

Welcome

- Pregnancy and Addiction-A Comprehensive Approach- Charles Schauburger, MD, Jean Colburn, RN, Danielle Peeso-Shepard, RN, Krista Rasque, MSW
- Pregnancy Care From An Addiction Therapist Perspective- Jacqueline Tock, LPC, CSAC
- GunderKids- A Program To Care For At Risk Neonates and Mothers Battling Substance Use Disorder- Ann Budzak-Garza, MD,Carolynn Devine, CSW, Janet Hess, RN

Pregnancy and Addiction- A Comprehensive Approach

Charles Schauburger, MD, Jean Colburn, RN, Danielle Peeso-Shepard, RN, Krista Rasque, MSW
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Disclosures

- We have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity. Just about everything in OB is off-label.

Objectives for this Presentation

- Present a model of care for patient's with Substance use disorder in the obstetric population.
- Discuss key elements of care that lead to successful management.
- Review stumbling blocks in management that may cause greater harm than good.
- Discuss how success in the care of patient's with substance use disorder is not based solely on providing exceptional obstetric care, but includes coordinating both clinical and social resources to overcome significant adverse health outcomes.

Opioid Use in Women

- Between 1999 and 2010 deaths from pain medication overdoses increased five fold among women while only increasing 3.6 times for men.
- Between 2010 and 2012 Heroin deaths doubled.
- Women are more likely than men to be prescribed opioid pain medications and at higher doses
- Of the 15,323 overdose deaths among women in 2010, 71% involved opioid pain medications and 85% involved opioid pain medications and another drug

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Mental Health Co-Morbidities

- 64.6% reported psychiatric symptoms (48.6% mood symptoms, 40.0% anxiety symptoms, and 12.6% suicidal thinking) Benningfield 2010
- MOTHER Study- 3/4 of the patients had depression or anxiety. Martin 2009
- ADHD- 23.3% prevalence rate van Emmerik-van Oortmersen, 2012
- Bipolar disorder

Why is There Such a Huge Focus on Opioid Use Disorder in Pregnancy?

- YouTube images of babies in withdrawal
- "LOCK HER UP!"-High profile cases in Tennessee, Wisconsin
- Public debate about the best way to treat women with opioid use disorder- detox vs opioid maintenance therapy

Our Passion

- Encourage our patients to be the healthiest they can be "Goal: Healthy mom, healthy baby"
- Use a non-judgmental approach for care
 - There is already social stigma- many patients will try to hide use or quit on their own
- Patients that are ready to make changes in pregnancy, we want to support them and provide all resource to help them be successful.

How We Take Care of Women With Substance Use Disorder



Guidelines

- Early access to prenatal care - open access
 - Review & modify medications
- Early Ultrasound
 - Gestational dating: 77% of our patients have unknown LMP
 - R/O miscarriage
 - Potential positive effects- decreases in substance abuse, IPV(what is this),etc..
- Work with the MAT-A /OTP Clinics
 - 2/3rds of our patients are already in treatment
 - Maintain on Opioid Maintenance Therapy
 - Continued AODA counseling
 - Many of our patients are treatment "Naive"

Frequent Visits

- Number of prenatal visits: 1-22, median: 10
- Number of no-shows and cancelled visits: 852 (31% of all visits)
- ER visits:
 - N = 124 visits for 68 patients
 - Range: 0-15
- Urgent Care visits:
 - N = 96 visits for 56 patients
 - Range 0-4

Barriers to Care

- Housing insecurity
- Fear of losing custody of children
- Appointment access
- Limited income or financial stress
- Communication limitations
- Transportation
- Access to nutrition
- Human trafficking
- Incarceration

32 Week Prenatal Visit

- Pediatric Hospitalist consult
 - NAS consult
 - Length of stay(postpartum)
 - Follow-up
- Growth ultrasound
- Discuss PCP to provide care afterwards
- Birth Plan
- Plan for pain medication in labor and delivery

Delivery

Labor and Post-partum Management for Patients on methadone or buprenorphine (OMT)

- Methadone, buprenorphine/naloxone (Suboxone), or buprenorphine (Subutex), can be continued in labor and postpartum. Be aware of the patient's usual dose and schedule and try to maintain. (However, withdrawal is unlikely if the patient is receiving opioids for pain control.)
- Fentanyl may be used for analgesia, but higher and more frequent dosing may be required.
- Do not use Nubain. It is a partial narcotic antagonist which may precipitate withdrawal.
- Epidurals and nitrous oxide are OK.
- Anticipate decreased FHR variability and fewer accelerations.
- Naloxone (Narcan) may be used as a life-saving measure in the mother. Opioid withdrawal seizures may occur if used during infant resuscitation.
- A trauma drug screen should be ordered to confirm the absence of other drugs that may affect management.

Postpartum Management

Vaginal delivery or cesarean section: continue methadone or buprenorphine. Maximize NSAIDs and other comfort measures. Lorazepam or Percocet may be used with caution OMT. Watch the acetaminophen cumulative dose. Don't send them home with large prescriptions. Instead opt for quick follow-up in the clinic in 3-7 days.

If patient has a history depression or anxiety, would request BBT RN (on call behavioral health nurse) to see the pt. in the hospital.

Breastfeeding is encouraged, but not always recommended.

The baby will need to stay at least 72 hours. During the time from her discharge to the baby's discharge, the patient should have her own buprenorphine or methadone to take. Don't prescribe it.

Delivery Statistics

- Prematurity Rate- 14.1%
 - Gundersen: 10.4% (including this population)
 - Wisconsin 9.4%
 - Almario et al 2009 for women on methadone: 29%
 - Dose-response curve?
- C-section rate- 24.2%
- Birth weight (of those over 37 weeks): 3157g
 - Gundersen BW >37wks: 3476g

Postpartum Care

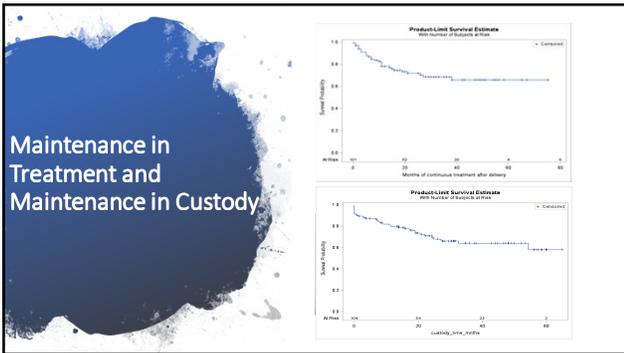
- 2 week postpartum mood check
- Discharge from care at 6 week postpartum is too short, may need to follow for 6 month or more if able
- At high risk for postpartum depression
- At high risk for relapse and leaving treatment during postpartum period
- Loss of custody
- Overdose is one of the most common causes of maternal mortality
- LARCs- "If it is hard to have a new baby when in treatment, it will be even harder if you have another one in 9 months"

Goals for Care

- Improve outcomes for mother and newborn
 - Minimize prenatal risks: Premature birth and the complications associated with, increased risk of SIDS in babies exposed to opioids
 - Increase participation in prenatal care
 - Decrease Intimate Partner Violence
- Maintenance of custody
- Continuation in therapy and recovery services
- Assisting mothers to transition to Motherhood safety and stabilization of lifestyles postpartum
- Effective family planning

What Happens Afterwards

- Pregnancy is a life-changing event, But Substance abuse disorder is hard
- Opioid Use Patients:
 - At 6 months- 86.8% remain in treatment
 - At 18 months- 74.6%
- At 6 months- 87.4% maintain custody of their babies
- At 18 months- 76.3%
- The two are highly correlated $p = 0.0001$



GunderKids

A Model of Care for Socially Complex Families

- ## Stumbling Blocks
- Discharging from care at the 6 week postpartum visit
 - Not dedicating adequate time or resources to the care of these patients
 - Failing to accept a Harm Reduction Model for the care of these patients
 - Unmanaged or unrecognized self bias
 - Frustration, anger, and other unproductive emotions
 - Lack of self care

- ## Physician
- Know what drugs are in your community
 - Learn to treat psychiatric comorbidities, especially anxiety
 - Hire a high-risk nurse care coordinator
 - Seriously give some thought to making this a focus of your last 10 years of your practice

- ## Support Staff
- Do you have a physician champion on your staff?
 - Encourage and support a team collaboration approach for care
 - If not, encourage a physician with the same passion to form a collaborative team
 - What resources do you have in your organization?
 - Nurse care coordinators
 - Social worker
 - Staff nurse
 - Medical assistant
 - What resources do you have in your community?
 - County Public health
 - CPS
 - Family and Children's centers and Healthy Families Program
 - YMCA/YWCA

