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COMMENTARY : MATERNITY AND BIRTHING

My Story of Pregnancy and Addiction



by Kari Ann Rinker
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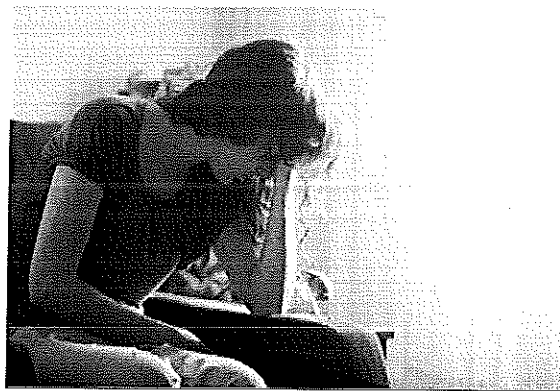
Lately there have been several stories in the media about women losing their civil and constitutional rights while pregnant. I'm not referring to abortion, which is often in the news thanks to unrelenting anti-choice attacks and unnecessary regulations. In this case, I'm talking about coverage of arrests, incarcerations, and detentions of pregnant women in the name of "fetal rights"—cases in which women who want to carry their pregnancies to term are accused of providing (or potentially providing) an unsafe or toxic environment to their fetuses. Some of the cases involve women who have admitted to using illegal substances prior to their pregnancy or to their knowledge of the pregnancy.

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Iowa legislators want to pass a law allowing women to sue abortion providers if they regret their abortions. Why not let women sue the people who actually caused the regret—the people who shamed and guilted them about the abortion—instead? (Sad woman via Shutterstock)

As a woman and a feminist, my belief about my personal autonomy in medical decision making applies to my right to keep or end my pregnancy. Part of that right includes making my own health decisions during that pregnancy: what to eat, whether to exercise and take prenatal vitamins, whether to smoke, drink, or do drugs. I believe these decisions must be mine to make in consultation with my doctor.

To my knowledge there are no cases of diabetics being detained by authorities for eating a candy bar; cancer patients are not shackled if they light up a cigarette and inhale. So why are pregnant women who use drugs or have a history of drug use being arrested and forced into treatment? It comes as a result of gross overreaching by those in authority—a breach of trust in our medical relationships and false, ideologically motivated interpretations of a plethora of anti-choice laws that have served as vehicles for the deterioration of women's civil rights.

I am a recovering addict and alcoholic. My journey includes a pregnancy in the midst of my addiction; as was the case with many aspects of my life during my active addiction, my pregnancy was unplanned. As I hear these stories of other pregnant women, I cannot help but identify with them.

I hate to feed into the anti-choice perception that all pregnant women are vulnerable and



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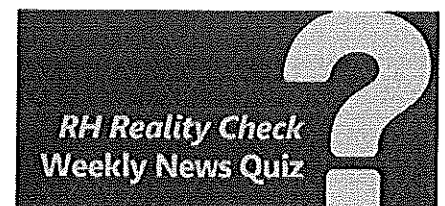
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afraid, but I will admit that I did feel very vulnerable and very afraid in my pregnancy. That fear was fed heartily by my addiction. I had never really considered having a child. The pill had enabled me to avoid an unexpected pregnancy since I started having sex in my teens, but at 26 my addictions and my irresponsible, reckless, impulsive behaviors were catching up with me. When you're fortunate if you remember to eat one meal a day, it's also easy to forget to renew your birth control prescription. That was just another detail among the many in life that seemingly had ceased to have consequences or meaning.

I had gotten pregnant by my boyfriend of two years and he wanted to see the pregnancy through, though I was much less certain. Before I really had time to process these life-changing events, he was proudly spreading the news to friends and neighbors. I was the pregnant girlfriend by his side, feeling as if I was living the whole thing out in some kind of coma and unable to communicate my most primal fear about the pregnancy to anyone: I was terrified of its implications on my drug and alcohol dependency.

Mind-altering, soul-altering, confidence-boosting, medicating substances had been a part of my life since age 14. I felt addicted to everything I ever tried since the first time I tried it. These things made me feel better than I ever felt without them. After all those years, the thought of removing them from my daily routine was unfathomable.

I put one foot in front of the other and did what I was expected to do as a pregnant person, lacking the enthusiasm expected by society and everyone around me. This included my first prenatal visit. In spite of my lack of confidence in my sobriety, I shared my drug history with the doctor, including the fact that the pregnancy was conceived in the midst of heavy methamphetamine use.

As I talked, I felt hopeful for the first time in my pregnancy experience. I thought this medical professional would provide me with reassurance, help me survive my pregnancy, and assist me in staying sober. But my faith in the integrity of the physician soon shattered. As I continued with the details of my drug and alcohol use, her demeanor turned from trusted professional to judgmental, angry authority figure. She stopped focusing on her clipboard, and her tone became harsh as she peppered me with questions about my drug use.

When it was time for my pelvic exam, as I lay on my back with my feet propped in stirrups, the doctor informed me that my fetus would be "destroyed" if I continued to use cocaine or meth. She said my fetus would suffer unimaginably and that I would be to blame.

Kansas is one of five states that requires physicians to inform pregnant women of the negative effects of drug use. But while the doctor was fulfilling her obligation, she could have done so in a kind and rational way. Instead, she chose to make me feel like a criminal.

After the examination, I was sent to the bathroom to take a drug urinalysis. It felt like an intimidation device: I had already been honest about my use of drugs, so why was a test required?

Every time I had encountered a drug test in my life, bad consequences were the result. I was on probation for a time, and it was extended because of a dirty test. I didn't get jobs because of dirty tests. And I knew this test would come back positive as well. What would happen? Would they arrest me? Would they take my baby away from me once she was born?

These are the questions that keep women from seeking care when punitive testing becomes common. As a Guttmacher Institute analysis from 2000 notes:



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Women who fear that they will be taken into custody, lose their children or face criminal sanctions if their drug use is detected, the argument goes, will avoid seeking critical prenatal care and drug treatment services they need for a healthy pregnancy. For this reason, leading medical and public health groups—such as the American Academy of Pediatrics, the American Medical Association, the American Public Health Association and the March of Dimes—all oppose punitive responses to prenatal drug use.

I reiterated to the doctor that I would not produce a clean specimen. She gave me no further information and sent me to the restroom with a collection cup. I finished the test and left the office, even more uncertain and afraid than when I had entered it.

I knew I couldn't face that doctor ever again.

As it turns out, Kansas does not require drug testing of pregnant women. (A 2008 bill to require the practice was defeated in committee.) And according to that same 2000 Guttmacher report, it was true at the time that "Kansas health care providers may, *upon consent*, refer a woman at risk for prenatal substance abuse to the local health department for service coordination." No such offer was made to me.

No doubt this story has played out in similar fashion in doctors' offices around the country, with scores of pregnant, addicted women, having untold avoidable consequences. Shamed for their lack of self-control, not offered the help, compassion, and resources they need to address their addictions, women leave with their heads hung low, vowing never to return, resulting in greater risk to the health of the fetus and greater harm to the woman's mental, physical, and emotional well-being.

It is an unnecessary travesty, a shameful way to treat the women who "pro-life" advocates wish to keep in their pregnant condition. Therein lies the pervasive, ever-evolving saga of right-wing societal hypocrisy: policies that mandate drug testing of welfare recipients, state legislatures that refuse to expand Medicaid, cuts to food stamp benefits, lack of affordable and accessible drug and alcohol treatment options, and policies that throw pregnant women in jail or treatment, detaining them against their will. These are the policies that directly and negatively affect pregnancy outcomes and contribute great harm to the pregnancies and the incubators that the right wing loves to love—or, more aptly, loves to control.

I consider myself lucky. I shared my negative experience with a friend who referred me to another doctor. I gave the honesty approach another try and shared my story with the new physician. The doctor's reaction was one of compassionate understanding, lacking in the judgment and hatred that had greeted me prior. He did not make any effort to rehabilitate me; perhaps he intuitively knew that I would not be receptive to it. He treated me as he would any other patient. I took my prenatal vitamins and made all of my appointments.

Should that doctor have provided me with information about seeking help for my addictions? With my assurances that I wouldn't use during my pregnancy, I was in denial, and any inference on his part that I might struggle with abstinence and go back to using drugs or alcohol would likely have sent me flying for the door. Avoidance is an art form for addicts. In Alcoholics Anonymous, where I would ultimately gain my sobriety, there is a phrase: "I got sick and tired of being sick and tired." I had not yet reached that place in my life. While I grappled with staying clean for the sake of the pregnancy, the pregnancy itself wasn't enough of a motivation for me to give in, let go, and trust in the process of recovery. I was not ready. I had not hit my personal bottom.

I continued to be gripped by my disease—addiction—throughout my pregnancy. I never maintained any significant length of sobriety from alcohol; I did somehow manage to refrain

from drug use, though not without great discomfort. I have memories that I will carry with me forever of trying to suck in and disguise my pregnant stomach when entering liquor stores, only to return home to drink alone and cry by myself, talking to the baby inside of me, apologizing for my shortcomings, followed by the great relief of giving birth to a healthy child carried the full nine months. They are the same memories that helped me achieve my sobriety during my daughter's fourth year of life, a sobriety that has now lasted over a decade.

My daughter, now 15, is my pride and joy. I wouldn't change my journey for anything. Sobriety happened in its due time. I'm lucky that it happened at all. There are many women who never experience relief from their disease, who will never live up to their full potential, make amends, move on, and feel gratitude for a life lived, a demon conquered, and a daughter to love so deeply.

The details of every woman's circumstances and every pregnancy are not universal. Whether addicted or not, every woman's personal story evolves uniquely. However, there are some universal truths about pregnancy: Every woman deserves a doctor who will view her needs and decision making through the lens of her personal history and circumstances, and always, always she deserves abiding and unconditional respect, trust, and compassion, regardless of her background. Women who are low-income, women without health insurance, women who are on public assistance or who are addicted will not benefit from harsh judgment and arbitrary punishment, but they will benefit from education, assistance, and compassion.

Rather than punishing and demoralizing a woman who faces pregnancy under less than ideal circumstances and without a strong support system, more should be done to provide her with empathy and the care that is right for her in her time of need.

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To schedule an interview with Kari Ann Rinker contact director of communications Rachel Perrone at rachel@rhrealitycheck.org.

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Caroline · a year ago

Thank you, Thank you, THANK YOU for sharing your story about struggling with addiction during pregnancy. I am a doctoral student and have been doing research on this very topic for several years now, and it is also the topic of my dissertation research. This was a very well written article - you did a great job of sharing a personal account of your experience while also including crucial facts about the dangers of punitive policies aimed at punishing pregnant women with addictions. Through my research, I have met many, many women who have experienced many of the things you did, but unfortunately these issues are not often discussed, and many people are not even aware of the problems caused by turning a disease (addiction) into a moral deficit or even a criminal offense. In 17 states, substance use during pregnancy is considered child abuse and the authorities can (and certainly have) take a child away from his/her mother if the mother is addicted to a substance; 15 states require that health professionals report "suspected" prenatal drug abuse; 3 states