

Postpartum and the First Year

Closing the postpartum support gap for moms in recovery

The first year postpartum is a period of significant transition for women with a history of substance use.

For many, becoming a mother is a powerful motivator for recovery and long-term change.¹ Many women reduce or stop substance use during pregnancy, meaning the postpartum period often coincides with the early stages of recovery. At the same time, navigating recovery and self-care while caring for an infant can create new challenges and stressors.^{2,3}

The postpartum period is also a time of elevated risk with limited support. Overdose is a leading cause of death for women within one year of delivery, with risk of overdose peaking between seven and twelve months postpartum.⁴ In Iowa, the majority of maternal deaths from causes unrelated to pregnancy occur during the postpartum period.⁵ Despite these risks, substantial gaps remain in both research and services for postpartum mothers with a history of substance use.^{6,7} In fact, a survey of Iowa birthing hospitals found that while most hospitals reported positive newborn drug tests to Child Protective Services, fewer than half offered substance-use services or treatment referrals to mothers afterward.⁸ Together, these findings suggest that the first year postpartum represents an important but often overlooked opportunity to support maternal recovery and well-being.

Support for moms often declines after childbirth despite continuing challenges with recovery, mental health, and parenting responsibilities.

Risk Factors and Harms of Substance Use During The First Year Postpartum

A history of maternal substance use is associated with significant risks for both mothers and babies in the first year postpartum. These risks include:

- **Higher risk of return to substance use, overdose, and death.** Overdose, suicide, and accidental injuries are leading causes of maternal mortality during the first year postpartum.⁹ One study found that overdose rates were highest between 7 and 12 months postpartum.⁴
- **Increased risk of postpartum mental health challenges.** Women with substance use disorders are more likely to experience postpartum depression, anxiety, and other mental health concerns. Mental health challenges are often compounded by trauma, intimate partner violence, and other stressors that can complicate parenting and recovery.¹⁰



- **Greater likelihood of child welfare involvement and family separation.** In Iowa, more than half of children removed from their parents' care by child protective services in 2025 were involved in cases where parental substance use was identified.¹¹ Substance use and child welfare involvement can be a vicious cycle, as loss of custody has been linked to increased substance use and overdose risk and lower engagement in treatment.^{3,12}
- **Higher risk of health and developmental challenges for infants.** Babies may be more likely to experience feeding difficulties, growth concerns, sleep problems, behavioral challenges, and developmental delays.^{13,14} They may also be at increased risk of sudden infant death syndrome (SIDS).¹⁵

Challenges & Considerations

Many postpartum women with a history of substance use experience stigma, increased scrutiny, and feelings of surveillance from healthcare, social service, and child welfare systems.^{16,17} Within this context, concerns about being reported to authorities or losing custody of a child can become a powerful influence on treatment, like Medication for Opioid Use Disorder (MOUD), and healthcare decisions, like whether to attend postpartum appointments or take their child to the doctor. In fact, mothers in one study described fear of Child Protective Services involvement as something that "guided all decision-making."¹⁶ Notably, postpartum women and substance use professionals report that involvement with child welfare can both promote recovery in some circumstances and challenge recovery in others,¹⁸ but the fear of not knowing whether they will lose custody of their child is overwhelming.

The practical realities of caring for an infant while managing recovery can also pose significant challenges. Postpartum moms with a history of substance use frequently describe difficulties balancing infant care, their own physical and emotional recovery, treatment participation, and employment.^{1,3} Practical barriers like transportation, childcare, scheduling demands, sleep deprivation, and limited time for self-care can interfere with treatment and recovery during the first year postpartum.² Women receiving requirements sometimes compete with their goals and expectations for early motherhood, creating tension between their recovery and family responsibilities.¹⁷

Finally, many women experience gaps in care and support after childbirth. Women with substance-use histories are at elevated risk of missing postpartum healthcare visits, particularly when depression, tobacco use, or other co-occurring challenges are present.⁶ Additionally, women's personal relationships with family, friends, and intimate partners may be supportive or detrimental to motherhood and recovery.¹ Mothers in recovery frequently express a desire for more ongoing support after delivery, including parenting education, assistance navigating social services, and practical help during the transition to life with a newborn.³ Together, these findings suggest that recovery support should extend well beyond pregnancy and the immediate postpartum period to address the unique challenges that emerge throughout the first year after birth.

Key Takeaway: Motherhood can be a powerful turning point in recovery, but the first year after childbirth often comes with new pressures and fewer supports. Many moms are balancing their own recovery, mental health, and physical well-being while caring for a newborn, often facing practical barriers and navigating complex systems along the way. This brief highlights the need for continued, compassionate support throughout the postpartum year so families have the resources they need to thrive.



Overdose risk in the Postpartum Period

Overdose risk does not end when pregnancy ends. In fact, overdose rates in the perinatal period peak 7-12 months after delivery.⁴ Opioid overdose is a leading cause of maternal death, yet services and care for postpartum moms diminishes after childbirth.¹⁹ Risk is especially high for mothers with a past nonfatal overdose, diagnosed OUD, co-occurring mental-health conditions, and inadequate prenatal care.^{9,20}

Rather than facing a cliff in care at childbirth, mothers should receive treatment and recovery support throughout the first year of their baby's life. Priority access to treatment during pregnancy is not enough if MOUD and recovery support do not continue after childbirth. Ongoing MOUD is the only factor consistently associated with lower postpartum overdose risk.^{9,19} Additional prevention strategies also include integrated care models that connect substance use, behavioral-health, and parenting services; screening and treatment of co-occurring mental-health conditions; overdose education and naloxone distribution; and proactive follow-up to sustain engagement when families miss appointments.^{19,21,22}

**Note: Clinical guidance evolves over time, and healthcare should be tailored to the individual patient. Providers should consult the American College of Obstetricians and Gynecologists (ACOG) for the most up-to-date recommendations.*

Policy and Practice Recommendations

Offer trauma-informed home visiting and family support programs for families affected by substance use.

Home visiting and family support programs can help strengthen recovery, parenting skills, and family stability. Existing evidence-based parenting and home-visiting models like Nurse Family Partnership or Healthy Family America are available in several Iowa counties and could be adapted for parents in recovery by incorporating substance use treatment partnerships, peer support, attachment-focused interventions, and infant-care education.^{15,23,24}

Implement integrated, family-centered care for postpartum mothers with a history of substance use

Mothers with a history of substance use often need support for substance use, mental health, physical health, parenting, and practical needs such as transportation and childcare. Co-locating these services whenever possible and incorporating peer recovery support and system navigation can improve access to care and reduce gaps in services.^{22,25}

Reduce barriers to MOUD and access to treatment throughout the first year postpartum.

MOUD is one of the factors shown to reduce the risk of postpartum overdose, yet many women discontinue treatment during the postpartum period. Practical supports such as telehealth, transportation assistance, childcare, flexible scheduling, and warm handoffs can improve treatment retention during the first year after childbirth and save lives.^{19,26,27}

Prioritize treatment and family support over punitive responses to substance use.

Fear of stigma, custody loss, and punitive responses can deter mothers from seeking help during recovery. Approaches that are transparent about reporting requirements and prioritize shared decision-making, and prioritize support over punishment can build trust and improve engagement in services.^{8,17,28,29}

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