

Screening, Brief Intervention and Referral to Treatment for Perinatal Substance Use

BH Impact

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Outline



Quick Facts: Perinatal substance use



Overview of SBIRT



Components of SBIRT – deeper dive



SBIRT Billing

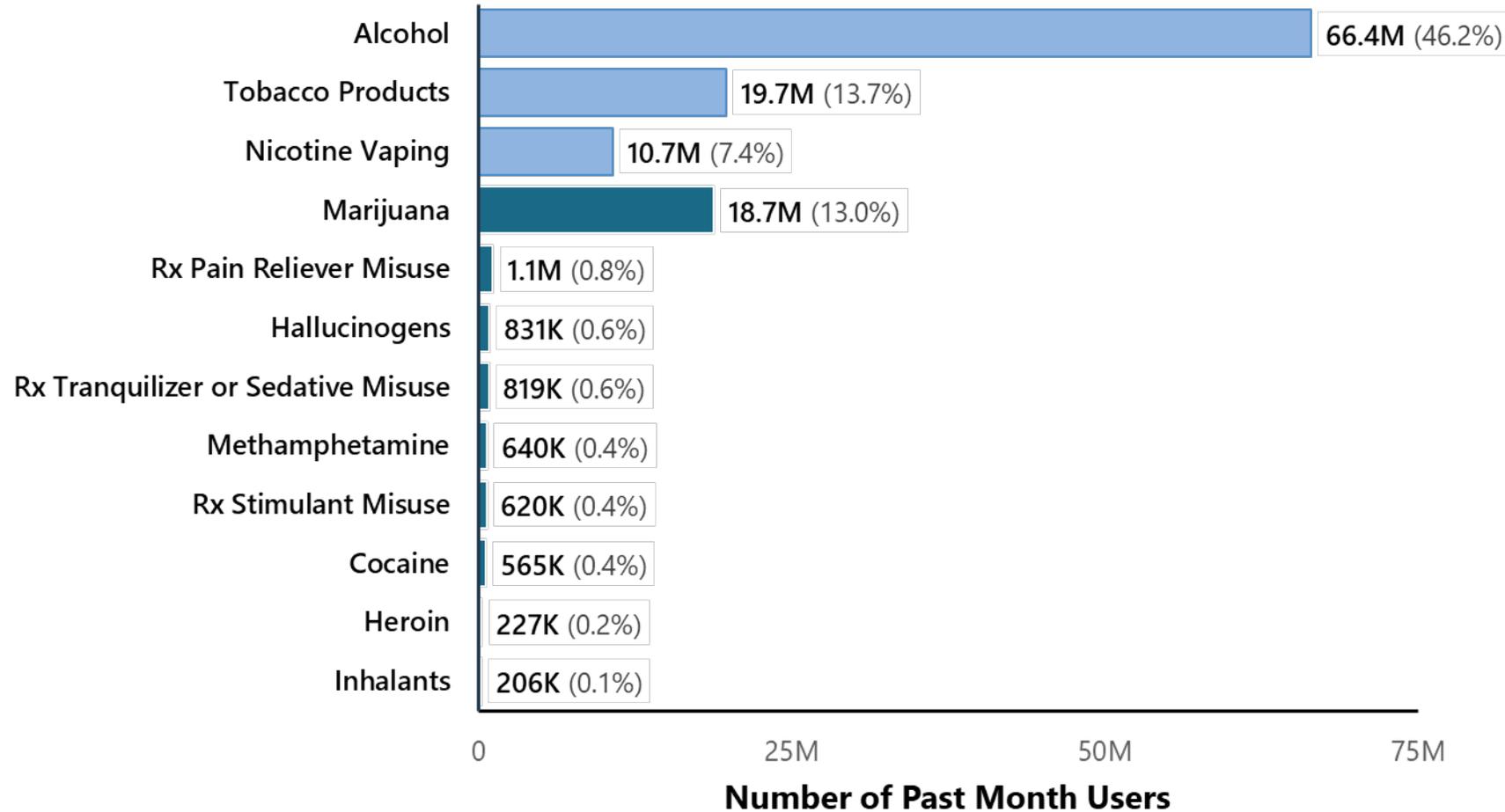
Case 1

- 28 year old P1001 currently 28 weeks gestation with a history of alcohol use disorder. She reports since learning of her pregnancy she has decreased her alcohol use. She is currently drinking 3 beers/day, previously was drinking 6 beers/day. She reports limited social support and does not have custody of her older child (although she would like to have custody).

Case 2

- 34 year old P0 at 24 weeks gestation with a history of tobacco and opioid use disorder. She reports smoking ½ ppd for the last 10 years. She reports using oxycodone daily that she obtains from friends. She has a history of sexual abuse in her early 20's. She does not feel her opioid use or tobacco use are a problem for her as they help her feel better. She is currently working part-time and lives with 3 roommates.

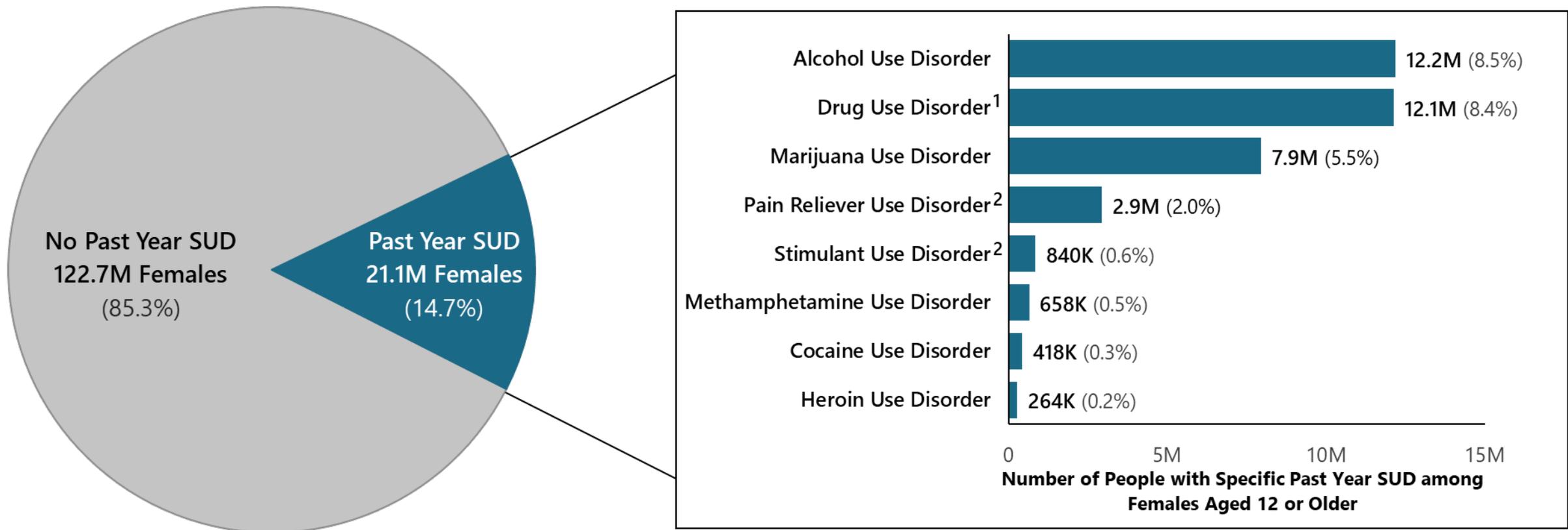
Past Month Substance Use: Among Females Aged 12 or Older



Rx = prescription.

Note: The estimated numbers of current users of different substances are not mutually exclusive because people could have used more than one type of substance in the past month.

Past Year Substance Use Disorder (SUD): Among Females Aged 12 or Older



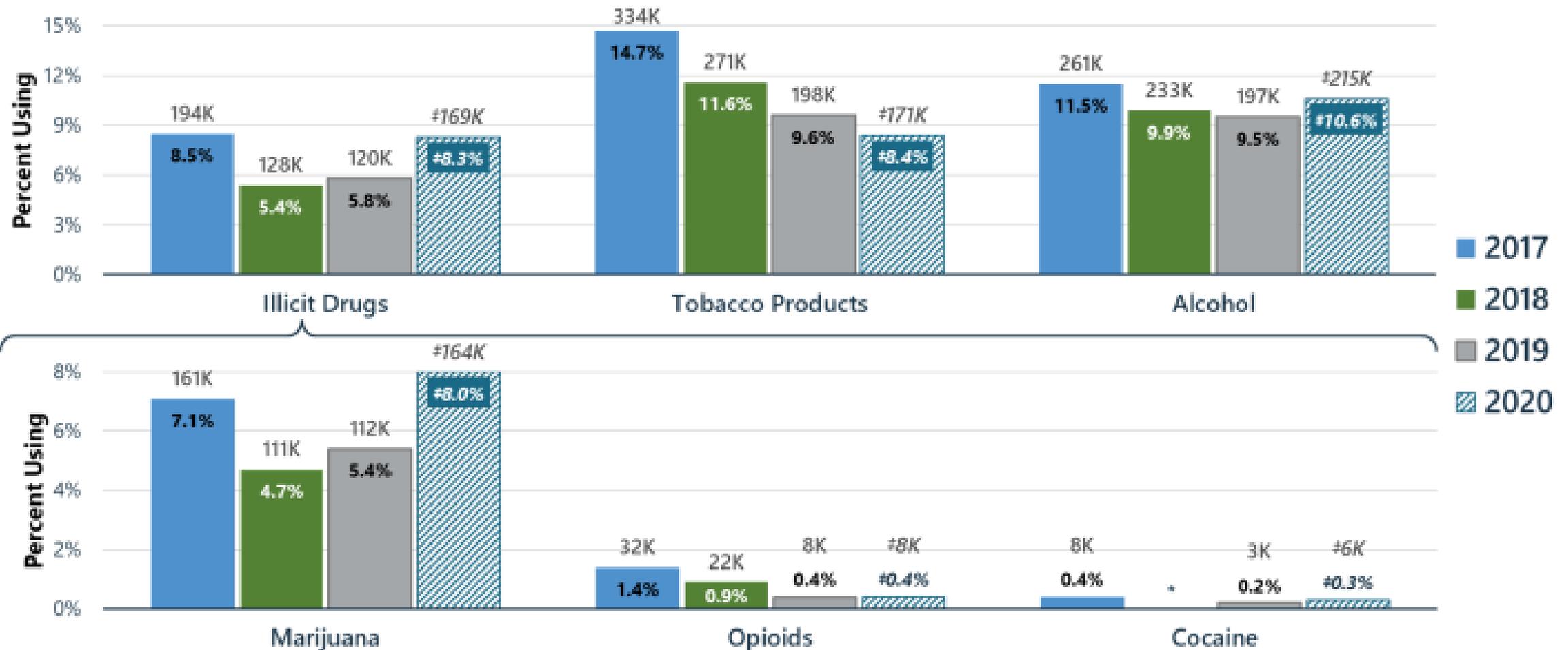
Note: The estimated numbers of people with substance use disorders are not mutually exclusive because people could have use disorders for more than one substance.

¹ Includes data from all past year users of marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives).

² Includes data from all past year users of the specific prescription drug.

Substance Use in Past Month: Among Pregnant Women Aged 15-44

PAST MONTH, 2017-2020 NSDUH, PREGNANT WOMEN 15-44



* Estimate not shown due to low precision.

Tobacco products are defined as cigarettes, smokeless tobacco, cigars, and pipe tobacco.

† Estimates on the 2020 bars are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed. See the 2020 National Survey on Drug Use and Health: Methodological Summary and Definitions for details.

ACOG Screening Guidelines

- Screening for substance use should be part of comprehensive obstetric care and should be done at the first prenatal visit in partnership with pregnant woman. Screening based only on factors, such as poor adherence to prenatal care or prior adverse pregnancy outcome, can lead to missed cases, and may add to stereotyping and stigma.
- Early **universal screening, brief intervention** (such as engaging the patient in a short conversation, providing feedback and advice), and **referral for treatment (SBIRT)** of pregnant women with opioid use disorder improve maternal and infant outcomes.

Who can perform SBIRT? Physicians, nurse practitioners, physician assistants, nurses, health or substance use counselors, prevention specialists, and other health or behavioral health staff.

What is SBIRT?

Initially developed to provide universal **screening, prevention** and **early intervention/treatment** for individuals who are at risk for alcohol misuse within primary care settings

Comprehensive, integrated, public health approach

Goal to prevent consequences of alcohol and drug use in individuals who do not meet the diagnostic criteria for a substance use disorders (SUD) and help those who are diagnosed with SUD to enter and stay in treatment

Screening Instruments

- No single best screening instrument to identify pregnant women with substance use disorders.
- Self-administered or part of the patient interview.
- Developed for or validated in pregnant women:
 - 4P's Plus (Chasnoff, 1999)
 - TAPS (replaces NIDA Quick Screen)
 - CRAFFT (Chang, 2011) (women 26 years or younger)

The 4 P's

1. Have you ever used drugs or alcohol during **pregnancy**?
2. Have you had a problem with drugs or alcohol in the **past**?
3. Does your **partner** have a problem with drugs or alcohol?
4. Do you consider one of your **parents** to be an addict or alcoholic?

***5 P's

5. Do any of your **peers** have problems with drugs or alcohol?

TAPS

TAPS

Tobacco, Alcohol, Prescription medication, and other Substance use Tool

In the PAST 12 MONTHS, how often have you used tobacco or any other nicotine delivery product (i.e., e-cigarette, vaping or chewing tobacco)?

Daily Or Almost Daily

Weekly

Monthly

Less Than Monthly

Never



5% complete



TAPS

Tobacco, Alcohol, Prescription medication, and other Substance use Tool

In the PAST 12 MONTHS, how often have you had 5 or more drinks (men)/4 or more drinks (women) containing alcohol in one day?

Daily Or Almost Daily

Weekly

Monthly

Less Than Monthly

Never



10% complete



National Institutes of Health - Turning Discovery into Health

TAPS

Tobacco, Alcohol, Prescription medication, and other Substance use Tool

In the PAST 12 MONTHS, how often have you used any prescription medications just for the feeling, more than prescribed or that were not prescribed for you?

Daily Or Almost Daily

Weekly

Monthly

Less Than Monthly

Never



14% complete



National Institutes of Health - Turning Discovery into Health

CRAFFT

Substance Abuse Screen for Adolescents and Young Adults

- C** Have you ever ridden in a *car* driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
- R** Do you ever use alcohol or drugs to *relax*, feel better about yourself, or fit in?
- A** Do you ever use alcohol or drugs while you are by yourself, *alone*?
- F** Do you ever *forget* things you did while using alcohol or drugs?
- F** Do your family or *friends* ever tell you that you should cut down on your drinking or drug use?
- T** Have you ever gotten into *trouble* while you were using alcohol or drugs?

Screening: Urine Drug Screen?

- Do not use as sole assessment of substance use/use disorder (ACOG, 2012).
 - Short detection window (substance dependent)
 - Might not capture binge or intermittent use
 - Rarely detects alcohol
 - Doesn't capture prescription opioids (without confirmation testing)
- Useful adjunct primarily for individuals in treatment.
- Ethical issues –patient needs to give consent prior to specimen collection.

Why Screen?

- Early Identification is Key:

Allows for early intervention and treatment that minimizes potential harms to the mother and her pregnancy

Maximizes motivation for change during pregnancy

SBIRT Framework

Screening

- Universal screening to quickly assess use and severity of alcohol and other drugs

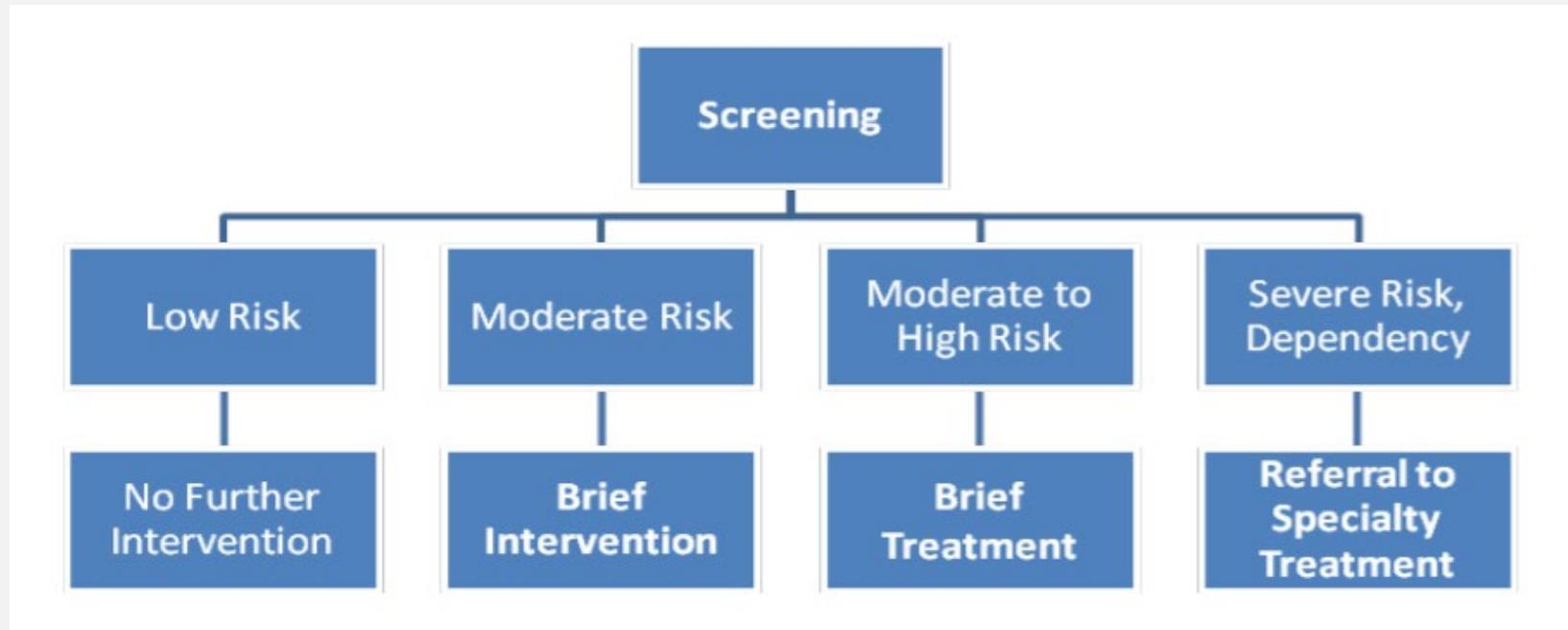
Brief Intervention

- Utilizing motivational interviewing to intervene based on severity of substance use

Referral to Treatment

- Providing referrals to specialty care

SBIRT Pathway



Why Implement SBIRT?

According to SAMHSA, SBIRT:

- Reduces healthcare costs
 - Savings range from \$3.81 to \$5.60 for each \$1.00 spent
 - 20% fewer ED visits
 - 37% fewer hospitalizations
 - 46% fewer arrest
 - 50% fewer motor vehicle accidents
- Decreases severity of drug and alcohol use

SBIRT supports overall wellness

Late stage intervention can be expensive and lead to increase comorbid conditions

Screening:

ACOG Policy Position

- Expanding Medicaid coverage from 60 days to one year after delivery, including for SUD and mental health screening and treatment and case management and outreach services
- Access to medically-assisted treatment (opioid agonist pharmacotherapy)
- Adequate postpartum psychosocial support services including SUD treatment and relapse prevention programs
- Safe prescribing practices
- An increased focus on curbing alcohol and tobacco use during pregnancy
- Routine urine drug screening is controversial. ACOG recommends testing be performed only with the patient's consent and a positive test not be a deterrent to care, a disqualifier for coverage under publicly-funded programs, or the sole factor in determining family separation.

Referral to Treatment

- Provide feedback and recommendations based upon screening
- Explore motivation to engage in specialty care
 - Motivational interviewing techniques can increase participation and retention in treatment
 - Maintain engagement for those not engaging in treatment
- Appropriate linkage to specialty care is critical
 - Coordination and continuity of care need to be timely and appropriate
 - Warm hand-off is best practice
- Help to identify and problem-solve treatment barriers

Evidence Based Treatments

- Contingency management (CM) Based on the principle of positive reinforcement as a means of operant conditioning to influence behavior change. The premise behind CM is to systematically use reinforcement techniques, usually monetary vouchers, to modify behavior in a positive and supportive manner. Originally used for the treatment of cocaine users, it has since been used for opioids, marijuana, cigarettes, alcohol, benzodiazepines, and other drugs.
- Motivational Interviewing
- Cognitive Behavioral Therapy

Evidence Based Treatments

- Motivational interviewing (MI) A patient-centered, collaborative and highly empathic counselling style for eliciting behavior change by helping clients to explore and resolve ambivalence. It draws from the trans theoretical model of change in order to improve treatment readiness and retention.
- Cognitive Behavioral Therapy (CBT) A psychotherapeutic treatment that uses an easy-to-learn set of strategies to help patients understand the situations that lead them to undesirable thoughts, feelings, or behaviors, to then avoid those situations when possible, and to deal more effectively with such situations when they occur. The goal of these strategies is to break old patterns of responding and replace them with new ones

Alcohol Use Disorder Pharmacologic Treatment in Pregnancy

- Safety of pharmacologic management in pregnancy is unclear and should include shared decision making
 - Naltrexone- studies suggest likely safe for use
 - may need to consider stopping prior to delivery if need for opioids, ie. Cesarean delivery
 - Acamprosate- studies have not demonstrated adverse maternal or neonatal outcomes- small number of studies
 - Disulfiram- should not use in pregnancy
 - Concerns about autonomic instability and possible malformations with 1st trim exposure
 - Data is very limited

Tobacco Use Disorder Pharmacologic Treatment in Pregnancy

Pharmacologic treatment is considered appropriate with shared decision making

- Nicotine replacement
 - Patches, lozenges, gum
- Bupropion

**Varenicline- not recommended for use in pregnancy due to limited data and availability of other medications

Opioid Use Disorder Pharmacologic Treatment in Pregnancy

- **Goal:** Administer methadone/buprenorphine in doses sufficient to prevent withdrawal and reduce/ eliminate cravings.
- Methadone/Buprenorphine maintenance **dramatically** reduces illicit opioid use, criminal behavior, risky sexual practices, and the transmission of HIV.
- People in methadone/buprenorphine programs have **30 percent** the mortality rate of opioid users who are not in treatment programs.

Medically Supervised Withdrawal of Opioids

What about Medically Supervised Withdrawal?

- Done slowly due to concerns related to withdrawal symptoms and concerns related to cravings.
- Consider doing this on an inpatient basis.
- Abrupt discontinuation of opioids in pregnancy not recommended.
 - Preterm labor
 - Fetal distress
 - Fetal demise
 - Withdrawal
 - High relapse rates

Substance use interventions very important in pregnancy

- Pregnancy is a motivator for cessation

- Persistence of substance abuse during pregnancy may represent a particularly refractory and high risk subpopulation

- Higher levels of use prior to pregnancy correlate with continued use during pregnancy

- Most women return to pre-pregnancy rates of smoking and alcohol abuse within 6-12 months postpartum

Barrier to treatment initiation / engagement

- Stigma and shame

- Refractory illness

- Providers' own emotional reactions

- Concerns about DCF reporting

- Legal implications

- **Access to treatment**

- Time elapsed before recognition of pregnancy

ACHA SBIRT Billing

Substance Abuse and Mental Health Services Administration (SAMHSA) SBIRT codes have been added to the Medicaid Practitioner Fee Schedule and are retroactively effective to date of service January 1, 2021. The codes are applicable to fee-for-service and managed care. At this time, only physicians and physician extenders can render SBIRT services. This includes the following provider types:

- M.D.
- D.O.
- PA
- APRN

Billing Codes

Code: H0049

Description: Alcohol and/or drug screening

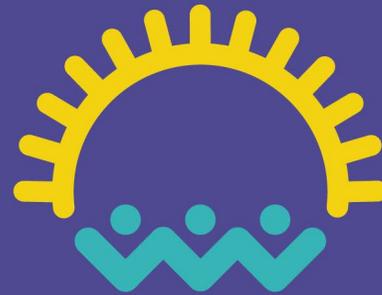
Medicaid Fee-for-Service Reimbursement Level \$17.24

Code: H0050

Description: Alcohol and/or drug screening, brief intervention,
per 15 minutes

Medicaid Fee-for-Service Reimbursement Level \$29.00

- H0049 can be used once per day, as medically necessary and is not limited by age. H0050 is allowed for 0-4 units per day, as medically necessary, and is not limited by age.
- The place of service is open for office visits, telehealth, all hospital settings and clinics, and ambulatory surgical centers.
- The new SBIRT codes are intended to be used in primary care and other medical settings. These services may be performed and billed in addition to an Evaluation and Management (E&M) service when provided during the same visit. The community behavioral health fee schedule has codes for similar and/or the same services that can be used in behavioral health settings.
- The Agency refers to procedure code definitions when it comes to services provided. H0050 is defined as Alcohol and/or drug services, brief intervention, per 15 minutes. H0049 does not include a time specification but should be clinically appropriate.



Florida BH IMPACT

Improving Maternal and
Pediatric Access, Care and
Treatment for Behavioral Health

1.833.951.0296 • FLBHimpact.org

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Florida BH IMPACT

Vision

No perinatal woman in the state of Florida will be un-treated for perinatal behavioral health disorders.

Florida BH IMPACT

Partners

Florida State University College of Medicine

University of Florida

Florida Department of Health

Florida Association of Healthy Start Coalitions (Moving Beyond Depression)

Florida Maternal Mental Health Collaborative

Community Behavioral Health Centers

Department of Children and Families

ACOG District XII

Lifeline4Moms

Florida BH IMPACT

Core Components



METHODS FOR ENHANCED ACCESS TO CARE*

*No-Cost Support for Obstetric Providers

Clinic-level

- *Practice level trainings* for obstetric, nursing, psychiatric and BH providers in best practice maternal behavioral health screening, treatment, management and risk issues
- *Technical Assistance* with:
 - Screening tools integration (eg EPDS, PHQ-9, GAD7, NIDA, etc.)
 - Follow up with patients on screening results
 - Training in Perinatal Behavioral Health
- *Real-time access* to telephone consultation with a psychiatrist during normal business hours

Exercise

Postpartum depression

Empowering Moms with Resources for Resilience and Recovery



Statewide Maternal Mental Health Directory:

- A comprehensive listing of active and qualified maternal and pediatric behavioral health providers.

- Online, public facing and filterable for women and families in need of mental health and substance use supports.

- [Florida's Maternal Behavioral Health and Social Services Resource Directory](#)

Connect with Services

Find a Clinician or Resource

Are you pregnant? Or do you have a child under two years old?

Search our directory to find providers and other resources in Florida to support your mental and behavioral health.

That includes help with post-partum depression, anxiety, substance use disorder, and other conditions.

Connect with services that fit personal healthcare desires, preferred payment type, insurance status, and location.

We also welcome clinicians and other providers seeking resources for their patients.

Register Now

If you are a provider and would like to be included in this directory, register here.

Provided by BH Impact

To learn more about maternal mental health, postpartum depression, substance use disorders, and related concerns, visit Florida BH Impact.

For help managing emotional stress and mental health, contact a healthcare provider.

For Immediate Assistance

Medical or Psychiatric Emergency

Call 9-1-1

Mental Health Crisis

Dial 9-8-8 to reach the Suicide & Crisis Lifeline.
988lifeline.org

Non-emergency

Call 1-833-TLC-MAMA (1-833-852-6262)
Free, 24/7, confidential National Maternal Mental Health Hotline helping pregnant and new moms in English and Spanish.

Filter by

Keyword

In any field

City

City

Zip code

5 digit zip code

Counties Served

Any county

Insurance Accepted

Any insurance

Category

Any category

Specialty

Any specialty

Languages Spoken

Any language

Provider Ethnicity

Any ethnicity

Telehealth offered

Provider has training and experience serving patients of color

CONNECTING MOMS TO CARE

Florida's Maternal Behavioral Health and Social Services Resource Directory

Home Search FAQ Provider Login

Locate Providers

Use the filter controls in the panel on the left below to refine the provider list to those matching your preferences.

Hide Filters List View Map View

Selected Print PDF

FILTERS

Show 25 per page Showing 1 to 25 of 29 providers (filtered from 1,288 providers)

[Clear All Filters](#)

Filter by

Keyword

In any field

City

City

Zip code

5 digit zip code

Counties Served

Any county

Insurance Accepted

Any insurance

Category

Treatment Cen

Specialty

Addictions

Languages Spoken

Any language

Provider Ethnicity

Any ethnicity

Telehealth offered

Provider has training and experience serving patients of color

USER TYPE

I am a provider

AllCare Medical Centers

Provider Name: **Matthew Nessetti** Agency Address: 5860 Ranch Lake Blvd Bradenton, FL, 34202

Categories: Licensed Clinical Social Worker, Licensed Mental Health Counselor, Psychiatrist, Psychologist, Support Group, Treatment Center, Licensed Marriage and Family Therapist Accepting new patients

Apalachee Center, Inc.

Provider Name: **Sharon Poole** Agency Address: 2634 Capital Circle NE Tallahassee, FL, 32308

Categories: Licensed Clinical Social Worker, Licensed Mental Health Counselor, Psychiatrist, Psychologist, Support Group, Treatment Center Accepting new patients

Aspire Health Partners

Provider Name: **Megan Dowdell** Agency Address: 100 Columbia Street Orlando, FL, 32806

Categories: Housing Support, Licensed Clinical Social Worker, Licensed Mental Health Counselor, Psychiatrist, Treatment Center, Licensed Marriage and Family Therapist Accepting new patients

Aspire Health Partners, Inc.

Provider Name: **Todd Dixon** Agency Address: 5151 Adanson Street Orlando, FL, 32804

Categories: Housing Support, Licensed Clinical Social Worker, Licensed Mental Health Counselor, Psychiatrist, Support Group, Treatment Center Accepting new patients

Bayfront Health IOP

Provider Name: **Regina Rhoades** Agency Address: 713 E. Marion Ave., Suite 123 Punta Gorda, FL, 33950

Categories: Licensed Clinical Social Worker, Support Group, Treatment Center Accepting new patients

Breakthroughs Counseling and Recovery

Provider Name: **Cindy Falor** Agency Address: 3810-3 Williamsburg Park Blvd Jacksonville, FL, 32257

Categories: Licensed Clinical Social Worker, Licensed Mental Health Counselor, Support Group, Treatment Center Accepting new patients

Care Resource

Provider Name: **Edith Caballero** Agency Address: 3801 Biscayne Blvd. Miami, FL, 33137

Categories: Licensed Clinical Social Worker, Licensed Mental Health Counselor, Psychiatrist, Psychologist, Treatment Center Accepting new patients

Coastal Behavioral Healthcare

Provider Name: **Mariene M Hauck** Agency Address: 1565 State Street Sarasota, FL, 34236

Categories: Licensed Clinical Social Worker, Licensed Mental Health Counselor, Psychiatrist, Support Group, Treatment Center, Licensed Marriage and Family Therapist Accepting new patients

Use the filter controls in the panel on the left below to refine the provider list to those matching your preferences.

Hide Filters List View Map View

Selected Print PDF

FILTERS

[Clear All Filters](#)

Filter by

Keyword

In any field

City

City

Zip code

5 digit zip code

Counties Served

Any county

Insurance Accepted

Any insurance

Category

Treatment Cen

Specialty

Addictions

Languages Spoken

Any language

Provider Ethnicity

Any ethnicity

Telehealth offered

Provider has training and experience serving patients of color

USER TYPE

I am a provider

Resources <https://flbhimpact.org/>

FOR PROVIDERS



FORMS & SCREENING TOOLS

Forms and Screening Tools
[LEARN MORE](#)



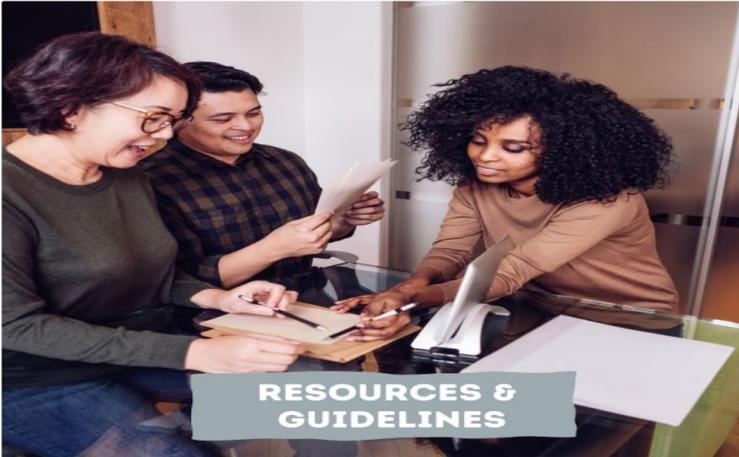
TRAINING

Health Hub Training Site
[LEARN MORE](#)



NEWS & EVENTS

News and Events
[LEARN MORE](#)



RESOURCES & GUIDELINES

Resources & Guidelines
[LEARN MORE](#)

FORMS & SCREENING TOOLS

Screening Tools

- ▶ [Edinburgh Postnatal Depression Scale \(EPDS\)](#)
- ▶ [Patient Health Questionnaire \(PHQ-9\)](#)
- ▶ [Generalized Anxiety Disorder Assessment \(GAD-7\)](#)
- ▶ [NIH NIDA Quick Screen for Substance Use](#)
- ▶ [5 P's for Substance Abuse](#)
- ▶ [Abuse Assessment Screen](#)

▲ SBIRT Resources

SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.

- ▶ [AHCA Guide for Billing for Screening, Brief Intervention and Referral to Treatment \(SBIRT\) Model for Medicaid Practitioners](#)
- ▶ [SAMHSA SBIRT Webpage](#)
- ▶ [White Paper on Screening, Brief Intervention and Referral to Treatment \(SBIRT\) in Behavioral Healthcare – 2011](#)
- ▶ [Useful Videos about SBIRT](#)
 - ▶ [FPQC Screening, Brief Intervention, & Referral to Treatment \(SBIRT\): A Universal Tool for Pregnant Women](#)
 - ▶ [ACOG District II Implementing SBIRT: An Effective Approach to Care Video](#)
- ▶ [Screening Resource – Combined EPDS and 5 P's Example from AIM](#)

▲ Opioid Use Disorder

- ▶ [ACOG Committee Opinion Number 711 "Opioid Use and Opioid Use Disorder in Pregnancy" \(Published August 2017\)](#)
- ▶ [Florida Perinatal Quality Collaborative Maternal Opioid Recovery Effort \(MORE\) Initiative Website](#)
 - ▶ [FPQC MORE Online Tool Box](#)
 - ▶ [FPQC MORE and Tennessee Initiative for Perinatal Quality Care Webinar "Adding Buprenorphine Treatment in Obstetrical Practice: Lessons Learned" Link to Recording](#)
 - ▶ [Check out the FPQC MORE Quick Start Checklist for participating teams to see how to get started](#)
- ▶ [Episode of the Palm Beach Medical Society Podcast Series featuring BH IMPACT's consulting psychiatrist Dr. Kay Roussos-Ross discussing Opioid Use in Pregnancy. Click here to listen!](#)
- ▶ [Alliance for Innovation on Maternal Health Resources](#)
 - ▶ [Obstetric Care for Women With Opioid Use Disorder \(+AIM\) Patient Safety Bundle](#)
 - ▶ [Care for Pregnant and Postpartum People with Substance Use Disorder Patient Safety Bundle](#)
 - ▶ [Optum OB Homecare Maternal OUD Pilot Coverage by County PDF](#)
 - ▶ [Buprenorphine and Oral Health PDF](#)

This website is not meant to diagnose or prescribe treatment nor is it monitored 24/7 by healthcare professionals. If you feel that you need help managing your emotional stress and mental health, please contact your healthcare provider for additional assistance. If this is a medical or psychiatric emergency, please contact emergency services by dialing 9-1-1 on your phone.

More Resources

Postpartum Support International

PSI Feeling overwhelmed or unsure of where to turn for support?
Want to talk to other parents who can relate to your experience?



Join a Free Online Support Group

PSI understands everyone faces different challenges. Our free online support groups are confidential and judgment-free, and led by trained volunteer facilitators who get it.

We offer numerous groups on a wide variety of topics, including:

- Perinatal (Pregnancy & Postpartum) Mental Health
- Post-Abortion
- Loss and Grief
- Termination for Medical Reasons

Many groups are tailored to serve specific communities, including:

- Moms and Birthing People
- Deaf Parents
- Asian, South Asian, Pacific Islander, or Asian Americans
- Military Moms
- Black, Indigenous, People of Color
- Queer and Trans Parents
- Dads

What to expect:
Our sessions are 90 minutes long. The first half-hour provides information and education and establishes group guidelines. Group members spend the next hour sharing and talking with each other. As you share this journey, you'll discover understanding, support, and a wonderful sense of community.

What to do:
Select a group that interests you. It's a great way to learn about helpful tools and resources while connecting with other parents facing similar challenges.

Explore our expanding list of free support groups: 

Spanish-language support groups Encuentros de apoyo: 

Download **Connect by PSI** in your app store, available in English and Spanish.

Postpartum Support International
Postpartum.net

6.2025

<https://postpartum.net/get-help/psi-online-support-meetings/>

Postpartum Support International en español

Encuentros de Apoyo en Línea

Para buscar ayuda, escanea el código QR 

PSI en ESPAÑOL



Encuentros de apoyo para la salud mental de mamás gestantes y en etapa posnatal

- Encuentro de apoyo perinatal
- Encuentro de apoyo para el embarazo
- Encuentro de apoyo para el posparto
- Encuentro de apoyo para mamás independientes
- Encuentro de apoyo para mamás teens
- Encuentro de apoyo ABC de la lactancia
- Clase Transformación de la familia, "Plan de posparto"
- Encuentro de apoyo para UCIN o NICU
- Encuentro para sobrevivientes PPP y bipolar
- Encuentro para madres migrantes
- Encuentro para resignificación del parto y cesárea
- Encuentro para padres con niños con necesidades especiales
- Grupo en portugués Reunião de apoio para mães gestantes e posparto
- Encuentro educativo sobre medicamentos y psiquiatría
- Encuentro para retos de la crianza

Herramientas de autocuidado

- Encuentro de apoyo de autoestima e intimidad
- Encuentro de conciencia plena, aquí y ahora
- Encuentro educativo para relaciones saludables
- Encuentro para comunicación de la familia
- Taller de escritura

Pérdida y duelo y retos de fertilidad

- Encuentro de pérdida y duelo
- Encuentro para retos de la fertilidad

Síguenos en Instagram y Facebook: @PSIespanol

Descarga **Connect by PSI** en tu tienda de aplicaciones

Postpartum Support International
Postpartum.net/en-espanol/

6.2025

<https://postpartum.net/en-espanol/encuentros-de-apoyo-virtuales/>

Better Beginnings

Mother & Baby PHP/IOP Program

We are a one-of-a-kind destination for perinatal mental health and wellness serving Florida and the Southeast.

Better Beginnings Mother/Baby Partial Hospitalization Program is a short-term, intensive outpatient day program for parents experiencing significant symptoms of depression, anxiety, OCD, bipolar disorders and other perinatal mental health complications during pregnancy and/or after delivery; including post-adoption. Our program is unique in Florida and the Southeast in that it allows perinatal women to receive treatment in a setting that includes a nursery for baby. Our patients are encouraged to bring baby with them to reduce the burden of childcare and encourage positive bonding. Parents receive treatment that promotes bonding with baby, mental health healing and positive parenting.

Our first location was established in Alachua, FL— right outside of the city of Gainesville. We are expanding to offer services in both South Florida AND Jacksonville, FL. Call us to learn more.

In addition, Better Beginnings is a REMS-certified healthcare site for Zulresso™ (brexanolone). This is an infusion medication, approved by the FDA specifically for moderate-severe Postpartum Depression. Call us to learn more (386) 518-6089.

<https://betterbeginningsfl.com/>

National Maternal Mental Health Hotline:
Call or text the [National Maternal Mental Health Hotline](https://www.nationalmaternalmentalhealthhotline.org/)
833-852-6262.

Available 24/7, in the United States only

National Crisis Text Line:

Text HOME to 741741 from anywhere in the USA, anytime, about any type of crisis.

National Suicide Prevention Hotline & Website:

Dial 988

www.suicidepreventionlifeline.org

Free and confidential; network of more than 140 crisis centers nationwide; available 24/7

- [CDC Guideline for Prescribing Opioids for Chronic Pain](#), which includes information regarding pregnant women and women who may become pregnant
- Applying CDC's Guideline for Prescribing Opioids: [Module 9: Opioid Use During Pregnancy](#)
- Substance Abuse and Mental Health Services Administration: [A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders pdf icon\[PDF – 2 MB\]external icon](#)
- American College of Obstetricians and Gynecologists (ACOG) Committee Opinion: [Opioid Use and Opioid Use Disorder in Pregnancyexternal icon](#)
- Substance Abuse and Mental Health Services Administration: [Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and their infants pdf icon\[PDF – 216 KB\]external icon](#)
- Office on Women's Health: [Final Report: Opioid Use, Misuse, and Overdose in Women pdf icon\[PDF – 2 MB\]external icon](#)
- Medscape CDC Expert Commentary: [What We Can Do About Opioid Use Disorder in Pregnancyexternal icon](#)

<https://saferbirth.org/psbs/care-for-pregnant-and-postpartum-people-with-substance-use-disorder/>

- <https://health.usf.edu/-/media/Files/Public-Health/Chiles-Center/FPQC/MOREToolKitvFeb2020.ashx?la=en&hash=66873DB7D018E3499C1B7E41F121248780DBD462>



Accreditation:

- This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the Medical Educational Council of Pensacola (MECOP) and Florida State University College of Medicine.
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Disclosure:

In accordance with the policies of the ACCME...

MECOP has collected disclosures from the speaker, planners and reviewers involved in this activity.

None of the planners or reviewers associated with this activity have relevant relationships with ineligible companies to disclose.

The speaker has disclosed that she does not have relevant relationships with ineligible companies.

CME and CEU Survey

https://fsu.qualtrics.com/jfe/form/SV_6XViJ0ncZJkuFkq

