Pregnant Women with Opioid Addiction

Velma V. Taormina MD MSE FACOG
Gaston County DHHS Medical Director
March 11, 2016
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.
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.
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 Mgmt
- 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
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

<table>
<thead>
<tr>
<th>Drug</th>
<th>2013 (May-Dec)</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amphetamines</td>
<td>7</td>
<td>19</td>
<td>25</td>
</tr>
<tr>
<td>Barbiturates</td>
<td>5</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>51</td>
<td>56</td>
<td>53</td>
</tr>
<tr>
<td>Cocaine</td>
<td>8</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>Methadone</td>
<td>24</td>
<td>48</td>
<td>31</td>
</tr>
<tr>
<td>Opiates</td>
<td>37</td>
<td>45</td>
<td>39</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td></td>
<td></td>
<td>21</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>132</strong></td>
<td><strong>181</strong></td>
<td><strong>187</strong></td>
</tr>
</tbody>
</table>
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
Legal vs Illegal Drugs

- Substance Users
  - Legal Prescriptions
  - ‘Buying on the Street’
Legal vs Illegal Use of Drugs

Legal Prescription

Proper Use

Improper Use
STAR Program Format

STAR Participants

Group Prenatal Care

Individual Care
Group Prenatal Care

- Will occur on Wednesday and Thursday mornings
- Wednesday morning sessions—1\textsuperscript{st} and 2\textsuperscript{nd} trimester patients
- Thursday morning sessions—3\textsuperscript{rd} 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

Funding for this project is provided in part by The Duke Endowment
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.acog.org/About-ACOG/ACOG-Departments/Tobacco--Alcohol--and-Substance-Abuse/Substance-Abuse)

- [http://www.injuryfreenc.ncdhhs.gov](http://www.injuryfreenc.ncdhhs.gov)

- NC Controlled Substances Reporting System
Questions???

velma.taormina@gastongov.com