Improving People's Lives Through Innovations in Personalized Health Care

"Services for Pregnant Women with Opiate Use Disorder"

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Objectives

- Understand the use of Medication-Assisted Treatment (MAT), in combination with counseling and behavioral therapies, and access to a range of supportive services, such as housing and employment services, to assist the mother in achieving a more stable life.
- Understand the impact of opiate addiction on pregnant women and neonatal abstinence syndrome (NAS)diagnosis means as infant tests positive for drugs in our community.
- Understand the mission of the Substance Abuse Treatment Education and Prevention Program (STEPP) and Stable Cradle programs.

Background Information

- Opioid use in pregnancy has escalated dramatically in recent years, paralleling the epidemic observed in the general population.
- Rates of admission to substance use disorder treatment programs have more than quadrupled between 2002 and 2012 , and rates of death associated with opioids has increase by 400% between 2000 and 2014 .

Background Information

- During pregnancy, chronic untreated addiction to heroin is associated with lack of prenatal care, increased risk of fetal growth restriction, abruptio placentae, fetal death, preterm labor, and intrauterine passage of meconium .
- Untreated addiction is associated with engagement in high-risk activities, such as prostitution, trading sex for drugs, and criminal activities.
- Such behaviors expose women to STIs, violence, and legal consequences, including loss of child custody, criminal proceedings, or incarceration.

Background Information

- Pregnant women with opioid use disorder often suffer from co-occurring mental health conditions, particularly depression, history of trauma, posttraumatic stress disorder, and anxiety.
- More than 30% of pregnant women enrolled in a substance use treatment program screened positive for moderate to severe depression, and more than 40% reported symptoms of postpartum depression

Background Information

- Pregnant women with opioid disorders often suffer from poor nutrition, and many have disrupted support systems leading to social service needs.

- Identifying these problems during pregnancy with referral for specialized multidisciplinary care is important to achieve optimal care for these women

https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Opioid-Use-and-Opioid-Use-Disorder-in-Pregnancy

Services for Pregnant Women with Opioid Disorder

- Limited Providers and Health care professionals certified to provide Medication Assisted Treatment (MAT).
- Outpatient comprehensive treatment with MAT for pregnant women offered at Amethyst, CompDrug, Maryhaven, Netcare Access, OhioGuidestone, STEPP Clinic at OSUWMC and OhioHealth
- Maryhaven offers residential treatment programs for pregnant women with children and Amethyst offers supportive housing for women and children.

2017 Community Profile: Recommendations to Improve Services In Franklin County for Pregnant Women with an Addiction

What We Know?

- Through early November 2017, ADAMH of Franklin County providers report treating 100 pregnant or postpartum women.
- In 2016, City of Columbus medics documented administering Narcan to 7 pregnant women and 2 children under age one.
- Through August 2017, Narcan has been administered to 5 pregnant women and no children under age one.

What We Know??

In 2016, Franklin County Children Services reported 907 (76%) of screened-in cases of child abuse or neglect mention opiate use.

SAMHSA reports that 4.7 percent of women of child-bearing age are addicted to opiates. This extrapolates to approximately **900** pregnant women with addiction in Franklin County who may be misusing opiates.

From June 2016 through July 2017, Columbus Public Health reports 166 NAS infants were treated in hospitals, and were residents of Franklin County.

What We Know??

- From 2015 through 2017, only one percent of Franklin County babies diagnosed with Neonatal Abstinence Syndrome (NAS), with a complete data history, were born less than 32 weeks gestational age. (Billable Medical Codes ICD9: 779.5; ICD10: P96.1)

- 55-94 percent of babies born to women using opiates experience signs of withdrawal, usually within 72 hours of birth, although some experience symptoms later. (American Academy of Pediatrics)

- However, data on long-term development outcomes related to NAS are limited. (American Academy of Pediatrics)

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Screening for Opioids

- Screening for opioid use should take place during the first prenatal care visit using the appropriate validated clinical screening tools, such as questionnaires.
- Verbal screening and urine testing for initial screening of opioid use.
- Additionally, physicians should be aware of general and state required reporting mandates for opioid use.

Questions to Identify Dependencey

- Do you feel like you need to use more of the drug/alcohol to get the same effect?
- Do you [feel ill (opioids)/have the “shakes” (alcohol)] when you don’t use [opioids/alcohol]? • Do you feel like you can’t just have one drink or end up using more opioids/ alcohol than you intended?
- Have you been unable to stop or reduce your drinking/opioid use when you have tried in the past?
- Are you spending more and more time getting opioids/alcohol, using opioids/alcohol, or recovering from opioids/alcohol use?
- Does your drinking/opioid use get in the way of you doing other things that don’t involve alcohol/opioids, like work or family activities?
- Have any bad things happened as a result of your drinking/opioid use? Do you continue to drink/use opioids even though it causes these bad things to happen?

STEPP Clinic

Substance Abuse Treatment Education and Prevention Program

- Central Ohio's oldest and most comprehensive treatment center for individuals pregnant dealing with addiction.
- More than 500 expectant mothers have received treatment for addiction disorders.
- The program uses harm elimination rather than harm elimination.
- Patients are treated either outpatients or at a residence program at Maryhaven's Women program.

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Steps for Pregnant Women with Opioid Disorders

- Expanded sexually transmitted infection [STI] testing, additional ultrasound and examinations to assess fetal in order to meet the clinical needs of the patient's particular situation.
- Breastfeeding should be encouraged and if there is no other contraindications, such as human immunodeficiency virus (HIV) infection.
- Adequate postpartum psychosocial support services, including substance use disorder treatment and relapse prevention programs.
- Contraceptive counseling and access to contraceptive services should be a routine part .

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Services for Pregnant Women

- Access challenges arise with the need to combine prenatal care with addiction treatment.
- Currently a limited number of Board-certified, addiction-medicine specialists and Medication-Assisted Treatment (MAT)-certified physicians in Central Ohio who also provide prenatal care.
- Depending upon economic indicators or neighborhood-of-residence, pregnant women with the disease of addiction may also be receiving social supports from a home-visiting program and/or Moms2B.

Medication-Assisted Treatment at STEPP

- Medication-Assisted Treatment (MAT) is available at the STEPP (Substance Abuse, Treatment, Education and Prevention Program) Clinic affiliated with the Ohio State University Wexner Medical Center, within the OhioHealth system, and at individual medical practices treating obstetric patients.
- For many obstetric physicians, referrals must be made to other physicians certified to prescribe MAT. The number of patients that can be treated within prenatal care practices is limited.

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Recommendation from ACOG

- The American College of Obstetricians and Gynecologists (ACOG) makes the following recommendations and conclusions:

1. For pregnant women with an opioid use disorder, opioid agonist pharmacotherapy is the recommended therapy and is preferable to medically supervised withdrawal.

2. Infants born to women who used opioids during pregnancy should be monitored by a pediatric care provider for neonatal abstinence syndrome.

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FDA Approved Medications

- FDA approved medications, including extended-release, injectable naltrexone (Vivitrol®) for alcohol dependence and buprenorphine/naloxone (Suboxone®) for opioid dependence.
- The addition of these medications to a standard drug or alcohol counseling program or self-help program may improve outcomes over counseling or support alone.

https://www.integration.samhsa.gov/clinical-practice/mat/RAND_MAT_guidebook_for_health_centers.pdf

Methadone

- Dispensed on a daily basis and should be part of comprehensive treatment, including addiction counseling, family therapy, nutritional education, and other medical and psychosocial services as indicated.
- Maternal methadone dosages are managed within registered opioid treatment programs.
- Dosages should be titrated until asymptomatic.

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Buprenorphine

- Recent evidence supports the use of buprenorphine for opioid use disorder treatment during pregnancy.
- Advantages of buprenorphine over methadone include fewer drug interactions, the ability to be treated on an outpatient basis. In addition, several trials demonstrate evidence of less-severe neonatal abstinence syndrome
- There is not a similar risk of withdrawal when transitioning from buprenorphine to methadone.

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Naloxone

- Is a short-acting opioid antagonist that can rapidly reverse the effects of opioids and can be life-saving in the setting of opioid overdose.
- Although induced withdrawal may possibly contribute to fetal stress, naloxone should be used in pregnant women in the case of maternal overdose in order to save the woman's life.

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Opioid Use During pregnancy

- Complications affecting the unborn fetus and include fetal growth restriction, placental abruption, and even fetal death. Opiate withdrawal during pregnancy increases the risk of fetal distress, miscarriage, and premature labor.
- According to the American College of Obstetricians and Gynecologists, chronic untreated opioid addiction during pregnancy increases the risk of pregnancy complications.
- Additionally, women addicted to opioids tend to avoid medical settings during pregnancy.

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Intrapartum Care

- Women taking methadone or buprenorphine in labor should have their maintenance dose continued and should receive additional pain relief.
- Epidural or spinal anesthesia should be offered, when appropriate, for management of pain in labor or for delivery.
- Patients taking methadone or buprenorphine requires higher doses of opioids to achieve analgesia because they are tolerant to their maintenance treatment dose.

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Postpartum

- The postpartum period vulnerable time for new moms, in general, as they face the stresses of sleep deprivation, caring for a newborn, and possibly symptoms of postpartum depression.
- Women with opioid use disorder are dealing with all those things in addition to the challenges of their addiction, which without treatment and support can often lead to relapse.

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After Care

- Encourage breastfeeding in women who are stable on their treatment, who are not using illicit drugs and who have no other contraindications.
- Breastfeeding decreased severity of neonatal abstinence syndrome, shorter hospital stay, and less need for the baby to receive medication to treat their withdrawal symptoms.
- Contraceptive options as the unintended pregnancy rate among this population—80 percent—far surpasses the national average.

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Neonatal Abstinence Syndrome (NAS)

- NAS means an infant tests positive for certain drugs and is treated by the health care system. (SAMHSA, Journal of the American Medical Association)
- Characterized by disturbances in gastrointestinal, autonomic, and central nervous systems, leading to a range of symptoms including irritability, high-pitched cry, poor sleep, and uncoordinated sucking reflexes that lead to poor feeding.
- In infants exposed to methadone, symptoms of withdrawal may begin anytime in the first 2 weeks of life, but usually appear within 72 hours of birth.

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Long-Term Infant Outcomes

- A major challenge in assessing outcomes is isolating the effects of opioid agonists from use of other substances (tobacco, alcohol, nonmedical drugs) and exposure to environmental and other medical risk factors (low socioeconomic status, poor prenatal care).
- Studies have not found significant differences in cognitive development between children up to 5 years of age exposed to methadone in utero and control groups matched for age, race, and socioeconomic status, although scores were often lower in both groups compared with population data

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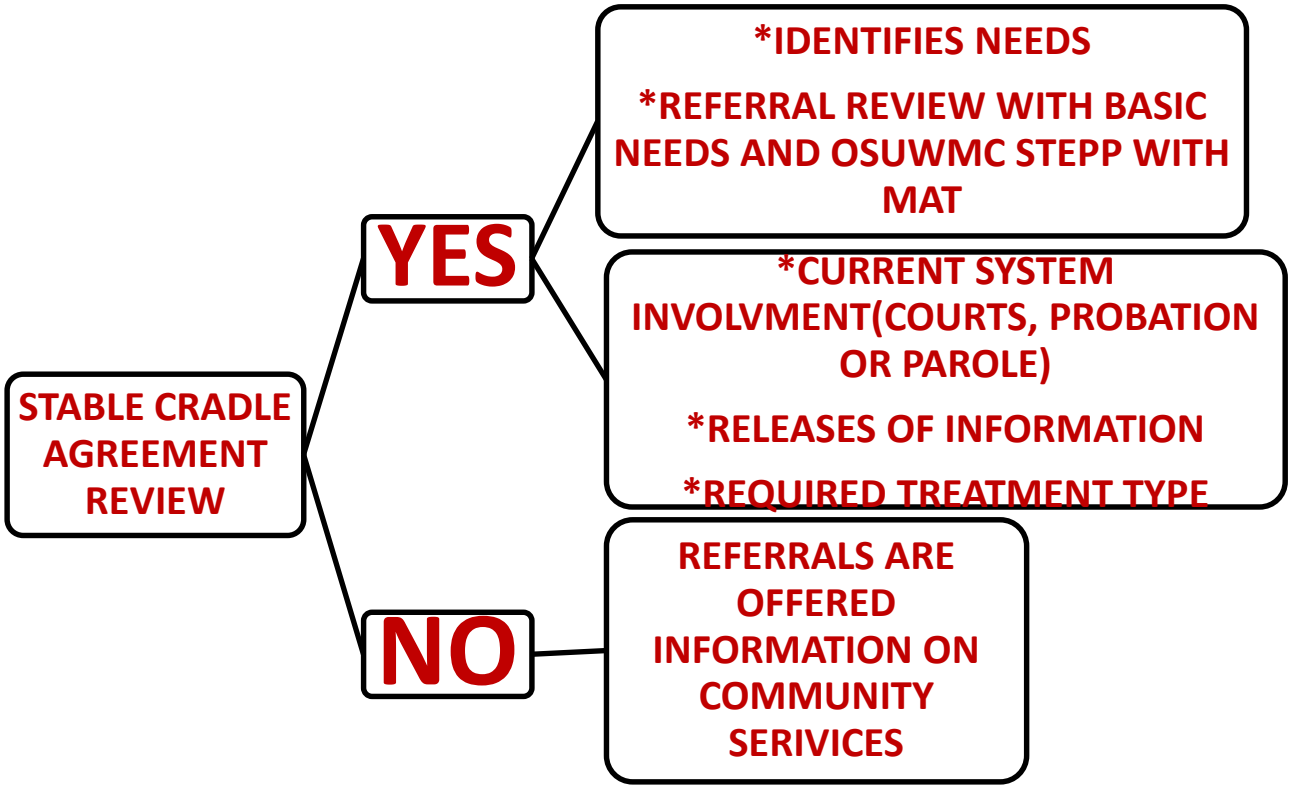
Stable Cradle

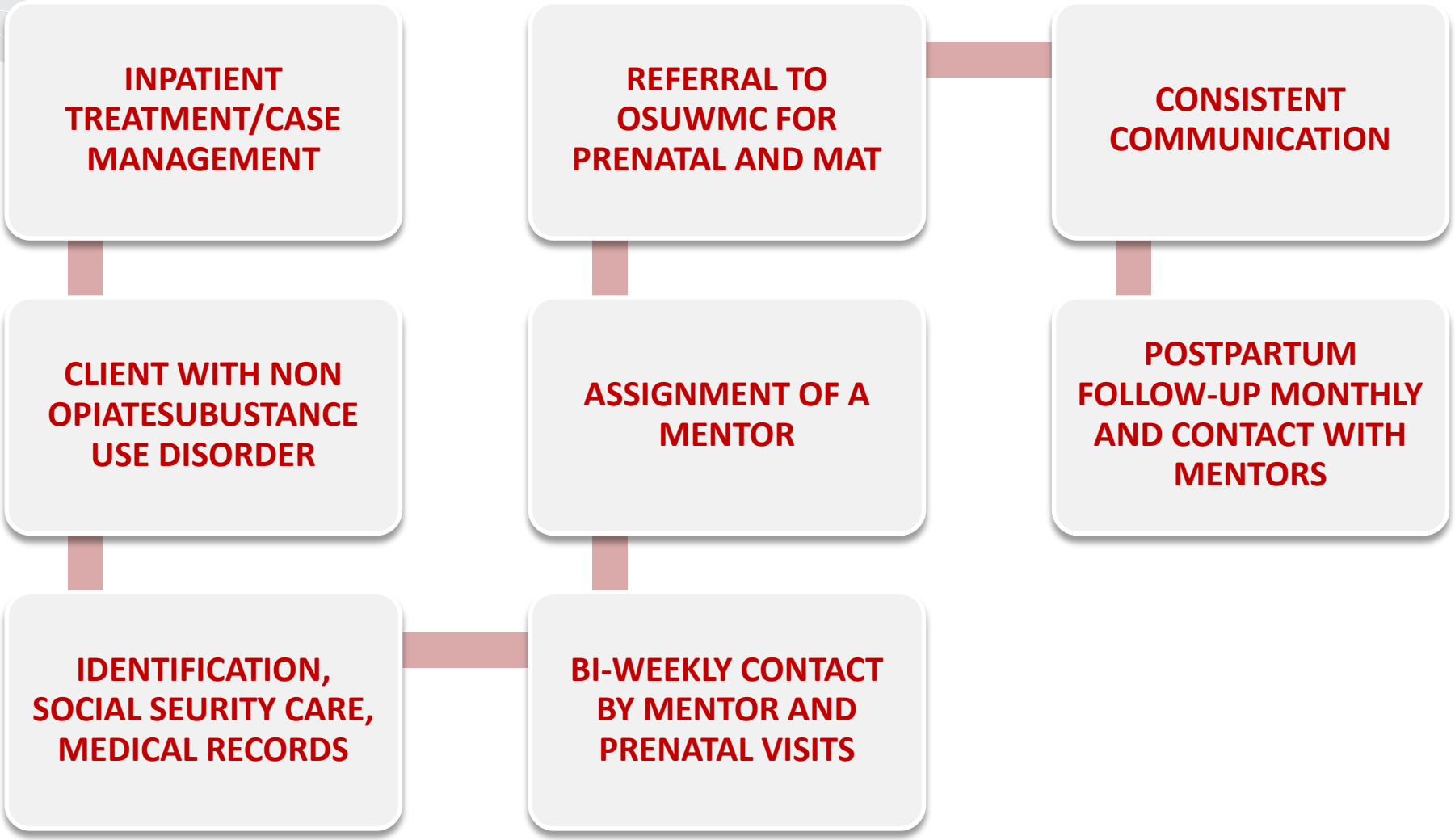
- Started in 1997 at height of the Crack Cocaine epidemic.
- A partnership with OSU Wexner Medical Center, STEPP Clinic and Maryhaven's Women's Program.
- Program supports the STEPP Clinic with "one-on-one" inpatient treatment program with an addiction specialist and three mentors.
- The Stable Cradle program works as a continuum of care to maintain contact and support with each pregnant women with substance disorders during pregnancy and beyond.

STABLE CRADLE AGREEMENT REVIEW

STABLE CRADLE FACILITATES AOD AND PARENTING GROUPS AT BOTH MARYHAVEN AND OSUWMC'S STEPP CLINIC



TREATMENT TYPE/CASE MANAGEMENT
INPATIENT TREATMENT



TREATMENT TYPE/CASE MANAGEMENT INPATIENT TREATMENT WITH OPIATES

OUTPATIENT TREATMENT/CASE MANAGEMENT

CLIENT WITH OPIATESUBUSTANCE USE DISORDER WITH PREARRANGED MAT SERVICES

IDENTIFICATION, SOCIAL SEURITY CARE, MEDICAL RECORDS

BI-WEEKLY CONTACT BY MENTOR AND PRENATAL VISITS

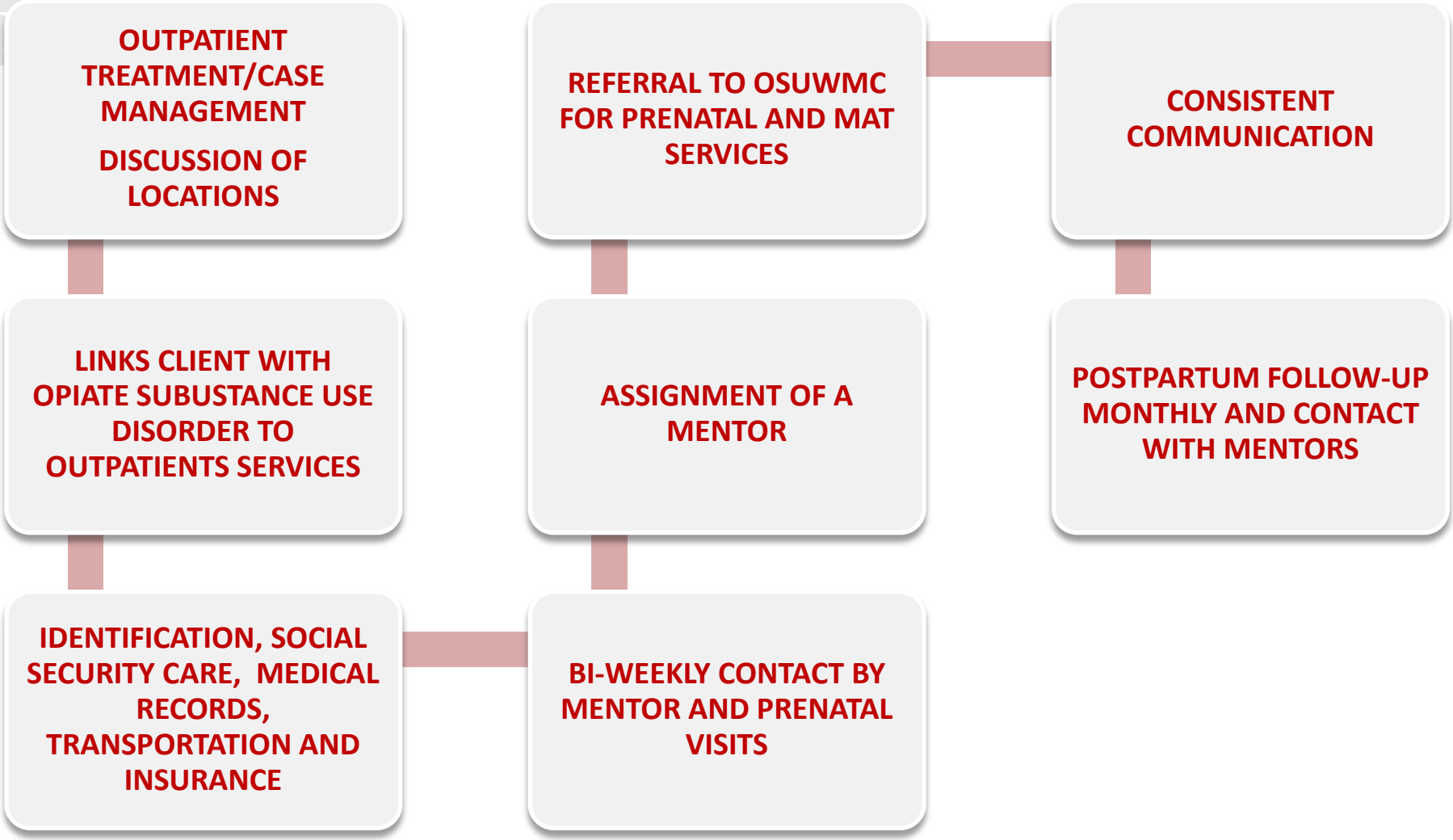
ASSIGNMENT OF A MENTOR

REFERRAL TO OSUWMC FOR PRENATAL AND MAT SERVICES

CONSISTENT COMMUNICATION

POSTPARTUM FOLLOW-UP MONTHLY AND CONTACT WITH MENTORS

OUTPATIENT TREATMENT/CASE MANAGEMENT



Mothers Served by Stable Cradle January, 2016-December 2017

- A total of 94 pregnant women were served by Stable Cradle
- Caucasian Women- 69% (n=65)
- African American Women 23% (n=22)
- Asian American Women 1.06%
- Latina Women-1.06%
- Bi-racial-9.6%

Drugs of Choice

- 68% reported using opiates
- 4.2% used opiates with pills
- 9.57% used alcohol with heroin
- 3.12% reported using crack
- 1.06% used crystal meth
- 4.2% reported using cocaine

2016-2017 Stable Cradle Annual Report

Birth Weight and NAS

- Low Birth Weight 8.5%
- Normal Birth Weight 25.5%
- Unknown Birth Weight 44.68%
- Neonatal Abstinence Syndrome (NAS) - 17.02 % and without symptoms- 19.4%

Stigma and Other Fears

- Stigma and fear of the child welfare system prevents many clients from seeking prenatal care or addiction treatment earlier in their pregnancy.
- Many health care providers and children services personnel do not recognize pregnant women with opiate disorder have a “disease”. Women report feeling disrespected, judged, and stigmatized.
- Children Services prolongs involvement beyond “the issue.” Many clients voiced support for strong measures when a woman is not cooperating with Children Services

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Conclusions

- Health care providers will need to consider modifying some elements of prenatal care (such as expanded STI testing, additional ultrasound examinations for fetal growth abnormalities, and in order to meet the clinical needs of the patient.
- Continuity of care, including ensuring consistent daily dosing of buprenorphine or methadone, is critical to success. Pregnant women, with an opioid use disorder, opioid agonist pharmacotherapy should receive medically supervised withdrawal.

Conclusions

- Early universal screening, brief intervention (such as engaging a patient in a short conversation, providing feedback and advice), and referral for treatment of pregnant women with opioid use and opioid use disorder improve maternal and infant outcomes.
- Contraceptive counseling and access to contraceptive services should be a routine part of substance use disorder treatment.
- Pregnant women with opioid use disorder should be co-managed by the obstetric care provider and a health care provider with addiction medicine expertise.

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Conclusions

- More research is needed to assess the safety (particularly regarding maternal relapse), efficacy, and long-term outcomes of medically supervised withdrawal.
- Infants born to women who used opioids during pregnancy should be monitored by a pediatric care provider for neonatal abstinence syndrome.
- Multidisciplinary long-term follow-up should include medical, developmental, and social support. A coordinated multidisciplinary approach without criminal sanctions has the best chance of helping infants and families.