Integrated care of opioid dependent pregnant women and their infants within a family medicine residency

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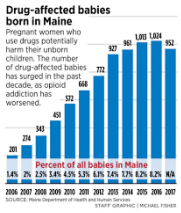
Objectives

- Our history
- Evidence based screening for substance use during pregnancy.
- Options for medication assisted treatment.
- Common barriers encountered by pregnant women with substance use disorders.
- Our integrated program.

"We take care of our own"

- First patient 2006 and in 2007 – "I am pregnant and I don't want to be on methadone."
- Review of the literature.
- One on one visits.
  - Need lots of services… poverty, homelessness, abuse, co-occurring mental health disorders.
- "I can't make it to all these appointments."
  - Missed OB visits.
- Integrated care for pregnant women 2009.
  - Every other week visits – all prenatal care, substance use treatment and counseling in one setting.

The problem grows



- Maine "drug affected babies."
  - 201 in 2006; 952 in 2017.
  - Currently 1 in 12 deliveries.
  - 3rd highest rate in the US.
- The program grows… educating within and on the outside.
  - "Management of women treated with buprenorphine during pregnancy" *American Journal of Obstetrics and Gynecology*, 2011.

4 Ps Screening – Verbal screening standard of care

- Did any of your <u>parents</u> have a problem with alcohol or other drug use?
- Does your <u>partner</u> have a problem with alcohol or drug use?
- In the <u>past</u>, have you had difficulties in your life because of alcohol or other drugs, including prescription medications?
- In the past month (<u>present</u>) have your drunk any alcohol or used other drugs?
- *Scoring: Any "yes" should trigger further questions.*

Substance use during pregnancy

- Opioids:
  - Medication assisted treatment (MAT) = medication + **<u>counseling</u>**.
- Other substances: marijuana, stimulants, benzodiazepines, alcohol, nicotine.
  - Harm reduction, limit exposure.
  - Co-occurring mental health diagnoses extremely common (assess need for psych medication).

Treatment of opioid use disorder during pregnancy

- Key is avoiding opioid withdrawal.
- Methadone and buprenorphine now first line.
- Methadone
  - Federally licensed clinics; care more fragmented.
- Buprenorphine.
  - Dissolved sublingually; x-waivered providers; potentially more privacy; associated with less severe neonatal abstinence syndrome.

Research with residents…

- Concurrent use of marijuana linked to more severe NAS and longer infant hospital stay (O'Connor et al., 2017).
- Concurrent use of antidepressants may prolong NAS (O'Connor et al., 2014) but moms on antidepressants more likely to be in treatment 6 months postpartum (O'Connor et al., 2017).
- Breastfeeding is likely safe (O'Connor et al., 2013).
- Maternal dose not linked to the severity of NAS (O'Connor et al., 2016).
- Head circumference not linked to buprenorphine exposure or dose (O'Connor et al., 2019).
- Ongoing research about unintended pregnancy, contraception choices, infant disposition after delivery, eye movement disorders and pain management after c-section.

Benefits of group visits

- Integrated MAT and prenatal care:
  - Reduces risks of pregnancy complications and decreases relapse rate. Increases frequency of visits.
- Efficiency in educating patients.
- Benefit of peer support.
- Communication improved and issues prioritized for pregnancy and recovery.
  - Significant number of providers involved in care.

Prenatal group visit topics

- Neonatal abstinence syndrome
- SEI reporting law
- Community panel
- Naloxone use
- Postpartum issues
- Birth control planning
- Coping skills
- Medical Issues, understanding how buprenorphine works
- OB nursing/lactation consultants
- Stages of labor video

Monitoring and management

- Higher risk for obstetric complications.
- Infectious diseases.
- Cellulitis/endocarditis (IVDU).
- Increased risk STIs.

Preparing for delivery

- Reassurance pain will be managed.
  - Higher and more frequent dosing.
- Discussion around confidentiality.
- Extended hospital stay for NAS observation.
- SEI notification.
- Breastfeeding.
  - MAT compatible.

Postpartum group visit

- MAT + counseling:
  - Patients love it.
  - Shared experience.
  - Teach/support mom.
  - Manage contraception.
    - LARCs standard of care; recent changes to reimbursement allow for inpatient placement.
  - Screen for PP depression.

Social issues/barriers

- Are many…
- Transportation!
- Stigma
- Trauma
- Homelessness
- Limited financial resources
- Poor nutrition
- Partner/family

How to help well

- Substance use affects all life roles and relationships including encounters with medical/social service professionals.
- Establish rapport by listening to the story.
- Ask open ended questions in nonjudgmental way.
- Social service referrals are key:
  - Mental health counseling, trauma/PTSD support, case management, women's project, Next Step Exchange among others.

Educating Residents

- Every step of the way… if you teach, they will do remarkable things…



References

- The Snuggle ME Guidelines: Tools for caring for women with addiction and their babies
  - http://www.maine.gov/dhhs/SnuggleME/
- ACOG committee opinion on opioid use and opioid use disorder during pregnancy.
  - https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co711.pdf?dmc=1

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