

Pregnant Women with Opioid Addiction

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March 11, 2016

The Vision

- ◆ 2012--Christi Bartell, MD noticed an increased number of newborns showing signs of withdrawal in the outpatient setting.
- ◆ She proposed creation of a program that focused on decreasing the use of maternal opiate use in our maternity patients with the goal of reducing the incidence of neonatal abstinence syndrome.



Laying the Foundation

- ◆ Dr. Bartell led the initial effort to begin putting together a group of community partners who were interested in working on this reduction effort.
- ◆ October 2013--Gaston County DHHS applied for and received a grant for \$23,819 from the Kate B. Reynolds Charitable Trust to complete a community assessment.
- ◆ This community assessment was done over a 24 month time period and resulted in a final report outlining 32 recommendations.

2013 Gaston County Statistics

- ◆ 100% of accidental poisoning deaths in 2013 were White
- ◆ High number of prescriptions of multiple at-risk drugs
- ◆ Top 5 of NC counties in number of meth lab busts
- ◆ Women are twice as likely to overdose compared to NC averages
- ◆ Higher number of deaths from opiates

STAR Stakeholders

- ◆ Gaston County DHHS
- ◆ CaroMont Regional Health Center
- ◆ Gaston Family Health Center (FQHC)
- ◆ Partners Behavioral Health Mgnt
- ◆ McLeod Addictive Disease Center
- ◆ Phoenix Counseling Center
- ◆ Pregnancy Medical Home Program
- ◆ County/City Police
- ◆ Self-Concepts Counseling Services
- ◆ Private medical practices
- ◆ District Attorney's office/Magistrate's Office

STAR Program Overview

- ◆ Led by two consultants from the UNC Horizons Program who interviewed community partners and coordinated the group effort
- ◆ Developed a community plan that included 32 points of action
- ◆ Group/subcommittees meet as needed and have developed many processes to assist each other

Stakeholders Collaboration

- ◆ MOU between each entity and the maternity clinic
- ◆ Developed interagency referral form
- ◆ Consent forms were updated or created to ensure that information could be shared between partners
- ◆ Information brochure for staff/community partners
- ◆ Patient brochures

Stakeholder Recommendations

- ◆ Stakeholder workgroup coordination/formal organization
- ◆ Hiring of a STAR Coordinator to oversee program
- ◆ Buprenorphine as MAT of choice for all Medicaid patients
- ◆ Staff trainings
- ◆ Purchasing a van to assist with transportation
- ◆ Clinical protocols for mothers/newborns
- ◆ Data collection



STAR

Substance Treatment & Rehabilitation

Clinical Program Overview

- ◆ We are a full service maternity program with contracted pediatric services
- ◆ We deliver 55% of the babies born in Gaston County
- ◆ Physicians/Certified Nurse Midwives/Nurse Practitioners
- ◆ Our 'high-risk' clinic draws from Cleveland, Lincoln and Gaston Counties
- ◆ Our Pediatric Clinic served the uninsured/Medicaid at-risk patients and transitioned to our local FQHC in July 2014.

STAR Clinical Program

- ◆ The STAR clinical program will serve all women who self-report or test positive for benzodiazepines, buprenorphine (subutex, suboxone), cocaine, methadone or opioids who are receiving care through the GC DHHS maternity program.
- ◆ The program goal is to increase the number of mothers delivering on treatment or are abstinent which will then reduce the incidence of neonatal abstinence syndrome.



What do these
women look
like?

What are Their Stories?

- ◆ **Patient A:** Started using street drugs after having an anencephalic infant last January. Tested positive for 3 drugs on initial UDS. Claims she is getting Subutex from doc but she isn't in registry. Refused UDS.
- ◆ **Patient B:** Became addicted to pain pills after knee surgery. She home-schools her children and is a college graduate. On suboxone from a local treatment center.
- ◆ **Patient C:** Used heroin for 6 years and with 3 previous pregnancies. Is clean now but wants the additional support. She weaned herself at home.
- ◆ **Patient D:** Past history of physical and mental abuse. Multiple psychiatric conditions and polydrug user.

Maternity Program Statistics

Drug	2013 (May-Dec)	2014	2015
Amphetamines	7	19	25
Barbiturates	5	1	5
Benzodiazepines	51	56	53
Cocaine	8	12	13
Methadone	24	48	31
Opiates	37	45	39
Buprenorphine			21
Totals	132	181	187

Drugs of Choice

- ◆ Benzodiazepines

- ◆ Valium

- ◆ Ativan

- ◆ Xanax

- ◆ Stimulants

- ◆ Cocaine

- ◆ Amphetamines

- ◆ Alcohol

- ◆ Opiates

- ◆ Heroin

- ◆ Codeine

- ◆ Oxycodone

- ◆ Vicodin

- ◆ Methadone

- ◆ Buprenorphine

One Stop Shopping

- ◆ Consistent Clinical staff
- ◆ Behavioral Health Specialists
- ◆ Nutritionists
- ◆ Pregnancy Medical Home Obstetrical Case Managers
- ◆ Eligibility Specialist--Assistance with NCFast
- ◆ Onsite direct referrals to community partners

STAR Clinical Program

- ◆ Intake/Enrollment
- ◆ Prenatal Care
- ◆ Behavioral Health Services
- ◆ Nutritional Health
- ◆ Delivery and Coordination of Ongoing Care
- ◆ Post-partum Care

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graph TD; A[Community Partner Referral] --- B[STAR Participants]; B --- C[Positive Urine Drug Screen]; B --- D[Patient Self-Reports];
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Community
Partner
Referral

STAR
Participants

Positive
Urine
Drug
Screen

Patient
Self-
Reports

Legal vs Illegal Drugs

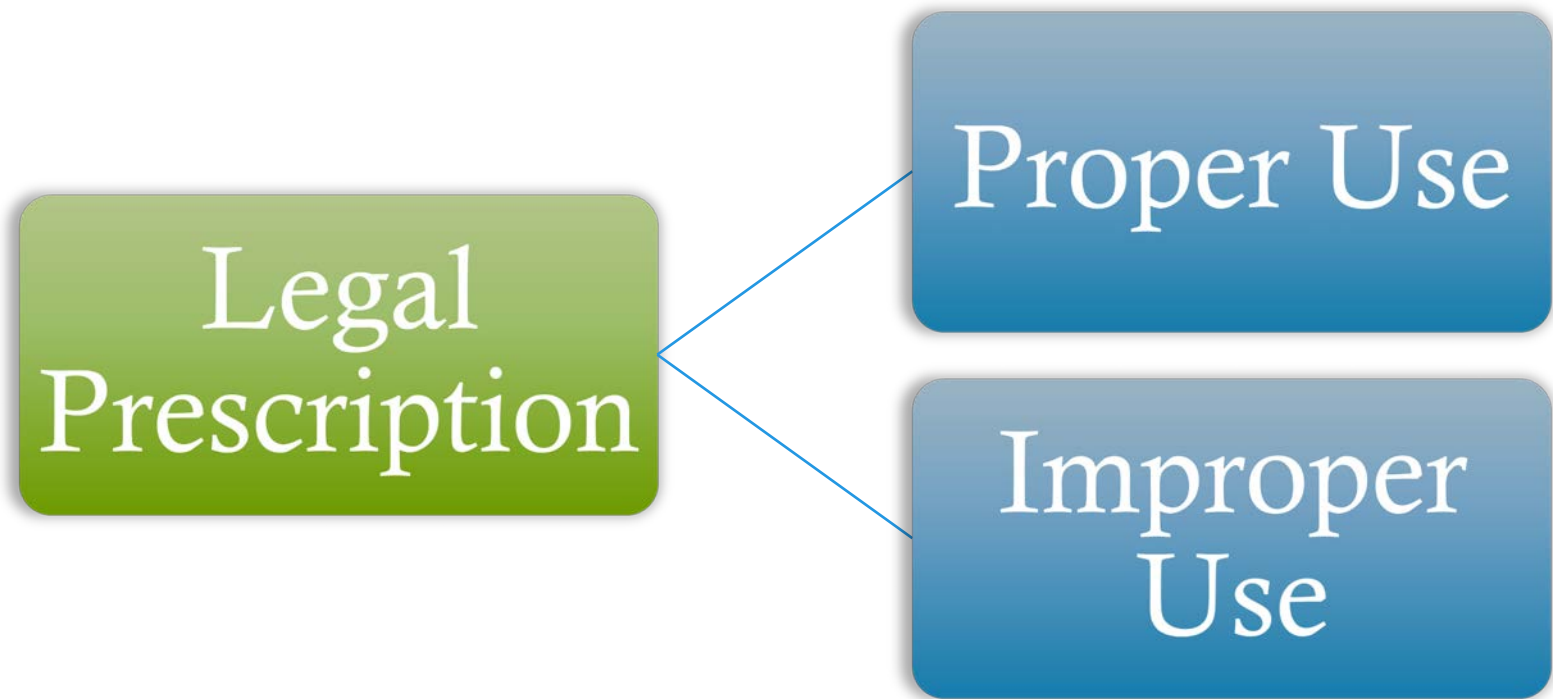
Substance
Users

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graph LR; A[Substance Users] --- B[Legal Prescriptions]; A --- C['Buying on the Street'];
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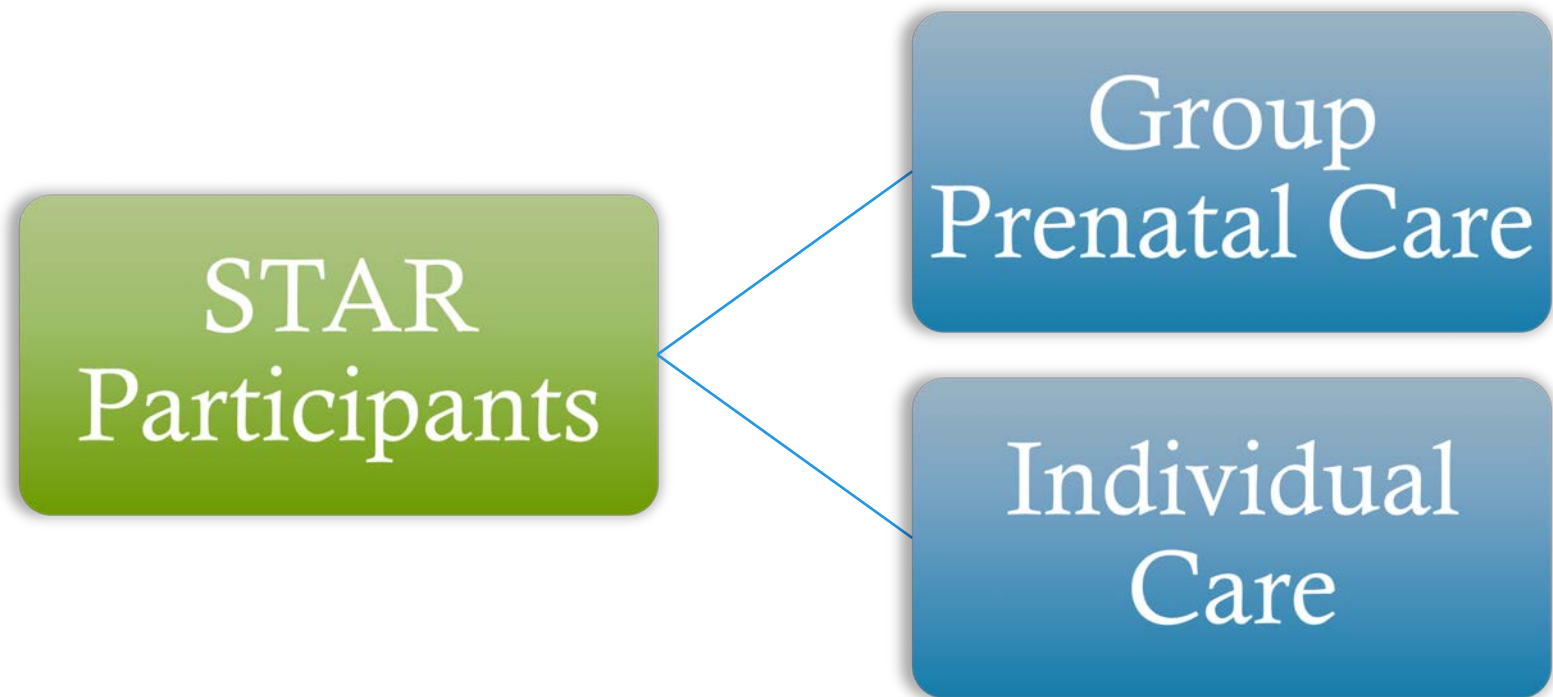
Legal
Prescriptions

'Buying on
the Street'

Legal vs Illegal Use of Drugs



STAR Program Format



Group Prenatal Care

- ◆ Will occur on Wednesday and Thursday mornings
- ◆ Wednesday morning sessions—1st and 2nd trimester patients
- ◆ Thursday morning sessions—3rd trimester patients
- ◆ Staffed by
 - ◆ MD/CNM/RN
 - ◆ Behavioral Health Specialist
 - ◆ Nutritionist
 - ◆ Pregnancy Medical Home OB Case Manager/Social Worker

Individual Prenatal Care

- ◆ Will occur during any high risk clinic sessions
- ◆ Staffed by
 - ◆ MD/CNM/RN
 - ◆ Behavioral Health Specialist
 - ◆ Nutritionist
 - ◆ Pregnancy Medical Home OB Case Manager/Social Worker

Clinical Care

- ◆ Follow Pregnancy Medical Home Substance Abuse Clinical Care Pathway guidelines. High Risk Care Plans developed with our local Maternal Fetal Medicine specialist.
- ◆ Seen by physician to develop a management plan. Co-managed with a midwife after the initial visit.
- ◆ Seen every 1-2 weeks by team members
- ◆ Sonograms: dating scan, 18 week scan, every month starting at 28 weeks
- ◆ Weekly fetal assessment testing beginning at 32 weeks
- ◆ Delivery no later than 40 weeks

Management of Substance Use in Pregnancy: screening



- Pregnancy Medical Home risk screening form
 - Standardized screening tool used by all PMH providers to screen all pregnant Medicaid patients
 - Includes substance abuse screening questions adapted from the Modified 4 P's

CCNC Pregnancy Home Risk Screening Form

Complete this side of the form and give it to the nurse or doctor. Please answer as honestly as possible so we can provide the best care for you and your baby. The care team will keep this information private.

8. Did any of your parents have a problem with alcohol or other drug use? Yes No
9. Do any of your friends have a problem with alcohol or other drug use? Yes No
10. Does your partner have a problem with alcohol or other drug use? Yes No
11. In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?
 Yes No
12. Before you knew you were pregnant, how often did you drink any alcohol, including beer or wine, or use other drugs? Not at all Rarely Sometimes Frequently
13. In the past month, how often did you drink any alcohol, including beer or wine, or use other drugs?
 Not at all Rarely Sometimes Frequently



PMH Clinical Pathway

- ◆ Universal screening form for Medicaid patients
- ◆ SBIRT approach
- ◆ Outpatient treatment options
- ◆ Residential treatment options
- ◆ Use of NC Controlled Substances Reporting System

Discussion Topics in 1st and 2nd Trimesters

- ◆ Prenatal Testing & After-hours emergency line
- ◆ Nutrition and Infant Feeding (Breastfeeding; benefits/risks)
- ◆ Harmful Items (paint, tobacco, drugs, fumes, etc.)
- ◆ Oral & Sexual Health
- ◆ Child birth education, Epidural Video, Circumcision, Umbilical Cord Stem Cells/Blood Banking
- ◆ Stress Management/Relaxation
- ◆ Child care & parenting class
- ◆ Family Dynamics/Changes, Family Planning Options, & Pediatrician
- ◆ Personal Goals
- ◆ Patient education on FAC and Neonatal Abstinence Syndrome

Discussion Topics in 3rd Trimester

- ◆ Labor and After-hours emergency line
 - ◆ False
 - ◆ Preterm
 - ◆ Active
- ◆ Intra-partum Care/Delivery Options
- ◆ Pain Control
- ◆ Neonatal Abstinence Syndrome & Home Visiting Nurses
- ◆ Facing Changes/Stress Management
- ◆ Postpartum Maternal Care
- ◆ Birth Control
- ◆ Baby Care
- ◆ Postpartum Moods
 - ◆ Depression
 - ◆ Coping
- ◆ Sharing Stories

Behavioral Health Services

- ◆ Licensed clinical social workers or a licensed clinical addiction specialist are present during each clinic session
- ◆ Perform initial screenings and assist with referral to MAT programs
- ◆ See patient every 1-2 weeks

Nutritional Services

- ◆ Nutritionist available during 3 of our clinic sessions
- ◆ WIC services are available.
- ◆ Case managers available to assist with local resources for those who need additional help obtaining groceries

Delivery Care

- ◆ All hospital clinicians have received the same baseline education.
- ◆ Collecting UDS on all women admitted to our service
- ◆ Treatment centers have sent medication information
- ◆ Epidurals and Toradol are recommended for pain control
- ◆ Breastfeeding is highly encouraged

Newborn Care

- ◆ All newborns born to mothers using opiates/benzodiazepines will be assessed for signs and symptoms of withdrawal
- ◆ Neonatal staff follow the Vermont Oxford model
- ◆ Discharge planning includes a recommendation to have a newborn home visiting nurse screening
- ◆ Schedule newborn appointment with the pediatrician of choice
- ◆ Hospital based social services assessment

Post-Partum Services

- ◆ Finnegan Scale training is provided by our BirthPlace nursing staff to our home visiting nurses
- ◆ Patients are encouraged to have a home visit within 3-5 days of discharge
- ◆ Post-partum clinic visit within 7-10 days of delivery if they decline the home visit
- ◆ Begin transition planning to primary care medical home
- ◆ Coordination with Child Protection Services

Post-partum Contraception

- ◆ Begin this conversation during their pregnancy
- ◆ LARC contraception is first tier recommendation
- ◆ All of our clinicians are trained to insert all LARC devices
- ◆ We acknowledge that ANY form of contraception is acceptable.
- ◆ Close follow-up to ensure compliance

What is Next?

- ◆ Seek funding to purchase Narcan Kits
- ◆ Develop a county wide standing order for Narcan use
- ◆ Complete staff trainings
- ◆ Collect data to assess progress
- ◆ Continued outreach to all pediatric practices
- ◆ Develop and implement contraception screening tool to be used at all treatment centers

Take Home Message

- ◆ Know your local data
- ◆ Know your community
- ◆ Know your staff
- ◆ Pick your ‘champions’
- ◆ Do not reinvent the wheel—reach out to others

References

- ◆ PMH Care Pathways: Management of Substance Use in Pregnancy April 2015
- ◆ <http://www.acog.org/About-ACOG/ACOG-Departments/Tobacco--Alcohol--and-Substance-Abuse/Substance-Abuse>
- ◆ <http://www.injuryfreenc.ncdhhs.gov>
- ◆ NC Controlled Substances Reporting System

Questions???

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