CODE RECOVER

Perinatal SUD in the ED (Peer) — Quick Reference

Your Role & Their Fears

Your role is relational, not clinical — your presence may be the patient's first moment of safety in the system. **Common fears:** losing custody, judgment from staff, withdrawal harming the pregnancy, confusion about what's next.

The 3-Minute Engagement Structure

Connect — introduce yourself simply: "I'm here to support you. I'm in recovery myself."

Normalize — acknowledge fear without trying to fix it: "A lot of people feel scared in this situation."

Offer — ask permission, use choice-based language: "What would feel most helpful right now?" If disengaged, just offer to sit with them.

Always assume trauma is present: choice, collaboration, empowerment — not control or pressure. Calm body language, eye level when possible.

Key Scripts

On Plans of Safe Care:
"It's meant to support you and your baby, not punish you."

On MOUD: "There are medications that help stabilize your body safely during pregnancy. Many people use them and go on to have healthy pregnancies."

On "Are they going to take my baby?" — requires honesty, no false reassurance:
"I hear how scary that is. Every situation is different, but getting support and staying engaged in care is one of the strongest things you can do right now."

Safety & Handoff

Elevate to clinical staff immediately if: suicidal thoughts, medical distress, severe withdrawal, or safety concerns (e.g., domestic violence).

Never leave without a clear next step — a name, a connection, a warm introduction.

Success = the patient feeling safe and staying engaged, not immediate behavior change. Connection matters more than outcomes.