Case Study

GY has placenta previa. She had been using heroin throughout her early pregnancy but stopped after joining a methadone program. Shortly after getting stable at the program, she moved back in with the father of the baby to try to make things work. Getting to the methadone clinic from her partner's place was a little bit difficult and she stopped attending and started using heroin again. After a split from her partner, things got a little chaotic and she decided to go to a detox facility for assistance. While there she has some unexpected bleeding and is immediately transferred to a hospital for an evaluation for a cesarean birth. You meet them the day before their birth where they inform you they might be interested in buprenorphine or returning to a methadone program and will do anything they can to keep their baby. They previously had a child taken by ACS and expressed not knowing how they would cope if this baby is taken.

1. How could you support GY in this moment applying the following HR principles:

- Centering participants needs
- Focusing on concrete steps
- Acknowledging barriers
- Maintaining participant autonomy
- Flexibility

2. What role could stigma play in this scenario? How would you address it?