

Collaborative Care for Pregnant Women with Substance Use Disorders



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The problem...

- We have an opioid epidemic in Maine.
 - It's more than just opioids...
- 1/3 of those seeking treatment are women of child bearing age.
- “Drug affected” infants: 165 in 2005, 995 in 2015.

LOCAL & STATE

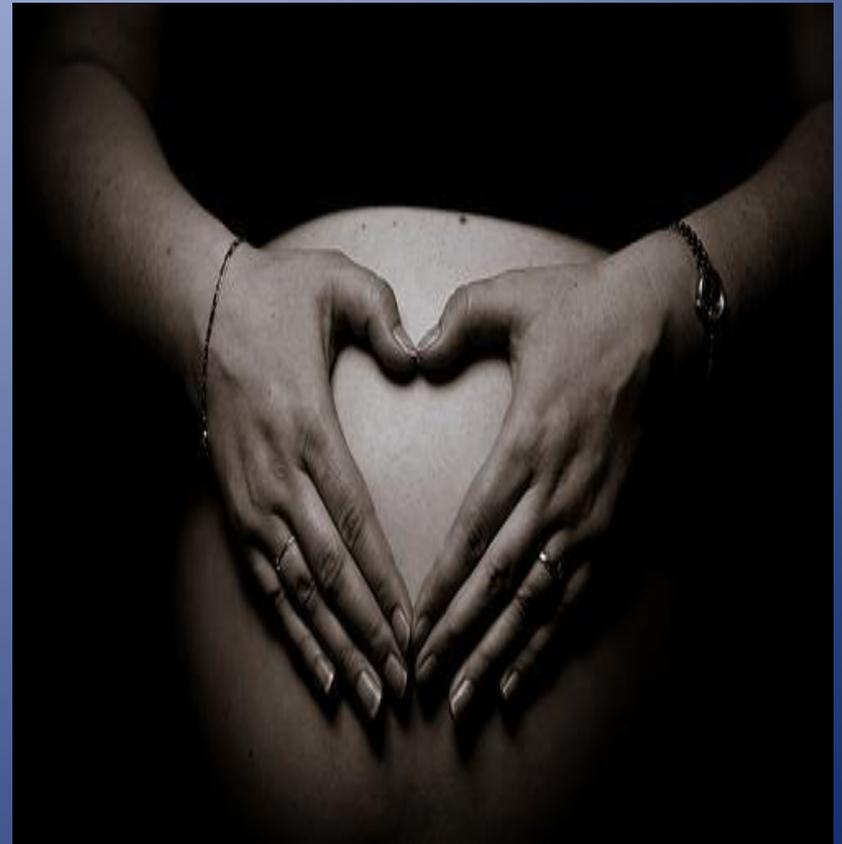
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INCREASE FONT SIZE **AA+**

Number of drug-affected babies spikes to new height

Where do I begin?

- Caring for pregnant women with substance use disorders is challenging but they are often motivated for change!
 - Collaborative care works best.
 - You don't have to fix everything in one visit.
 - Goal most often is harm reduction.



MDFMR's integrated program

- Open to any opioid dependent pregnant woman appropriate for our level of care.
- Patient-centered: Provider-patient partnership; education and respect for autonomy. *Therapeutic relationship* is key!
- Comprehensive: Obstetric, primary, pediatric and substance abuse treatment in one setting.
- Family centered: Care for partners.
- Committed to quality and safety: Robust research program evaluating maternal-infant outcomes.

Screening for substance use during pregnancy

- At first prenatal visit and again in mid-second trimester. And:
 - Opioid intoxication or withdrawal.
 - Erratic behavior, missed visits, track marks.
- Fear of being identified.
- Verbal screening standard of care.



4 Ps

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

CRAFFT

- **C** Have you ever ridden in a CAR driven by someone (including yourself) who was high or had been using alcohol or drugs?
- **R** Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
- **A** Do you ever use alcohol or drugs while you are by yourself or ALONE?
- **F** Do you ever FORGET things you did while using alcohol or drugs?
- **F** Do your FAMILY or friends ever tell you that you should cut down on your drinking or drug use?
- **T** Have you ever gotten in TROUBLE while you were using alcohol or drugs?
- *Scoring: Two or more positive items indicate the need for further assessment.*

Urine drug screening during pregnancy

- NOT the standard of care for screening (ACOG/ASAM).
- Requires consent.
- Is an important monitoring parameter when a patient is in substance abuse treatment.
- Has important limitations:
 - duration of time substances remain in system;
 - cost;
 - tampering issues.

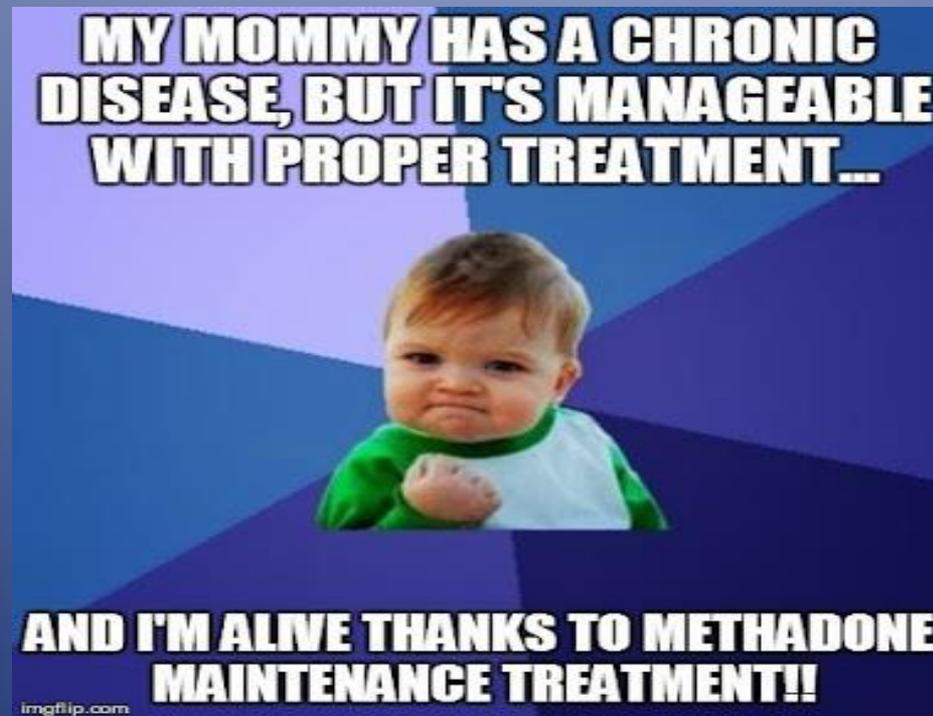
Polysubstance use during pregnancy



- Opioid dependence.
- Marijuana.
- Stimulants, benzodiazepines.
 - Limit exposure, counseling. How about an SSRI?
- Alcohol.
 - Complicated and probably more prevalent than we realize.
- Tobacco
 - Many standard therapies okay during pregnancy.

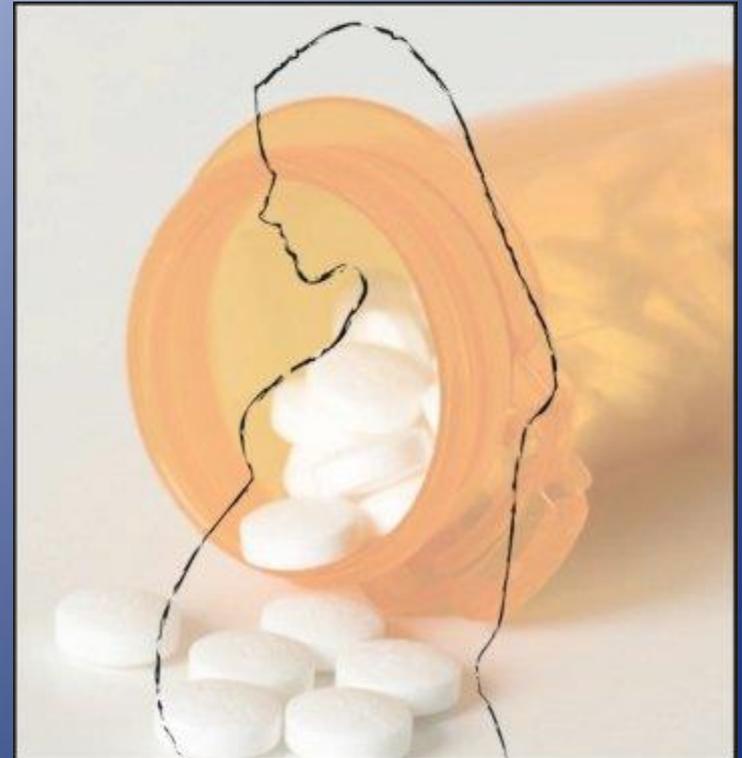
Opioid dependent pregnant women – medical care

- Medication assisted treatment (MAT):
 - Methadone vs. buprenorphine.



Opioid dependent pregnant women – medical care

- Higher risk for obstetric complications.
- Infectious diseases (most often hepatitis C).
- Cellulitis/endocarditis secondary to IV drug use.
- Increased risk of sexually transmitted infections.
- Constipation.



Opioid dependent pregnant women – behavioral health care

- About 70% have co-occurring diagnosis (anxiety, depression, bipolar, PTSD).
- Those with co-occurring disorders have more severe addiction history.
- Distinguishing between co-occurring mental health diagnoses and opioid-induced mental health disorders can be very difficult.



Opioid dependent pregnant women – behavioral health care

- Counseling essential!
 - May require counseling for both substance use disorder and mental health diagnoses.
- Match counseling to patient's needs.
 - May change over time.
 - Coordinated care critical.



Opioid dependent pregnant women – barriers to treatment

- Domestic violence (>70% have been physically abused).
- Homelessness.
- Limited financial resources.
- Poor nutrition.
- Partner/family.



Opioid dependent pregnant women – barriers to treatment

- Transportation.
- Care of existing children.
- Previous involvement with DHHS.
- Limited parenting skills/experience.
- Shame/guilt/self-esteem.
- Available treatment options are limited.



Preparing for delivery

- Reassurance that pain will be managed.
- Discussion around confidentiality.
- Extended stay in the hospital for NAS observation.
- Drug affected baby reporting law.
- Breastfeeding – institutional policies vary.
 - MAT compatible with breastfeeding.

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