Opioid Use Disorder (OUD) in Pregnancy: Confronting the Truth

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Opioid Crisis in United States: It is Everywhere including Montana

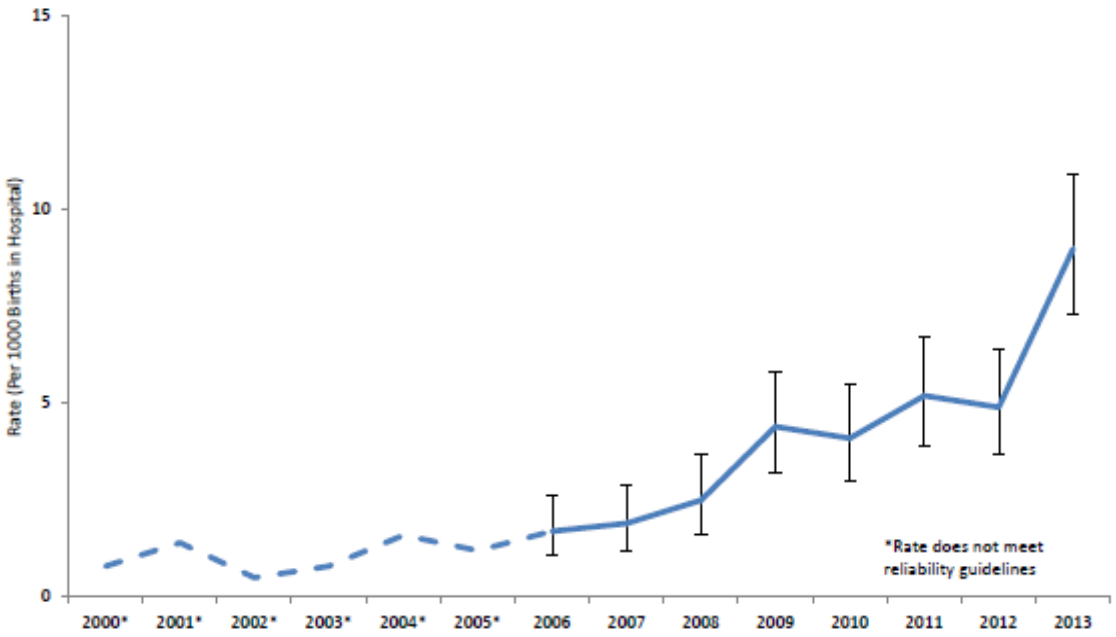
Pregnant Women are at High Risk and Fly Under the Radar

Hot Topics

- “Use of Opioids , Amphetamines during Pregnancy has Skyrocketed in the Last Decade”- Am J Pub Health
  - Huffington Post, Forbes, Newsweek, Health Day, and NPR 11/29/18
- Opioid use increased 4 fold
- Amphetamine use increased 2 fold particularly in Western US

Neonatal Abstinence Syndrome (NAS) in Montana

Figure 1. Rate of Newborns with Drug Withdrawl Syndrome (ICD-9-CM: 779.5), Montana Resident Liveborns, 2000-2013



The rate is increasing 9.0 cases/l000 live births in 2013
The absolute number of cases is low approximately 299

Truths about Neonatal Abstinence Syndrome (Neonatal Withdrawal Syndrome)

- Self limited and treatable condition
- Increasing in incidence
  - Clearly in part to the increase in opioid use in pregnancy: illicit and prescribed
  - Can see similar symptoms in neonates exposed to multiple other medications/drugs
    - Tobacco, marijuana, methamphetamines, SSRI's

No Newborn is Born "Addicted"

- Term is incorrect and highly stigmatizing.
- Addiction is a technical term that refers to compulsive behavior that continues in spite of adverse consequences.
- Babies cannot be born "addicted" to anything regardless of drug test results or clinical evidence of physical dependence.

Newsweek 11/29/18

- “Healthcare professionals have also noted a significant rise in **babies born addicted to drugs**”
- “This epidemic now gets directly transmitted to the next generation in our poorest, most vulnerable communities”
- “We all need to invest in reducing addiction stigma to help patients find treatment and advocate for greater investment in mental health access”

Identification of Women with Substance Use Disorder (SUD) including Opioid Use Disorder (OUD) in Pregnancy

Why are Women Afraid to Disclose SUD to Providers?

- Guilt
- Legal ramifications
- Child custody issues
- Stigma

Identification of Women with SUD Requires Universal Screening

- SUD is not defined by geography, ethnicity, gender or socio-economic factors
- Use standardized assessment tool
- Limited data comparing tools especially in pregnancy
- UDS screens??

THE 4 P'S

4 P's for Substance Abuse

1. Have you ever used drugs or alcohol during **P**regnancy?
2. Have you had a problem with drugs or alcohol in the **P**ast?
3. Does your **P**artner have a problem with drugs or alcohol?
4. Do you consider one of your **P**arents to be an addict or alcoholic?

Source: Adapted from Ewing H Medical Director, Born Free Project, Contra Costa County, 111 Allen Street, Martinez, CA. Phone: 510-646-1165.

Short Alcohol Monitor (SAM)

These questions are to help you and your medical team monitor how your drinking may be affecting you.
Circle one best answer for each question.

How often in the past 2 weeks...	0	1	2	3	4
1. Were you bothered by how your drinking impacted your health, relationships, goals or life?	Never	Rarely	Sometimes	Often	Almost always
2. Did you have trouble controlling your drinking, drink too much or spend too much time drinking?	Never	Rarely	Sometimes	Often	Almost always
3. Was it difficult to get the thought of drinking out of your mind?	Never	Rarely	Sometimes	Often	Almost always
4. Did you disappoint yourself or others due to drinking?	Never	Rarely	Sometimes	Often	Almost always
5. Have you had trouble getting things done due to drinking?	Never	Rarely	Sometimes	Often	Almost always

Short Drug Use Monitor (SDUM)

These questions are to help you and your medical team monitor how your drug use may be affecting you.
Circle one best answer for each question.

How often in the past 2 weeks...	0	1	2	3	4
1. Were you bothered by how your drug use impacted your health, relationships, goals or life?	Never	Rarely	Sometimes	Often	Almost always
2. Did you spend a lot of time using drugs?	Never	Rarely	Sometimes	Often	Almost always
3. Were drugs the only thing you could think about?	Never	Rarely	Sometimes	Often	Almost always
4. Did you disappoint yourself or others due to drug use?	Never	Rarely	Sometimes	Often	Almost always
5. Did you feel your drug use was out of control?	Never	Rarely	Sometimes	Often	Almost always

NIDA Drug Screening Tool

NIDA-Modified ASSIST (NM ASSIST)

Clinician's Screening Tool for Drug Use in General Medical Settings*

In the past year, how often have you used the following?

Alcohol (For men, 5 or more drinks a day. For women, 4 or more drinks a day)

Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily

Tobacco Products

Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily

Prescription Drugs for Non-Medical Reasons

Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily

Illegal Drugs

Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily

PREVIOUS NEXT

“Quick” Intervention

- SBIRT
- Assess, Advise, Assist, and Arrange
- Referral for treatment
- You need to know your local resources if it is going to be quick
- Warm handoff’s work!!

Obstetric Complications of Opioids

- Preeclampsia
- Miscarriage
- Reduced fetal growth
- Fetal death
- Premature delivery

(The Medical Letter 59, 6/5/17)

Obstetrical Management

- Screening for infections
- Additional ultrasound for growth and consultations
- Use of state Prescription Drug Monitoring Programs
- Encouraging breast feeding if no relapse or other contraindications
- Postpartum psychosocial support, OUD Rx and relapse prevention programs
- Contraceptive services

ACOG
2018

Management of Co-morbidities

- Mental health conditions
  - Depression
  - History of Trauma
  - PTSD
  - Anxiety
- Use of other substances
- Poor nutrition
- Disrupted support systems

Recommendations for Treatment of OUD in Pregnancy

Pregnant women who are opioid dependent should receive opioid agonist maintenance therapy; it is safer then detoxification alone

(The Medical Letter 59, 6/5/17, ACOG 2018, SMFM 2018)

Treatment Options in Pregnancy

- Medication Assisted Therapy Preferred Therapy
  - Methadone- Gold standard
  - Buprenorphine – increasingly used
  - Naltrexone:

    “There is no information on the safety of extended-release injectable naltrexone during pregnancy or the long-term effects on the infant of in utero exposure to this medication”. SAMHSA 2018

Recommended Treatment for OUD in Pregnancy

- Buprenorphine is safe and effective with shorter durations of Neonatal Abstinence Syndrome (NAS) treatment, but treatment retention is higher with methadone
- Long term outcome trials limited

(The Medical Letter 59, 6/5/17, The MOTHER trial)

Medically Supervised Withdrawal

- Relapse rates 59-90%
  - Communicable disease transmission
  - Accidental overdose because of loss of tolerance
  - Obstetric complications
  - Lack of prenatal care
- If patient refuses MAT or unavailable it often requires prolonged inpatient care and intensive outpatient behavioral health follow up
- Limited outcome data

Detoxification from Opiates during Pregnancy

- Over 5 years, 34 gravidas elected opioid detox at mean GA of 24 weeks
  - 14 (41%) failed
  - Of the 20 women who successfully underwent detox, 10 (50%) relapsed during pregnancy and 4 didn't complete detox, so
  - Of 34, 6 (18%) were successful with no adverse fetal outcomes
- Over 5 years, 95 women elected inpatient detoxification
  - 53 (56%) were successful and their babies had shorter stays and were less likely to be treated for NAS (10 vs 80%)
  - No long term data available

Detoxification from Opiates during Pregnancy

- Over 5.5 years, 301 opiate-addicted pregnant patients were fully detoxified
  - There was no fetal harm, believed by the authors to be related, but there were 2 fetal demises later in pregnancy after the detox
  - Highest success rate in the incarcerated group (108 patients)
  - Also, 31% of the newborns had NAS, though lower in those with intensive follow-up
- **Key is to recognize low success rates and persistence of some NAS**

Opioid Detox during Pregnancy: A Systematic Review

Evidence does not support detox due to low completion and high relapse rates and limited data on maternal/neonatal outcomes beyond delivery

(Terplan et al,)

Untreated OUD

- Engagement in high risk activities
  - Prostitution
  - Trading sex for drugs
  - Criminal activities
- Consequences
  - Exposure to STI's
  - Violence
  - Legal consequences: loss of custody, criminal proceedings or incarceration

MAT for OUD and Pregnancy

	Treatment	No Treatment	Number needed treat	Number needed to harm	Every 1000 people treated
Retention in treatment methadone	75%	25%	2		500 stay in treatment
Retention in treatment buprenorphine	65%	35%	3.3		333 stay in treatment
Relapse	60%	80%	6.7		143 prevent relapse
OD mortality methadone	0.2%	0.5%	341		300 deaths avoided
OD mortality buprenorphine	0.1%	0.5%	316		
NAS	50%	70%	5		200 NAS due to illicit use avoided
HLHS	2.4/10000	5.8/10000		2941	0.3 CHD caused
Open NTD	7/10000	14/10000		1428	0.6 ONTD caused

Additional Benefits MAT

- Reduction in termination of parental rights cases/CPS
- Reduction in infections including HIV
- Reduction in high risk behaviors
- Reduction in ED visits
- Reduction in incarceration

Barriers for Pregnant Women to Receive Treatment

- Cost
- Availability- no spaces
  - Only 55% of residential/detox accept pregnant women on Medicaid
- Programs do not provide childcare
- No one available to cover family responsibilities
- Montana: travel and housing

Management of Co-Occurring Issues

- Psychiatric comorbidities are common
- Smoking – huge problem
- Marijuana
- Methamphetamines
- Alcohol

Priorities for Wrap Around Services

- Behavioral health
- Financial counseling
- Transportation
- Housing
- WIC
- Outpatient groups/classes
- Dental care

Relapse or Recurrence is the Norm Not the Exception

Real Life Lessons: There is no stick!

- If pregnant patients relapse or are non adherent with treatment recommendations or do not receive prenatal care, what are our options?
  - Refuse to treat and let patient spiral out of control?
  - Risk withdrawal and potential consequences: preterm labor/birth, fetal stress, or infectious morbidity
  - Maternal death

Relapse is the Norm NOT the Exception

- Relapse rates range from 40-60% on MAT
- Providers, Family Members, and Patients are all frustrated and angry when it occurs
- We all need to take a deep breath and count to three! It can take many attempts to win this lifelong battle
- “Punishing” the patient doesn’t help
- Need to reengage the patient and wrap her in services

Punishment

- Proponents:
  - Effective tool in deterring pregnant women from using drugs
  - Force women to get treatment they would otherwise avoid
- Opponents:
  - “In reality, these measures are more likely to deter women from seeking prenatal care or from being completely forthcoming with their health care providers”

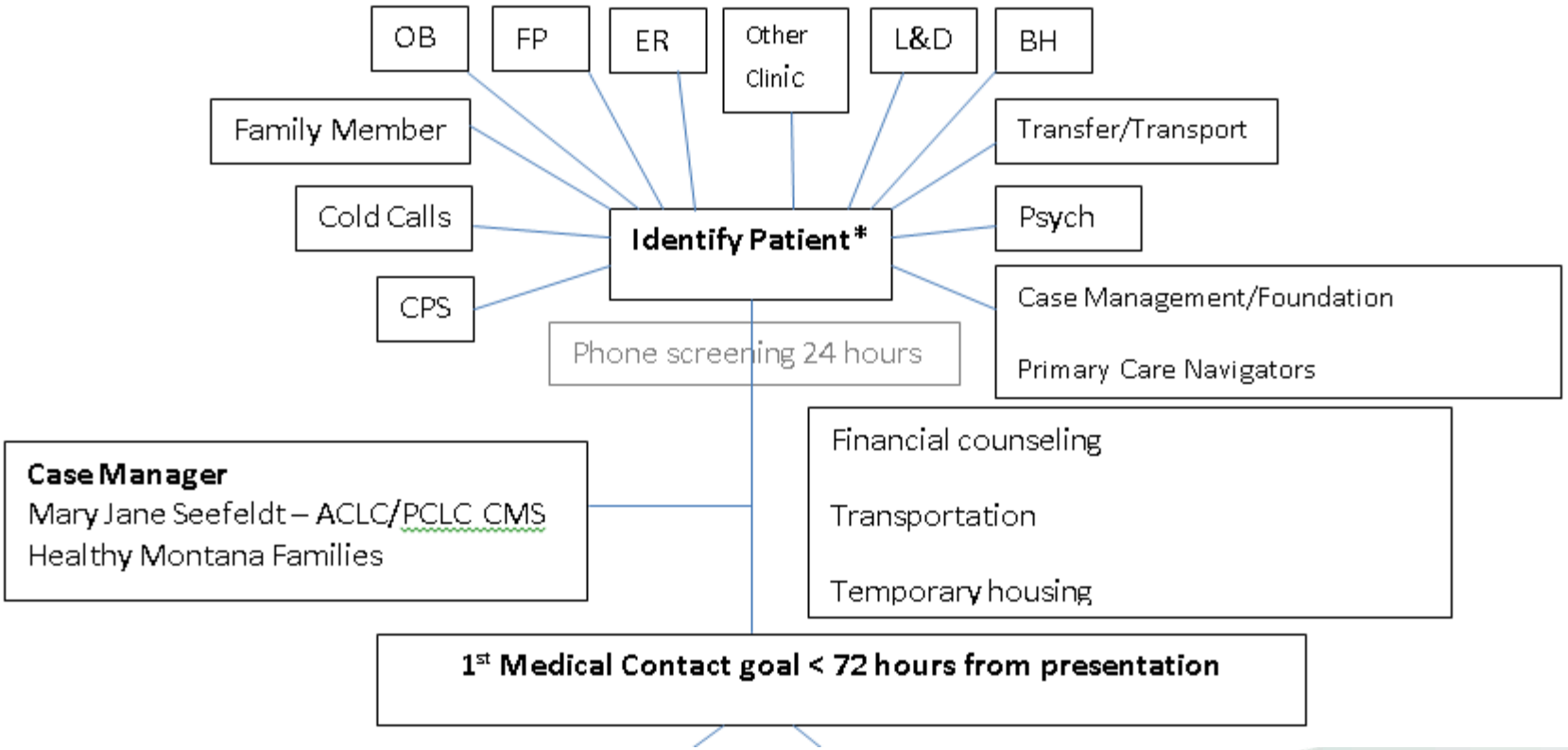
Is Punishment Worth It?

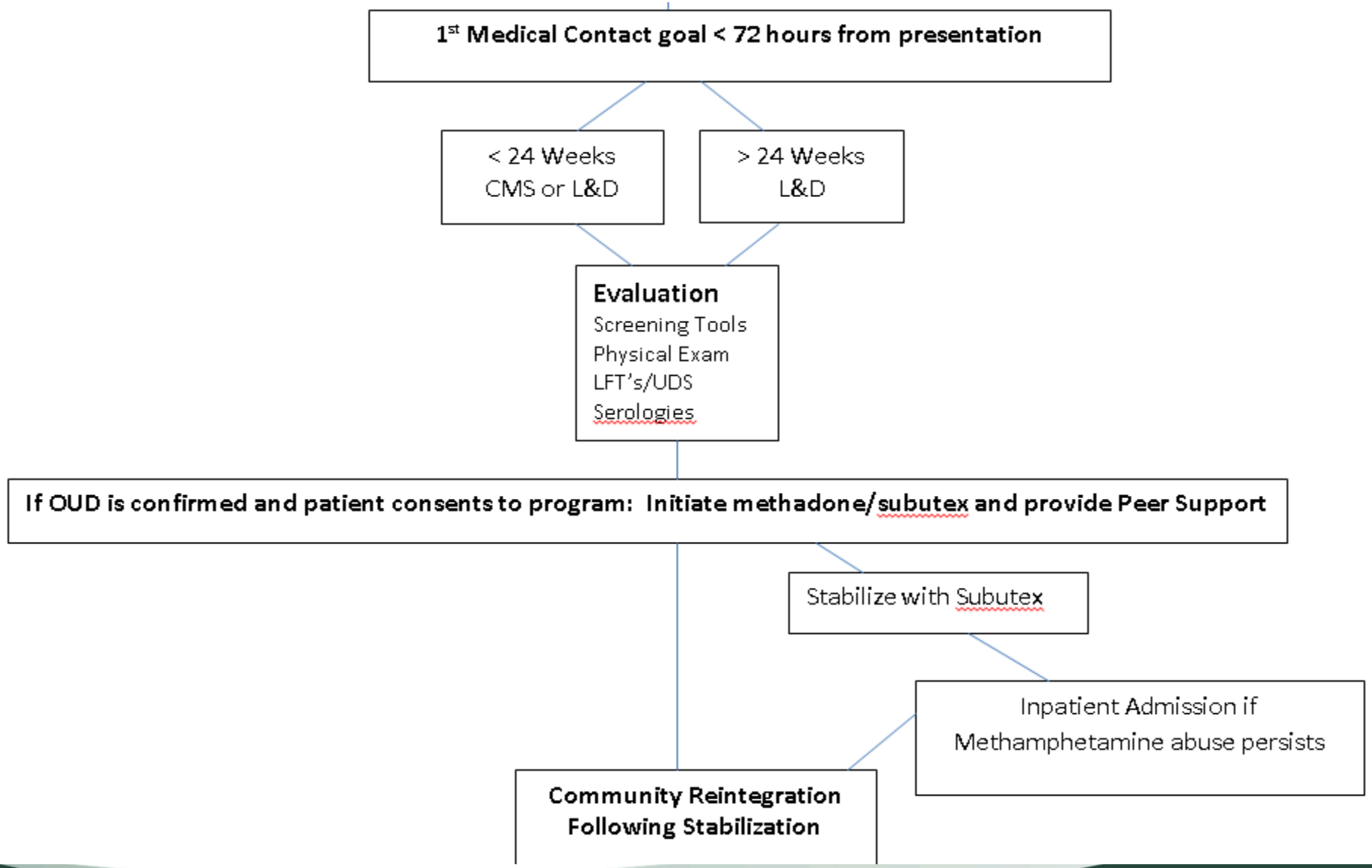
- "When the arrests, detentions, and prosecution of women have been challenged, they are nearly always found, eventually, to be without legal basis or to be unconstitutional"
- Constitutional issues:
  - "due process principles of notice, vagueness, and overbreadth, as well as privacy and sex discrimination
  - Preferentially target poor and minority groups

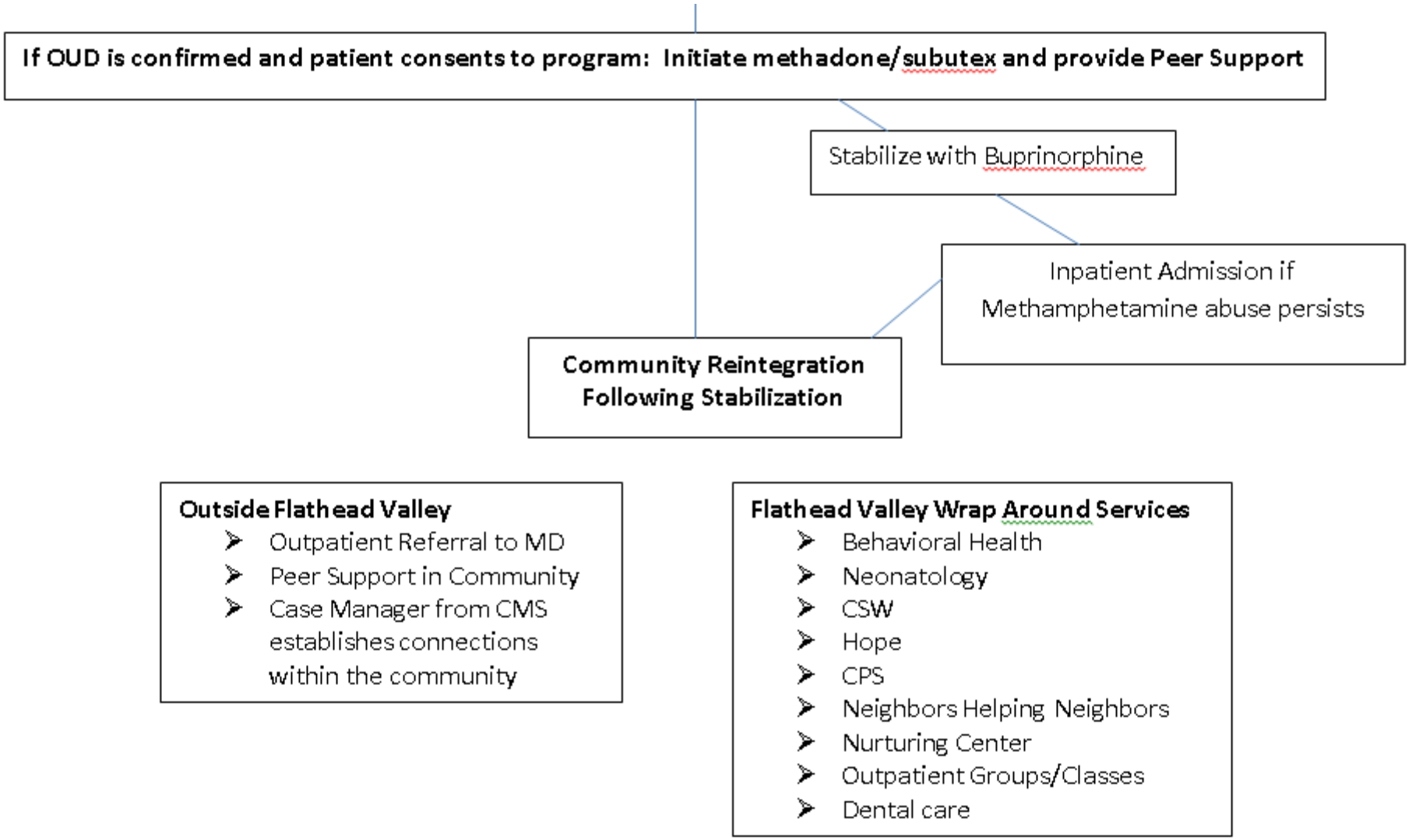
How Do We Best Use Our Scant Resources?

- Develop local effective treatment models
- Partner with every resource available
- Avoid duplication of services
- REDUCE BARRIERS TO CARE

Partners for Pregnancy Recovery of KRH




1st Medical Contact goal < 72 hours from presentation
< 24 Weeks
CMS or L&D
> 24 Weeks
L&D
Evaluation
Screening Tools
Physical Exam
LFT's/UDS
Serologies
If OUD is confirmed and patient consents to program: Initiate methadone/subutex and provide Peer Support
Stabilize with Subutex
Inpatient Admission if
Methamphetamine abuse persists
Community Reintegration
Following Stabilization


If OUD is confirmed and patient consents to program: Initiate methadone/subutex and provide Peer Support
Stabilize with Buprinorphine
Inpatient Admission if Methamphetamine abuse persists
Community Reintegration Following Stabilization
Outside Flathead Valley
Outpatient Referral to MD
Peer Support in Community
Case Manager from CMS establishes connections within the community
Flathead Valley Wrap Around Services
Behavioral Health
Neonatology
CSW
Hope
CPS
Neighbors Helping Neighbors
Nurturing Center
Outpatient Groups/Classes
Dental care

What Have I Learned?

- This is an incredibly difficult issue
- It is not simply having a “waiver”
- Need a system of care in place
- Excellent communication between partners is essential for a good outcome
- We must reduce any barriers to care
- Medical management without housing and “security” will increase likelihood of failure
- We can be successful!!!

Parting Thoughts

	OUD	Diabetes
Genetic predisposition	Yes	Yes
Environment/Choices	Yes	Yes
Effective medical treatment available	Yes	Yes
Teratogen	No	Yes
Stillbirth	No	Yes
Prematurity	Yes	Yes
NICU admissions	Yes	Yes
Life long effects on offspring	?	Yes

Stigma and Bias

- Be very careful what you say: words hurt
  - Your baby is going to withdraw!
  - No baby should be born addicted!
  - If you can't control yourself, how are you going to be a good parent?
  - CPS is going to fix it!
  - Your baby is going to suffer!
- Our goal is to engage our patients in a non threatening and transparent manner!