

Opioid Use Disorder in Pregnancy

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How Big is the Problem?

- According to the Substance Abuse and Mental Health Service Administration (SAMHSA) among pregnant women aged 15-44, 5.5% were current illicit drug users 2012-2013
- National Data for WV in 2013
 - Substance Use Exposure 5.9%
 - 60 per 1,000 births
 - NAS 3.3%
 - 33.4 infants per 1,000 births

How Big is the Problem in West Virginia?

- Eight hospitals throughout WV participated in an umbilical cord study in 2009
- 759 samples collected and tested for illicit substances and alcohol
- 146 positive for drugs or alcohol
- Results showed 19% or approximately one in five babies born in WV are exposed to drugs or alcohol
 - Most common substance identified was THC followed by opiates

How Big is the Problem in West Virginia?

- Beginning in October 2016, the WV Perinatal Partnership and Project WATCH collaborated to develop a better way to capture the rates of substance use in pregnancy and NAS in the state.
- 10 months of data collection
 - IUSE = 13.95%
 - NAS = 5.31%
 - Among those babies with IUSE, 38% developed NAS

Pregnancy: A Unique Treatment Opportunity

- Pregnancy is a unique time in a woman's life when she will seek medical care .
- Women who are suffering from substance abuse become pregnant and need treatment for the complex issues surrounding substance abuse disorders.
- It is NOT a moral failure.

How do we Treat Pregnant Women with Opioid Use Disorder?

- Pregnant women dependent on opioids should be encouraged to use opioid maintenance treatment
 - Buprenorphine
 - Buprenorphine and Naloxone
 - Methadone
- Management to support mom and assist her with her goal of having a healthy baby
 - Group and individual counseling
 - Referrals to community programs for extra support:
 - Social work
 - Nutrition
 - Home visitation

Complications of Opioid Use in Pregnancy

- Neonatal withdrawal
 - Characterized by central nervous system hyperirritability, GI dysfunction, respiratory distress, and autonomic symptoms
 - Most serious life threatening sequela is seizures



The Cost of NAS

- For an infant affected by NAS, the hospital stay was nearly 3.5 times as long (16.57 hospital days compared with 4.98 for a non-NAS patient, $P < 0.001$) and the costs more than three times greater (US \$16 893 compared to US \$5610 for a non-affected infant, $P < 0.001$)."

- Citation: Corr, T. E., and Hollenbeak, C. S. (2017) The economic burden of neonatal abstinence syndrome in the United States. *Addiction*, 112: 1590–1599. doi: [10.1111/add.13842](https://doi.org/10.1111/add.13842).

- Marshall University published this article stating:

"the average length of stay was 10 days NICU charge was \$46,000 compared to \$3,440 charge for a term normal newborn"

<http://mds.marshall.edu/mjm/vol3/iss3/10/>

- WVU Hospitals believes our costs are around
 - Average length of stay for NAS is ~17-18 days, estimate cost of care would be about \$500 - \$700 per day, which would put cost of hospitalization between \$9000 & \$12600.

Drug Free Mom and Baby

- Program created by the WV Perinatal Partnership
- Began project development in 2011
- Started awarding funds in 2012
- Four pilot sites selected:
 - Shenandoah Community Health
 - Thomas Memorial Hospital
 - Greenbrier Physicians Clinic
 - WVU Medicine Obstetrics and Gynecology Department

Drug Free Mom and Baby Goal

- To develop, evaluate, document, and replicate programs that support healthy baby outcomes by providing prevention, early intervention, treatment, and recovery services for pregnant and postpartum women with substance use disorders.

DFMB Design Overview

- **SBIRT Model**

- Screening
- Brief Intervention
- Referral
- Treatment

- **Treatment Provided**

- Case Management
- Counseling: Individual, Group, Family
- Peer Recovery Coaching
- Medication Assisted Treatment
- Educational Workshops/Coaching
- Drug Screens
- Incentive Programs



WVU DFMB: ACE Project

- **Assist** expectant mothers with recovery
- **Connect** moms to the support they need
- **Encourage** healthy pregnancy choices



What is ACE?

- Based in the department of WVU OBGYN
- Program designed for pregnant women needing extra support and guidance coping with substance abuse
- Above and beyond regular prenatal care
- Offers individualized services tailored to meet the needs of program participants



Enrollment Criteria

- WVU OBGYN patients
- Self-disclosed drug history, PRSI screen, as well as a positive urine drug screen



Program Requirements

- Drug screens- throughout pregnancy and postpartum
- Attend all treatment center appointments and NA/AA meetings as required
- Attend all OB appointments
- Regular contact with Recovery Coach as agreed upon



Participation

- Total of 84 participants enrolled as of October 2017
- Current Participation
 - 10 pregnant women
 - 17 postpartum women
 - 34 Loss to Follow up
 - Dismissed/dropped out of COAT clinic postpartum: 11
 - Incarcerated: 3
 - Higher level of care: 2 (inpatient)
 - Moved out of the area: 1 (fleeing from IPV)
 - Unknown/Lost Contact: 17



Participation by County

- Monongalia: 20
- Harrison: 7
- Marion: 6
- Preston: 4
- Barbour: 3
- Taylor: 2
- Upshur: 2
- Doddridge: 1
- Fayette: 1
- Gilmer: 1
- Tyler: 1
- Gilmer: 1
- Mineral: 1
- Raleigh: 1
- Ritchie: 1
- Kanawha: 1
- Wood: 1
- Wetzel: 1
- Pennsylvania: 2



Participation

- Approximately 90% of ACE participants had unintended pregnancies
- May be underestimated due to self-reporting
- 6 women additionally enrolled for second pregnancies



Overview of Services

- Access to recovery coach support via phone/ text for immediate situational help and support
- Education on community resources and pregnancy related health information
- Referrals to programs including:
 - Substance Abuse Treatment Centers
 - HAPI Project
 - Right from the Start
 - Women, Infants and Children (WIC)
 - Mental health services
- Weekly contact with COAT clinic treatment team to coordinate services



Overview of Services

- Monthly group meetings for support
- Assistance with other WV DHHR services
 - Transportation reimbursement
 - HUD housing applications
- Option to participate in “Freedom From Smoking” smoking cessation program
- Encouragement for compliance with prenatal care
 - Appointment reminders via phone call and/or text for both treatment and OB appointments



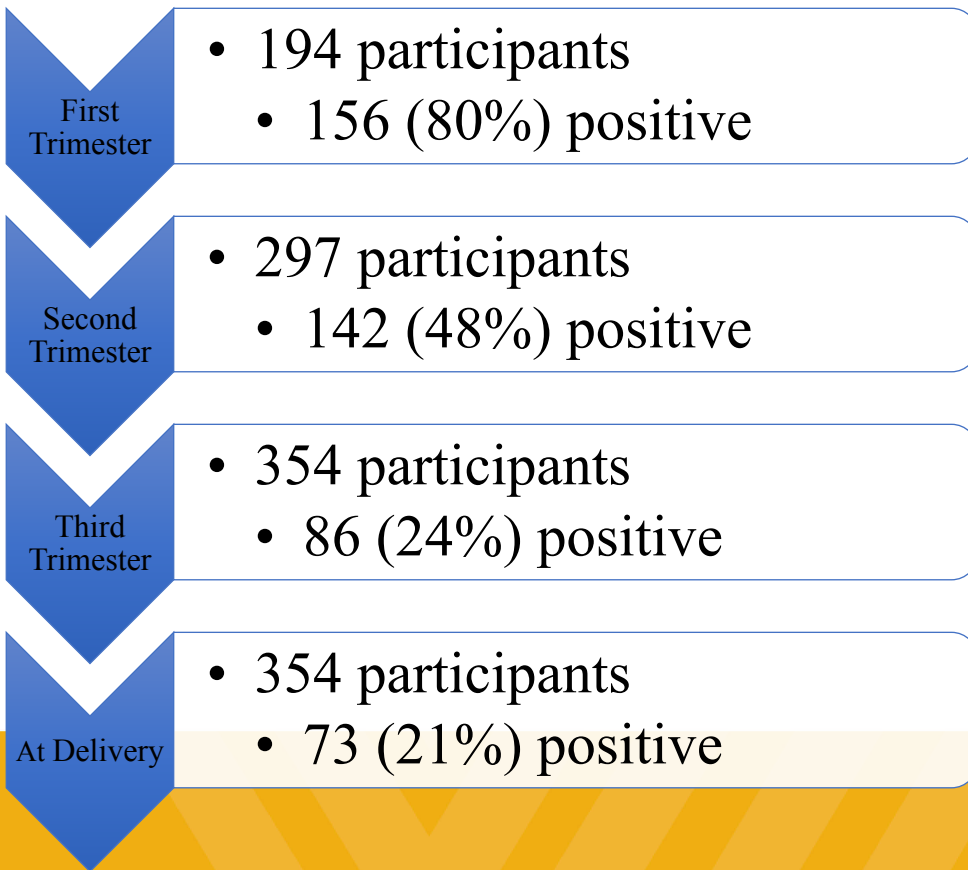
DFMB Outcomes- Summary of all 4 sites

- DFMB Program is reaching high-risk, medically-underserved women, including high percentages of:
 - Low education
 - Low income
 - Medicaid insurance
 - Unplanned pregnancies

DFMB Outcomes

Positive Urine Drug Screens

- For program completers (N=354)
- Does not include positive drug screens prior to program entry
- Positives generally defined as *non-prescribed*



DFMB Outcomes

- Positive urine drug screens decreased from 80% at first trimester to 21% at delivery
- Comparisons with WATCH/Birth Score
 - Lower pre-term delivery percentage
 - Higher percentage NAS diagnosis
 - Perhaps due to definition and increased awareness of newborn need for treatment
 - High percent on Medication Assisted Treatment

Drug Free Mom and Baby Program

- Thank you!