAT CAN I DO?

If you have any feelings of depression, call your doctor.



Remember...you are not alone, depression can be treated.

Created for the Kentucky Department of Behavioral Health and Intellectual Disabilities, Division of Behavioral Health, by the University of Kentucky Center on Drug and Alcohol Research Behavioral Health Outcome Studies

## DO I HAVE THE "BABY BLUES" OR POSTPARTUM DEPRESSION?



## BABY BLUES

The "baby blues" appear shortly after giving birth and are normal for the first couple of weeks and are caused by fast changes in hormones after birth. Symptoms can include:



Being able to sleep

Feeling worried or nervous about being a good mother

Having these feelings for up to 10 days after birth

What if my sadness, crying and feeling easily upset does not go away?

## POSTPARTUM DEPRESSION

You may have postpartum depression if you have 5 or more of the following signs for 2 weeks or longer:

- ✗ Feeling tired all the time
- ✗ Loss of interest in things you usually enjoy
- ✗ Changes in how much you eat
- ✗ Gaining or losing weight
- ✗ Trouble sleeping or sleeping too much
- ✗ Trouble paying attention or making decisions
- ✗ Unable to go to work or school
- ✗ Thoughts of harming yourself or others
- ✗ Thoughts or plans of killing yourself

## RISK FACTORS OF POSTPARTUM DEPRESSION CAN INCLUDE:



A personal or family history of mental illness



Experienced stressful events in the past year



Baby has health problems or other special needs



Problems in relationship with spouse or partner



Having a weak support system



Having financial problems

I WANT TO DO WHAT IS BEST FOR MY BABY!  
WHAT CAN I DO?

If you think you may have any feelings of postpartum depression, call your doctor right away.



Remember...you are not alone, depression can be treated, there is hope!

SOURCE: the "Baby Center" at [www.babycenter.com](http://www.babycenter.com) and the Mayo Clinic at <http://www.mayoclinic.org/>

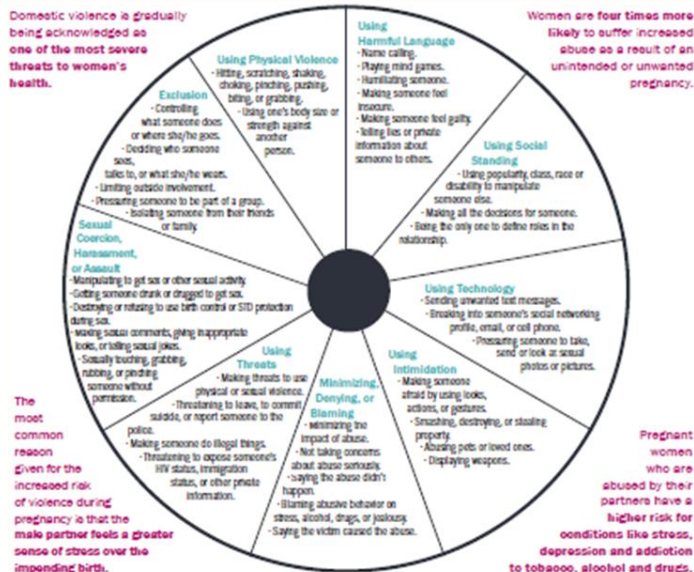
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## DOMESTIC VIOLENCE



## HOW DO I KNOW IF I AM IN AN UNSAFE RELATIONSHIP?

Domestic violence is gradually being acknowledged as one of the most severe threats to women's health.



## PHYSICAL EFFECTS OF VIOLENCE DURING PREGNANCY



Insufficient weight gain



Abdominal trauma



Miscarriage



Fetal bruising, fractures and hematomas



Delayed prenatal care



Hemorrhage

Neuburger DL, Barkan SC, Lieberman ED, et al. (1992). Abuse of Pregnant Women and Adverse Birth Outcomes: Current Knowledge and Implications for Practice. *JAMA*, 267(17):2370-2372. doi:10.1001/jama.1992.03480170066037

Created for the Kentucky Department of Behavioral Health and Intellectual Disabilities, Division of Behavioral Health, by the University of Kentucky Center on Drug and Alcohol Research Behavioral Health Outcome Studies



# KY Moms MATR Prevention Services

\*Women who are pregnant or up to 60 days postpartum

**Universal Prevention Education-** For \*women who do not present with any psychological or medical condition that requires immediate attention and do not have any factors that would increase risk for alcohol or drug use problems. These individuals have no history of alcohol or drug use and do not meet criteria for Substance Use Disorder.

- Eligible for up to 2 hours of Prevention Education (Making Healthy Choices class), often marketed as a “Healthy Baby Class” or “Healthy Pregnancy Workshop.”

**Selective Prevention Education-** For \*women who do not present with alcohol or drug use during the last 30 days but *do* have increased risk for substance use problems due to family history, environmental factors (partner or close friend substance abuse), personal history of drug use (with no Substance Use Disorder), domestic violence history, mental health concerns.

- Eligible for up to 17 hours of \*\*Prevention Education.

**Indicated Prevention Education-** For \*women who currently use or who have used alcohol or drugs since learning of pregnancy. Currently has or has had a history of problematic behaviors related to substance use prior to pregnancy. Presents with symptoms of substance use and screens for a possible Substance Use Disorder.

- Referred to clinic for a substance use assessment. If no Substance Use Disorder is diagnosed, individual is eligible for up to 25 hours of \*\*Prevention Education.

\*\*Selective and Indicated Prevention Education Topics include: pregnancy, parenting, breastfeeding, negative impact of substance use, domestic violence, smoking cessation strategies, and more!

# KY Moms MATR

## Case Management Services

For women who are pregnant or up to 60 days postpartum and have a Mild, Moderate, or Severe Substance Use Disorder Diagnosis.

- Minimum of 2 Direct, 2 Indirect Services per month
- Assistance with accessing resources for:

Pregnancy

Breastfeeding

Parenting

Mental health

Domestic violence

Trauma

Smoking cessation

Substance abuse treatment/recovery maintenance

Housing/utilities

Education

Resume building

Nutrition/hygiene

Applying for food stamps

Childcare assistance

And More!



# KY Moms MATR Contingency Management



**KY Moms clients at all levels receive incentives for receiving education and making progress toward goals in their individualized Care Plan**

- Mental Health incentive
- Prime for Life incentive
- Period of PURPLE Crying incentive

# Wraparound Funds

**KY Moms MATR has access to wraparound funds, which can be used flexibly to meet needs for active clients who have exhausted other community resources available to them.**

- Rent payments when facing eviction
- Utility payments when services are scheduled to be disrupted
- Transportation vouchers/gas cards
- Mechanic vouchers
- Diapers, formula, car seats
- Groceries
- Maternity clothing
- Hygiene items





## KY-Moms MATR Clients Give Birth to Healthy Babies

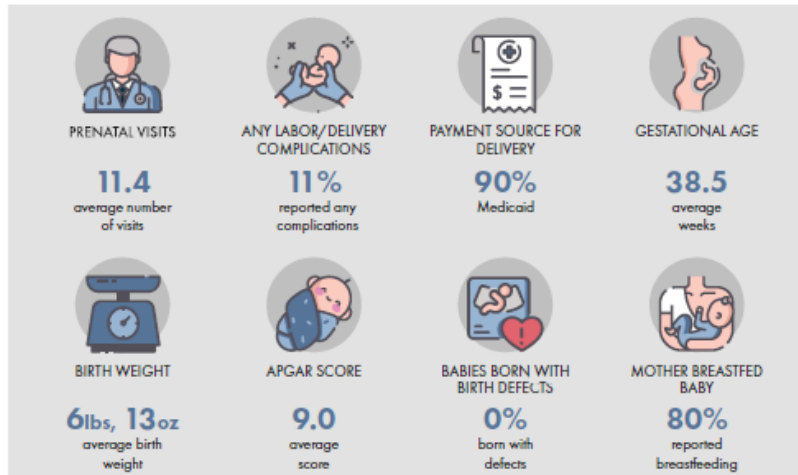
The KY-Moms MATR case management program is administered by the Division of Behavioral Health in the Department for Behavioral Health, Developmental and Intellectual Disabilities, KY-Moms MATR (502) 564-4456/ (800) 374-9146



### Babies born to KY-Moms MATR clients are at risk for negative birth outcomes

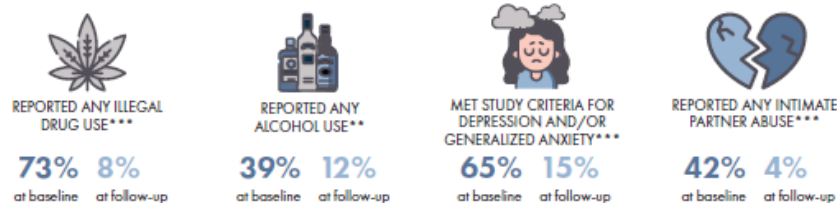
The overall goal of KY-Moms: Maternal Assistance Towards Recovery (MATR) is to increase positive birth outcomes for high-risk pregnant women in Kentucky by reducing inter-related risks for substance use/misuse, mental health problems, and partner abuse and violence, which could potentially have a negative impact on the health of the pregnant mother, fetal development, and birth outcomes.

The Kentucky Vital Statistics birth event data set was used to examine birth outcomes for 20 KY-Moms MATR clients who gave birth between January 2020 and December 2020.<sup>1</sup>



<sup>1</sup> Although 26 clients completed a postnatal follow-up assessment, six clients did not give permission to use their birth data. Note: Responses in the birth event data set may vary from responses in the KY-Moms MATR assessments because the time frames are different as well as question wording.

### Compared to baseline, clients' risk factors significantly improved at postnatal follow-up<sup>2</sup>



<sup>2</sup> 6 months before pregnancy compared to the past 6 months at postnatal follow-up; \*\*p < .05, \*\*\*p < .01.

## KY Moms MATR Program Effectiveness

Clients complete a Baseline Interview through UK during their second KY Moms MATR appointment. UK performs a follow-up interview with some of these clients 6 months after delivery. Despite many risk factors for negative birth outcomes, KY Moms MATR clients show no significant differences in birth outcomes compared to the general population. Their follow-up interviews indicate significant improvement in several risk factors as well!



**Please contact us if you have questions!**

**Amanda Clark**

(270) 401-1706

[acclark@communicare.org](mailto:acclark@communicare.org)

Hardin

Nelson

LaRue

**Now Hiring!**

Nelson

Washington

Marion

**Now Hiring!**

Meade

Grayson

Breckinridge

**Healthy  
Moms,  
Healthy  
Babies.**

**KY  
Moms  
MATR.**



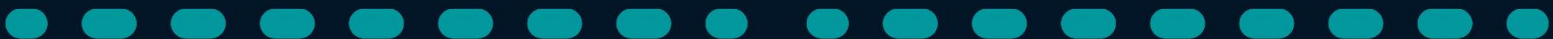
**Pregnant or up to 60 days postpartum?**

Ask us how you can receive **free baby items** for participating in our program!

Call, text, or email to sign up!

270-401-1706

[acclark@communicare.org](mailto:acclark@communicare.org)





# Communicare Recovery-Oriented Plan of Safe Care

In 2019 Communicare was selected as a pilot site for Plan of Safe Care to meet Child Abuse Prevention and Treatment Act (CAPTA) requirements, and since December of that year this group has been holding monthly meetings. Our main objectives within this group are to identify strengths and address barriers for pregnant and parenting families in recovery, to build and strengthen connections among providers for informed and timely referrals for needed services, to improve outcomes for pregnant and parenting women striving to recover from addiction, and to promote health, safety, and permanency for substance-exposed infants and other young children at risk for abuse, neglect, or out of home placement due to parental substance use. We currently collaborate to serve families in Hardin, Nelson, Washington, Marion, LaRue, Meade, Grayson, and Breckinridge Counties!

We meet every third Tuesday of the month on Zoom. Please take advantage of these monthly planning meetings as opportunities to hear details about what our group has accomplished so far, and to help us to make the greatest impact we can as we improve upon our systems of care and better serve the needs of pregnant and parenting families in recovery. None of us are as powerful alone as we can be when we work to help these families together. JOIN US!

# Communicare Recovery- Oriented Plan of Safe Care

Would you  
like  
to be  
a

**CHAMPION**

for pregnant and parenting  
families in recovery?

Email Amanda Clark at  
[ACClark@communicare.org](mailto:ACClark@communicare.org)

**JOIN US.**

