

# Perinatal Substance Use: Motivating Recovery

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# Goals

- Highlight the continuum of care for women and families impacted by substance use across the perinatal period
- Review trends in maternal treatment engagement and overdose in the perinatal period
- Present a multidisciplinary model of care for pregnant and postpartum women, their partners, and their children impacted by substance use
- Describe non-stigmatizing, trauma-informed language choices when for caring for infants and families affected by substance use

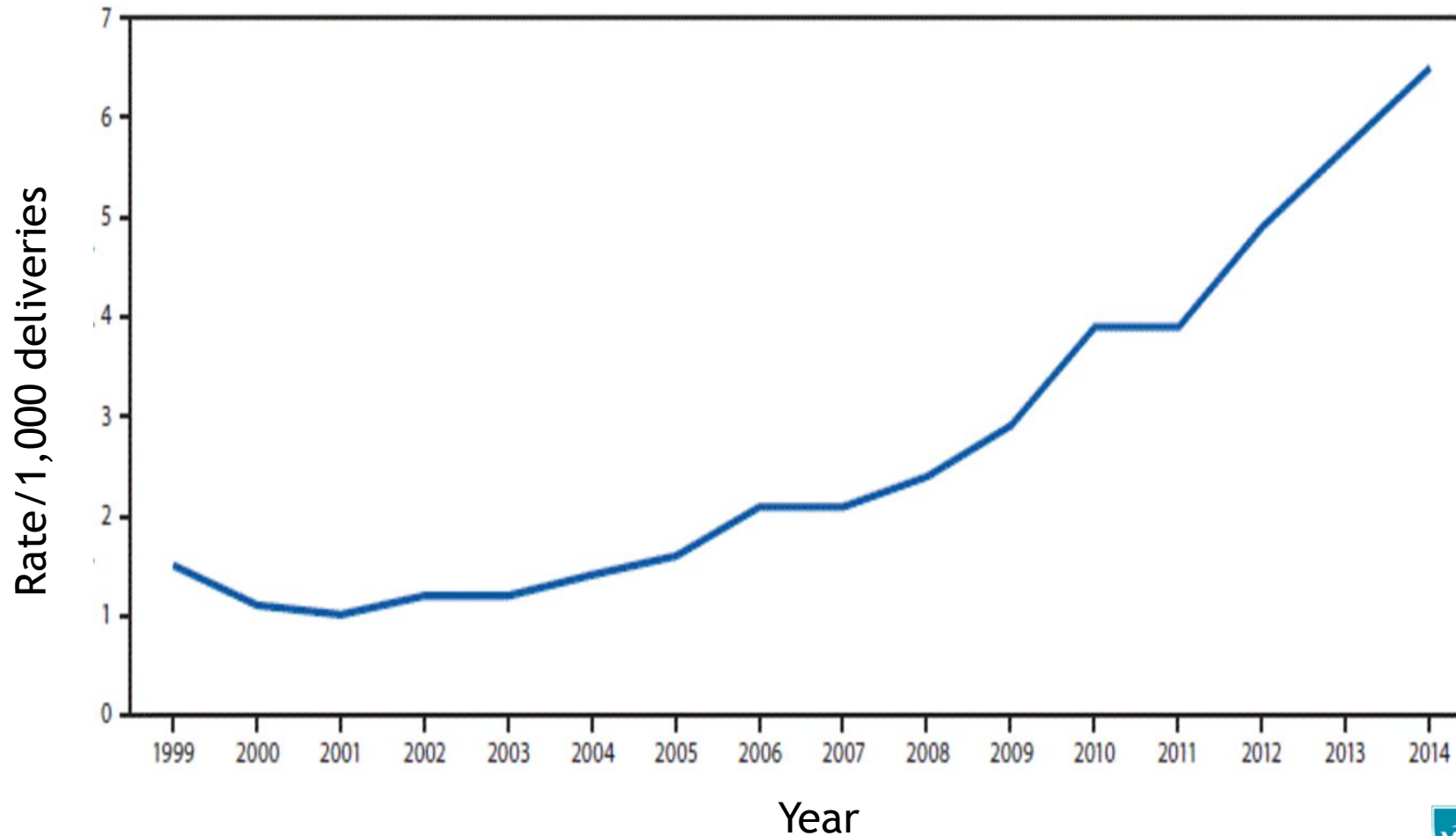


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# Epidemiology: Perinatal Opioid Use Rising

Deliveries impacted by maternal opioid use disorder 1999-2014 in US



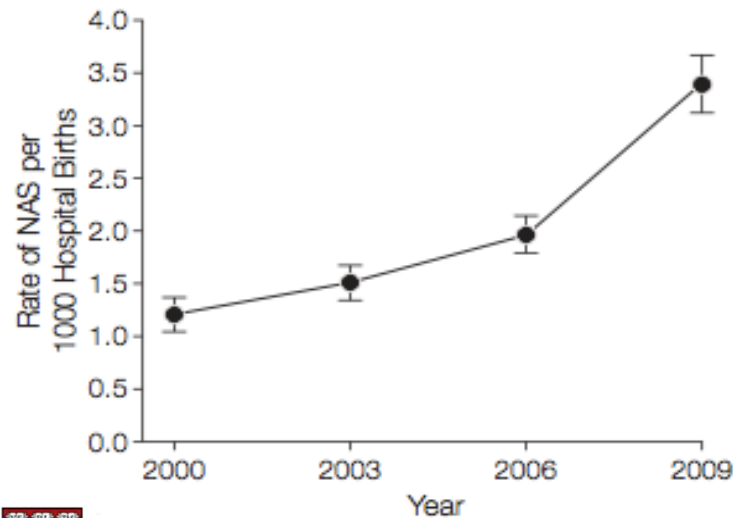
# Epidemiology: Neonatal Opioid Withdrawal

## Neonatal Abstinence Syndrome and Associated Health Care Expenditures United States, 2000-2009

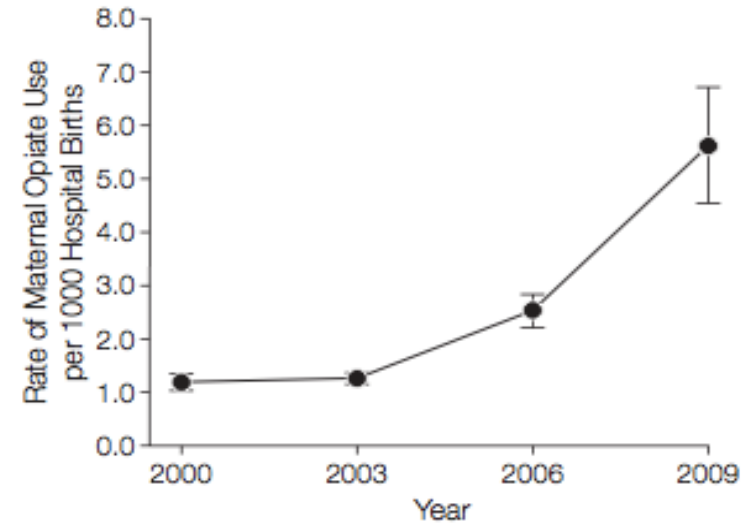
Stephen W. Patrick, MD, MPH, MS  
Robert E. Schumacher, MD

**Context** Neonatal abstinence syndrome (NAS) is a postnatal drug withdrawal syndrome primarily caused by maternal opiate use. No national estimates are available

**Figure 1.** Weighted National Estimates of the Rates of NAS per 1000 Hospital Births per Year

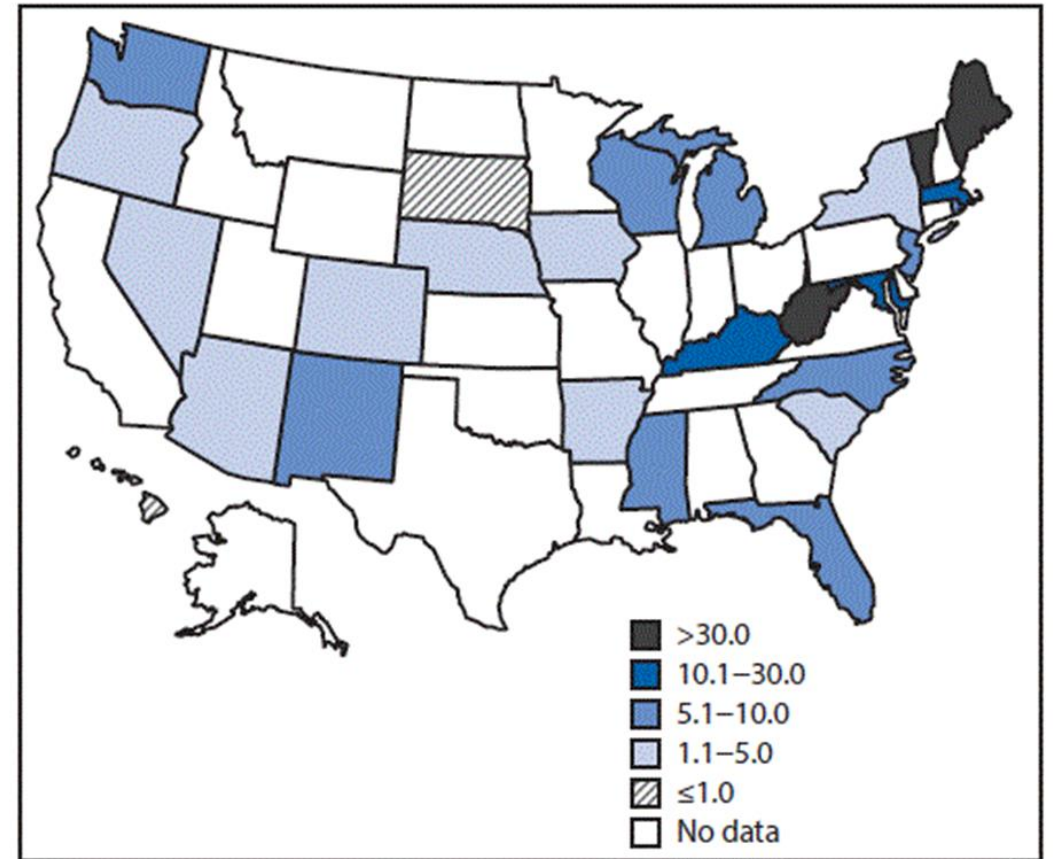


**Figure 2.** Weighted National Estimates of the Rates of Maternal Opiate Use per 1000 Hospital Births per Year



# Neonatal Opioid Withdrawal Rates Highest in Appalachia + New England

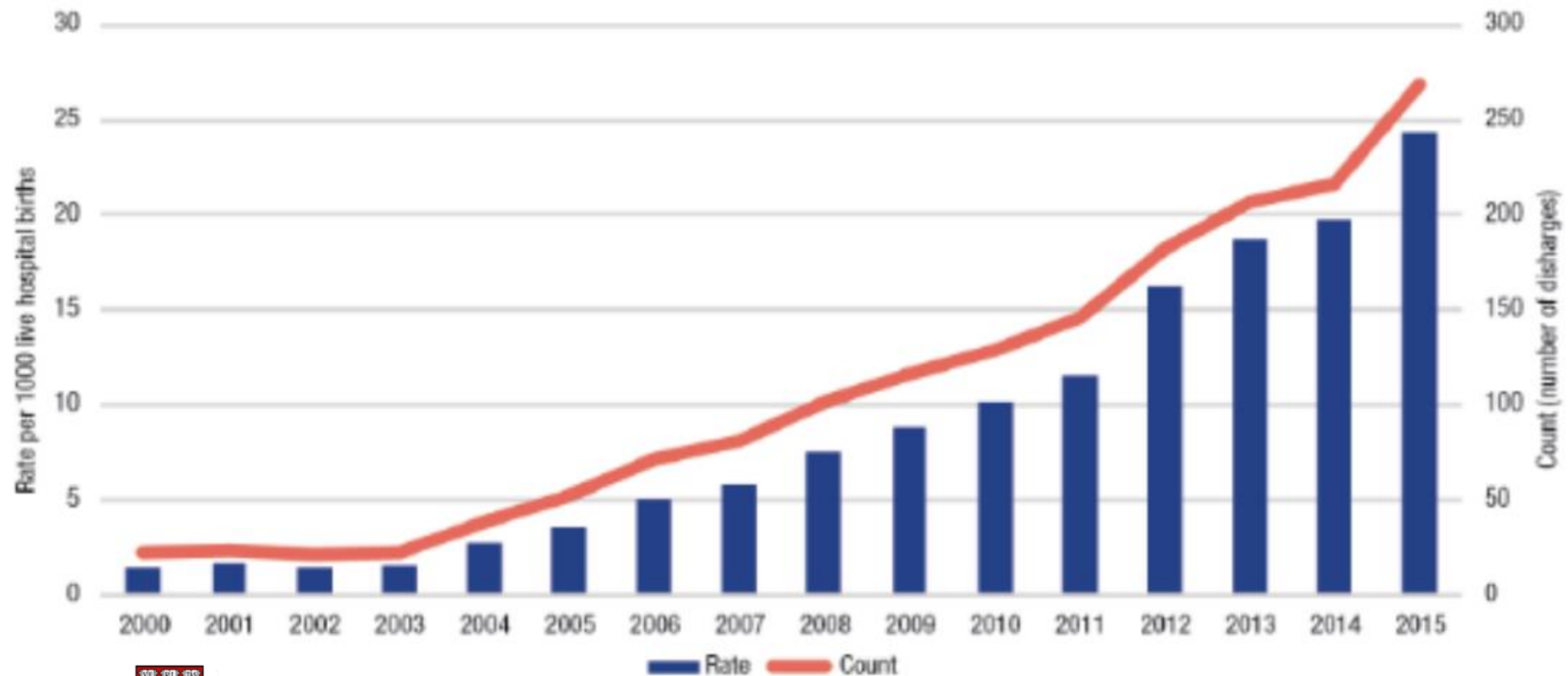
- National average rate of neonatal withdrawal: 6 per 1,000 births in 2015
- Appalachia/New England regions with rates >30/1,000 births
- **NH Rate: 24 per 1,000 births in 2015**



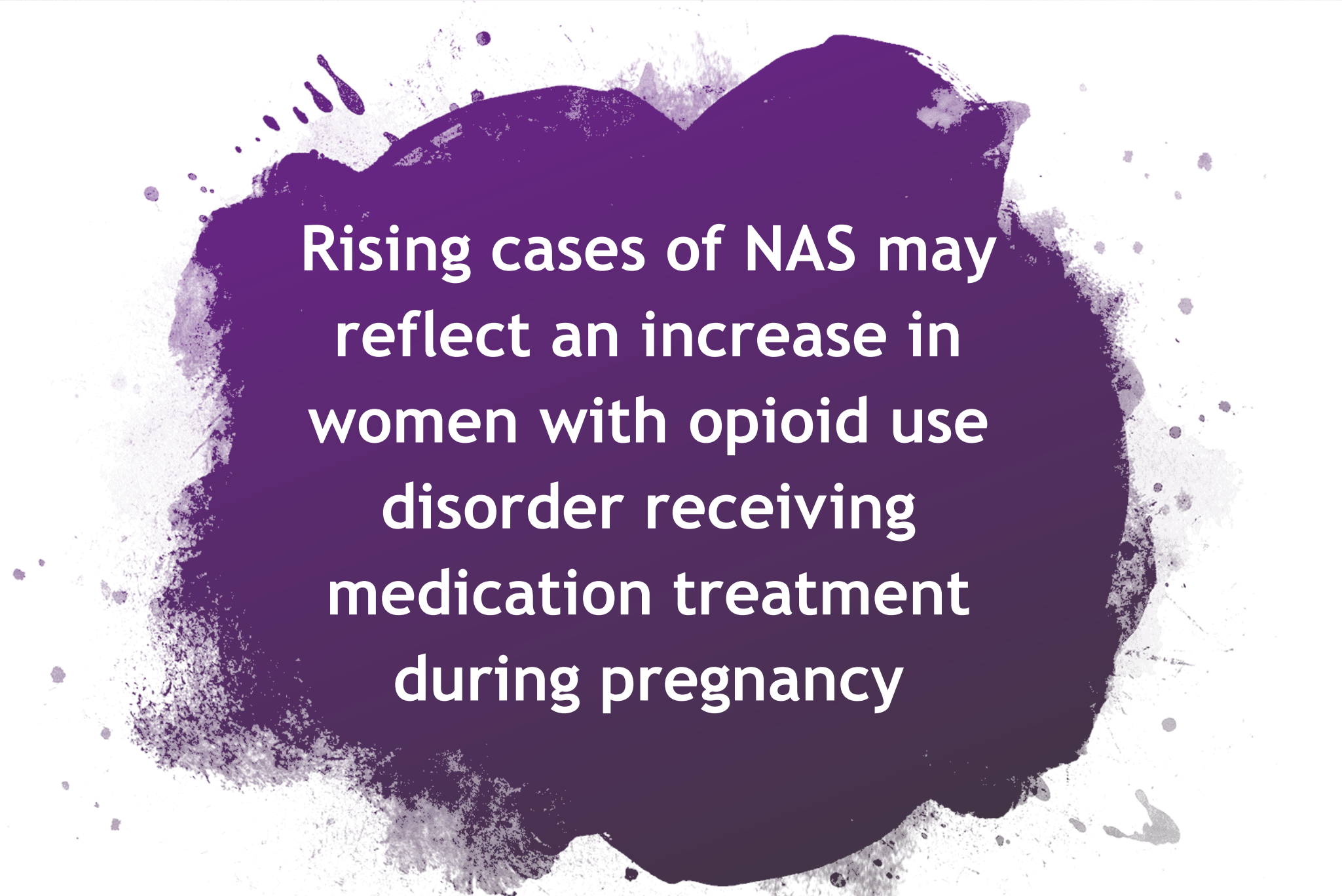
2012-2013 State Inpatient Databases, Ko, 2016  
<https://carsey.unh.edu/publication/opioid-nas-nh>

# Prevalence of NAS in NH, 2000-2015

**FIGURE 2. NEONATAL ABSTINENCE SYNDROME AMONG NEW HAMPSHIRE INFANT DISCHARGES, 2000–2015**

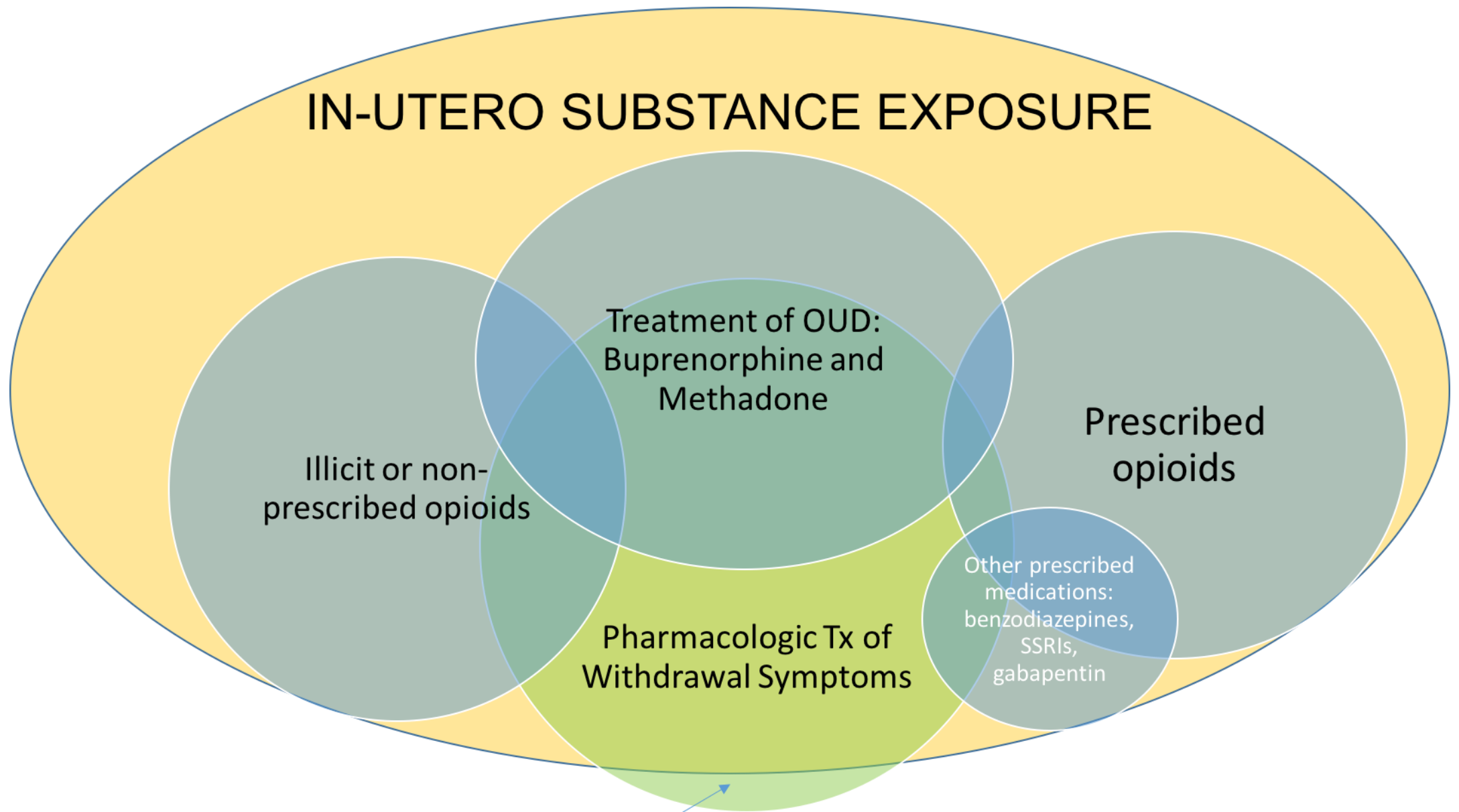






**Rising cases of NAS may  
reflect an increase in  
women with opioid use  
disorder receiving  
medication treatment  
during pregnancy**

Questions? Email: [2019POSC@gmail.com](mailto:2019POSC@gmail.com)



Illicit or non-prescribed opioids

Treatment of OUD:  
Buprenorphine and  
Methadone

Prescribed  
opioids

Other prescribed  
medications:  
benzodiazepines,  
SSRIs,  
gabapentin

Pharmacologic Tx of  
Withdrawal Symptoms

Iatrogenic opioid  
withdrawal symptoms



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# Broadening Our Focus: Beyond NAS

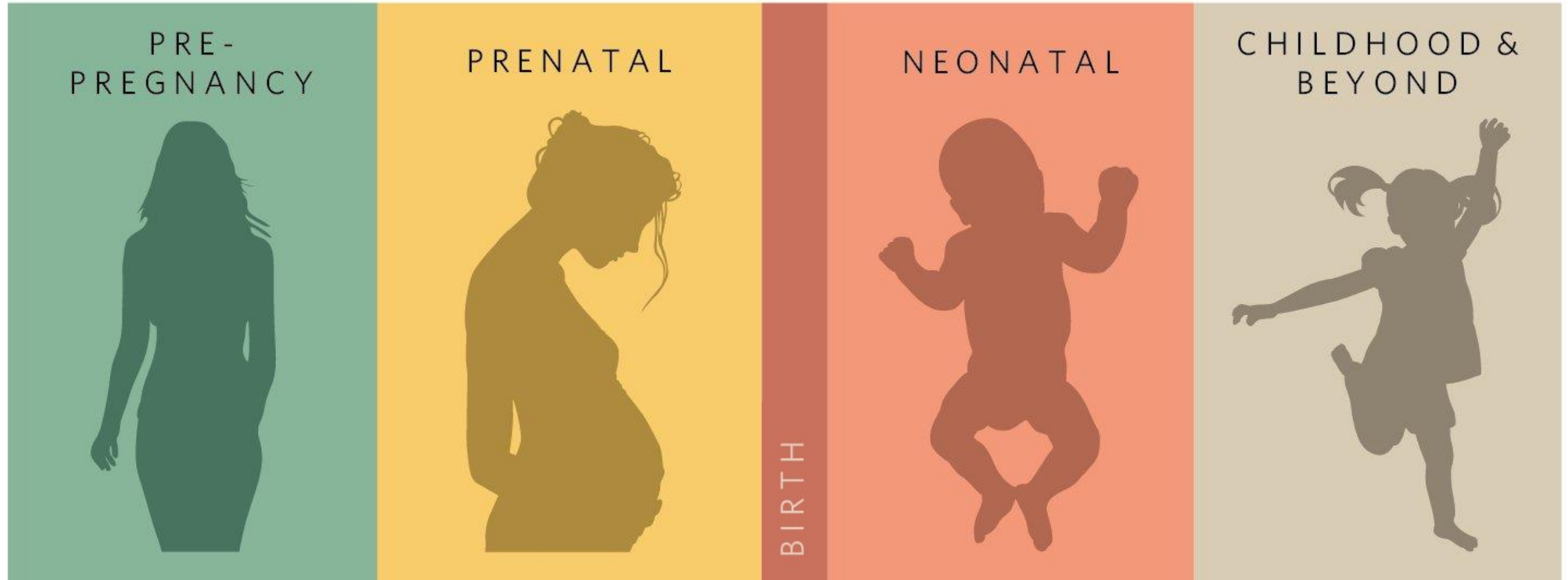
BIRTH



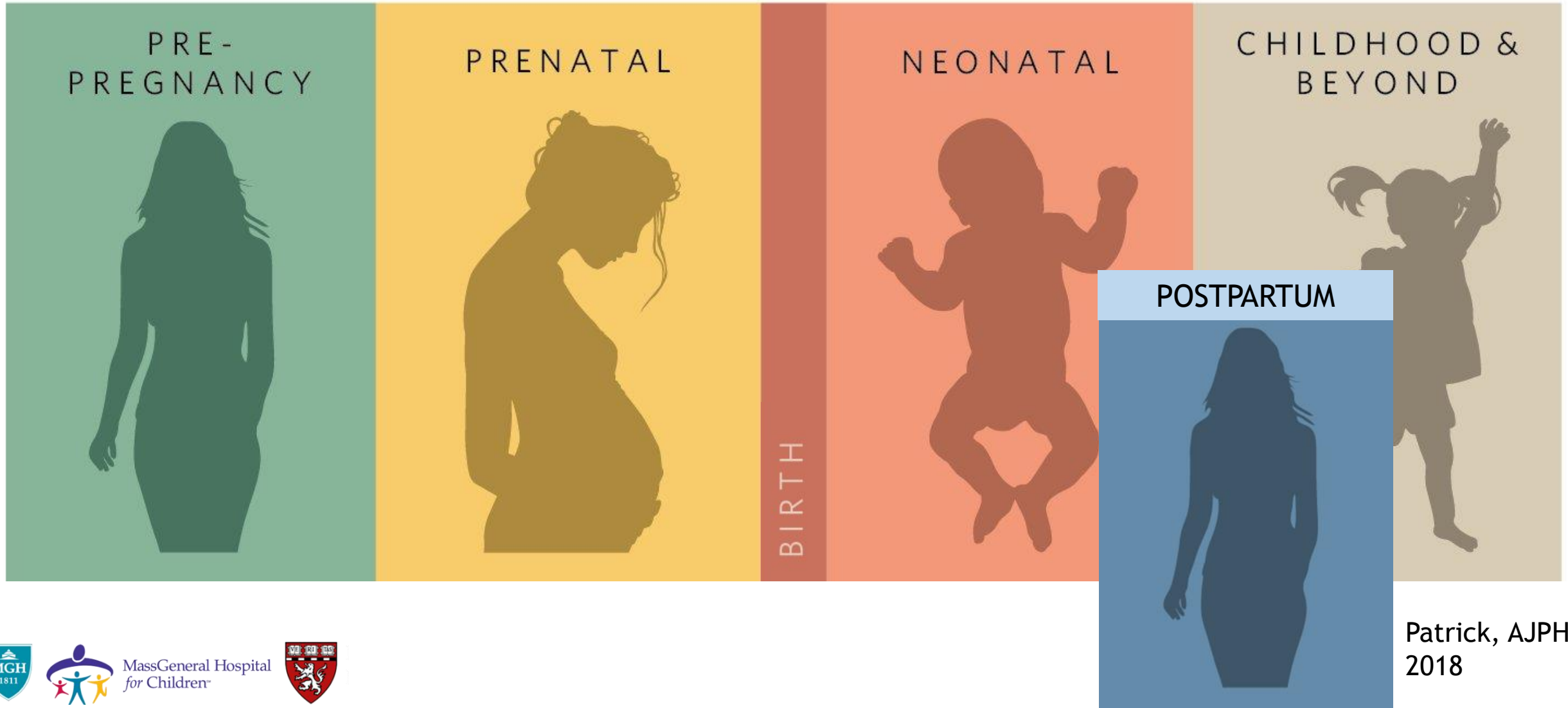
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# Broadening Our Focus: Perinatal Period

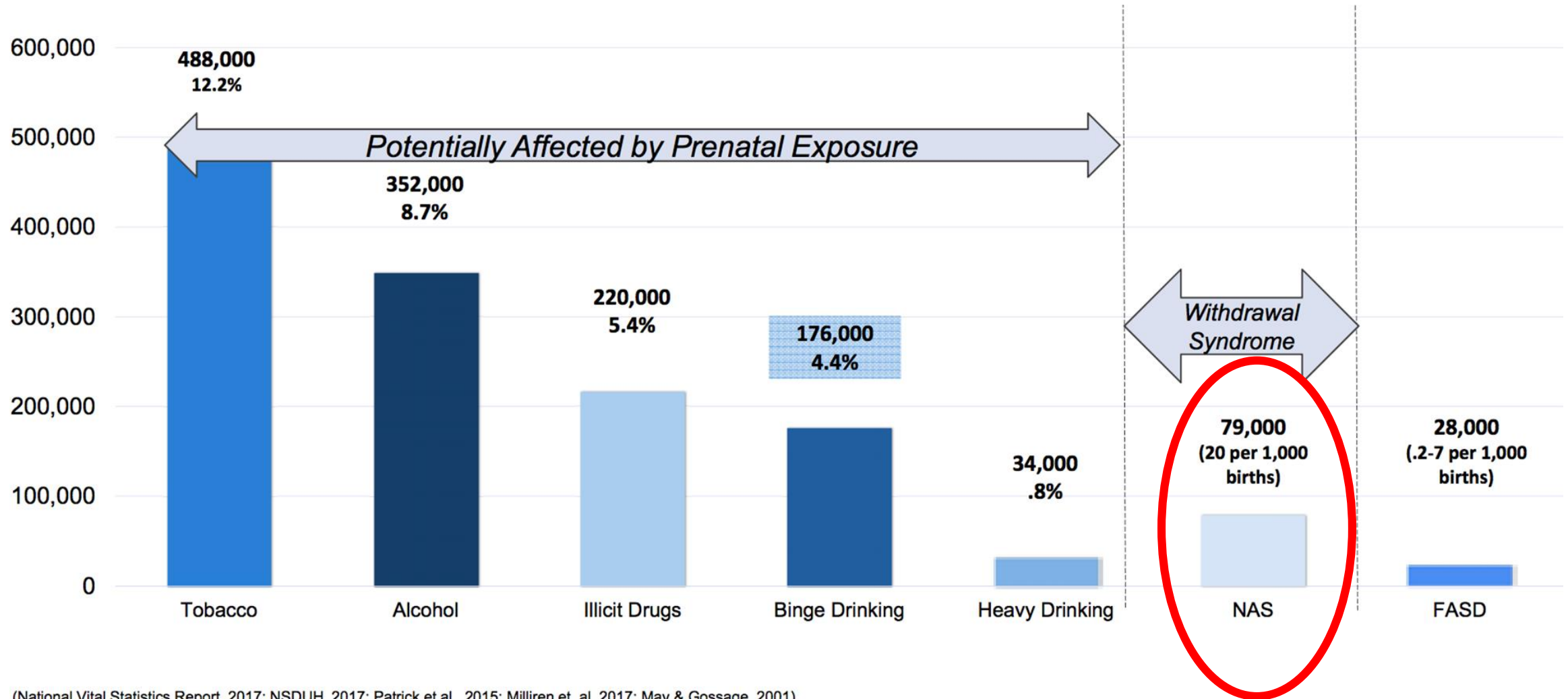


# Broadening Our Focus: Perinatal Period



Patrick, AJPH,  
2018

# Broadening Our Focus: Prenatal Substance Exposure



(National Vital Statistics Report, 2017; NSDUH, 2017; Patrick et al., 2015; Milliren et. al, 2017; May & Gossage, 2001)

# Prenatal Treatment Engagement



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# Treatment of Opioid Use Disorder in Pregnancy

- Opioid Agonist Treatment with methadone or buprenorphine is the **standard of care** for treatment of pregnant women with OUD.
- “Pharmacotherapy is preferable to medically assisted withdrawal because withdrawal is associated with high relapse rates which lead to worse outcomes”.



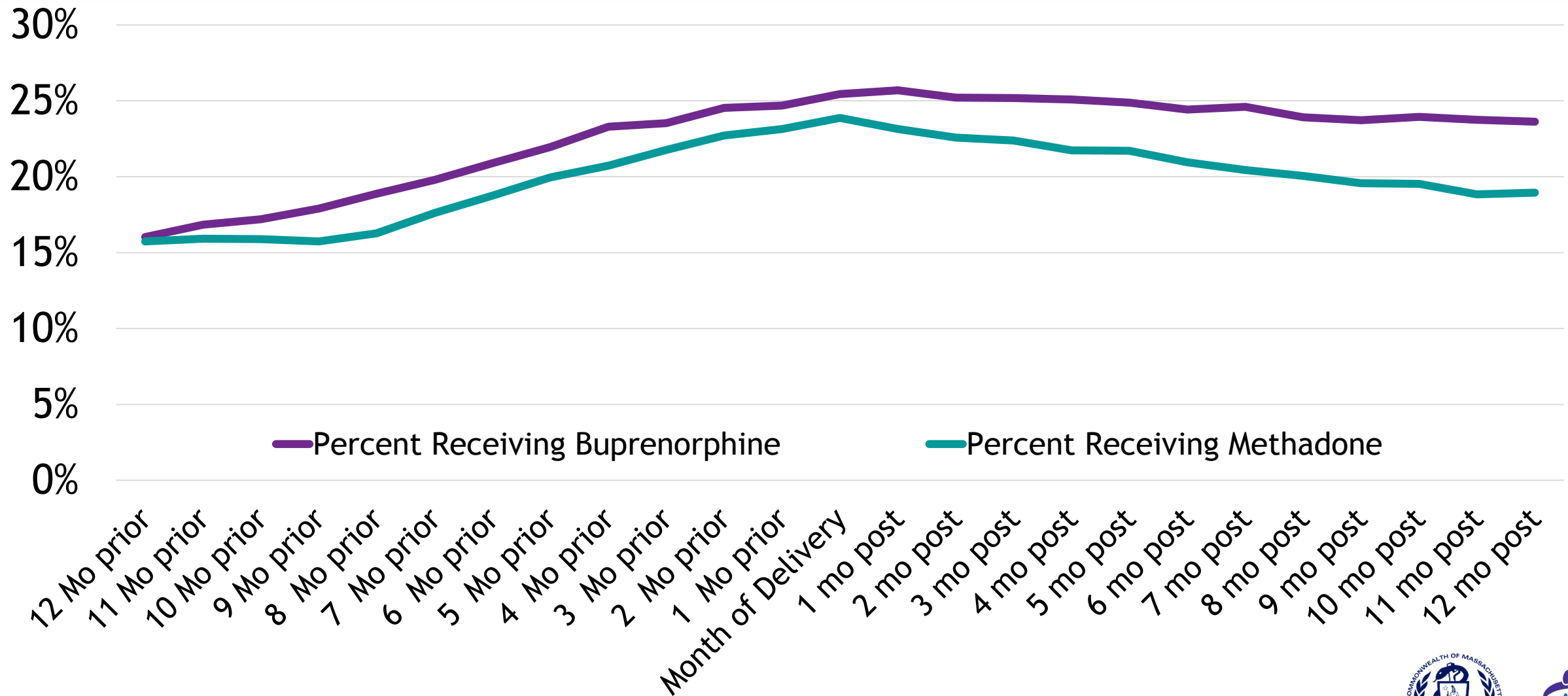
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ACOG Committee Opinion, 2017,  
Terplan, Obstetrics & Gynecology, 2018



# Monthly Receipt of Methadone and Buprenorphine by Pregnant and Postpartum Women 2011-2015



# Why do pregnant women avoid treatment?

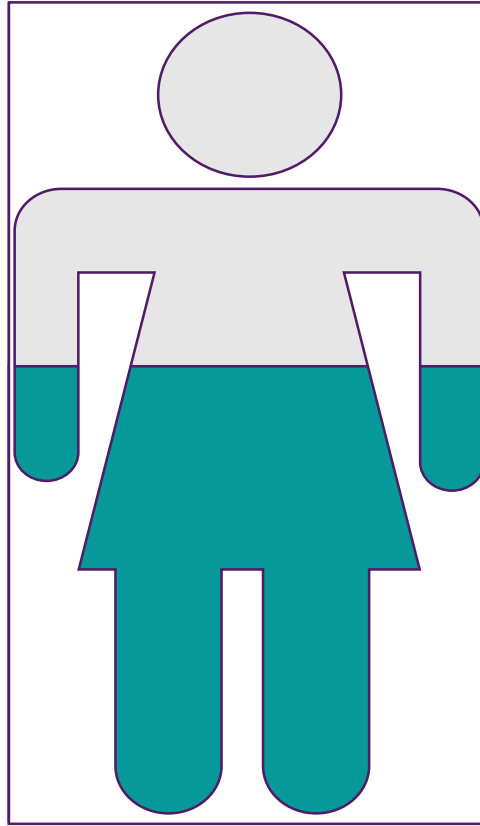
- Desire to minimize exposures to fetus, avoid the risk of neonatal withdrawal
- Shame/stigma of drug use during pregnancy
- Avoid child protective services reporting
- Fear of punitive response
- Historical/community views on medication treatment
  - Differences by race/ethnicity
- For women who engage during pregnancy, strong desire to wean down/discontinue after delivery



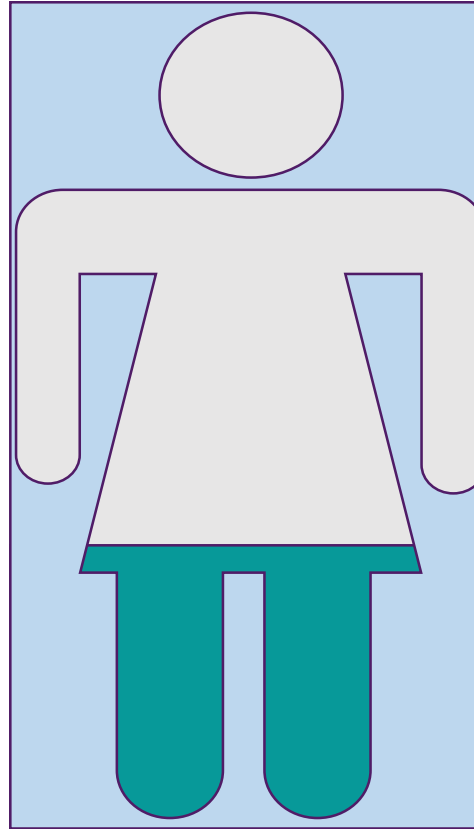
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# White women more likely to receive any methadone or buprenorphine in year prior to delivery in MA



**White non-Hispanic**  
**66.3%**



**Hispanic**  
**46.2%**



**Black non-Hispanic**  
**45.4%**

# Racial differences in treatment engagement during pregnancy identified in Massachusetts

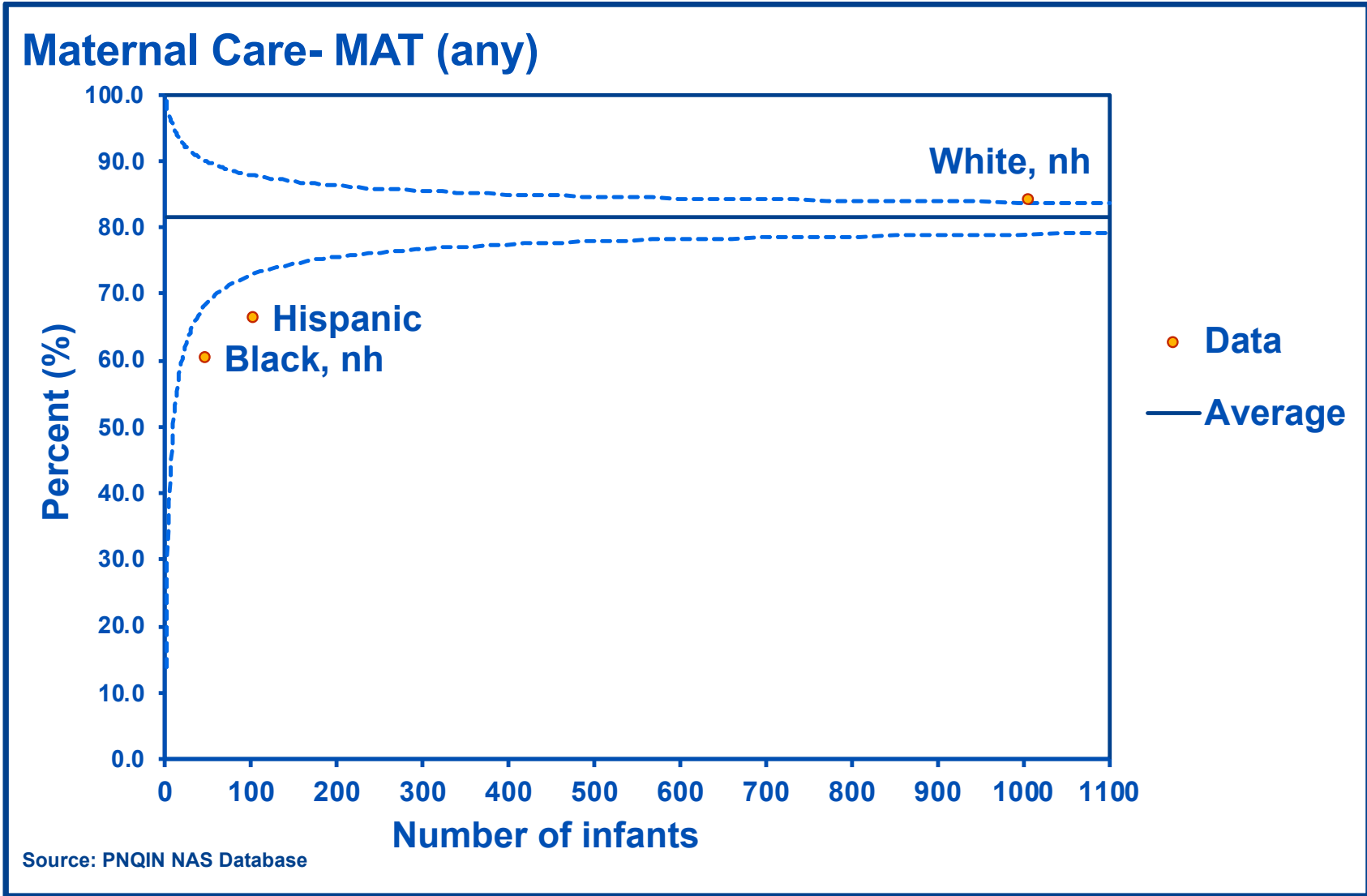
Black and Hispanic women were 2-3x more likely to have no engagement than consistent engagement in treatment during pregnancy when compared to White women

\*After adjusting for age, education, geography

*Manuscript in Preparation*



# Another look at racial/ethnic treatment engagement differences in MA: 2017-2018



MA Quality  
Improvement  
Database,  
2017-2018




# Postpartum Risks



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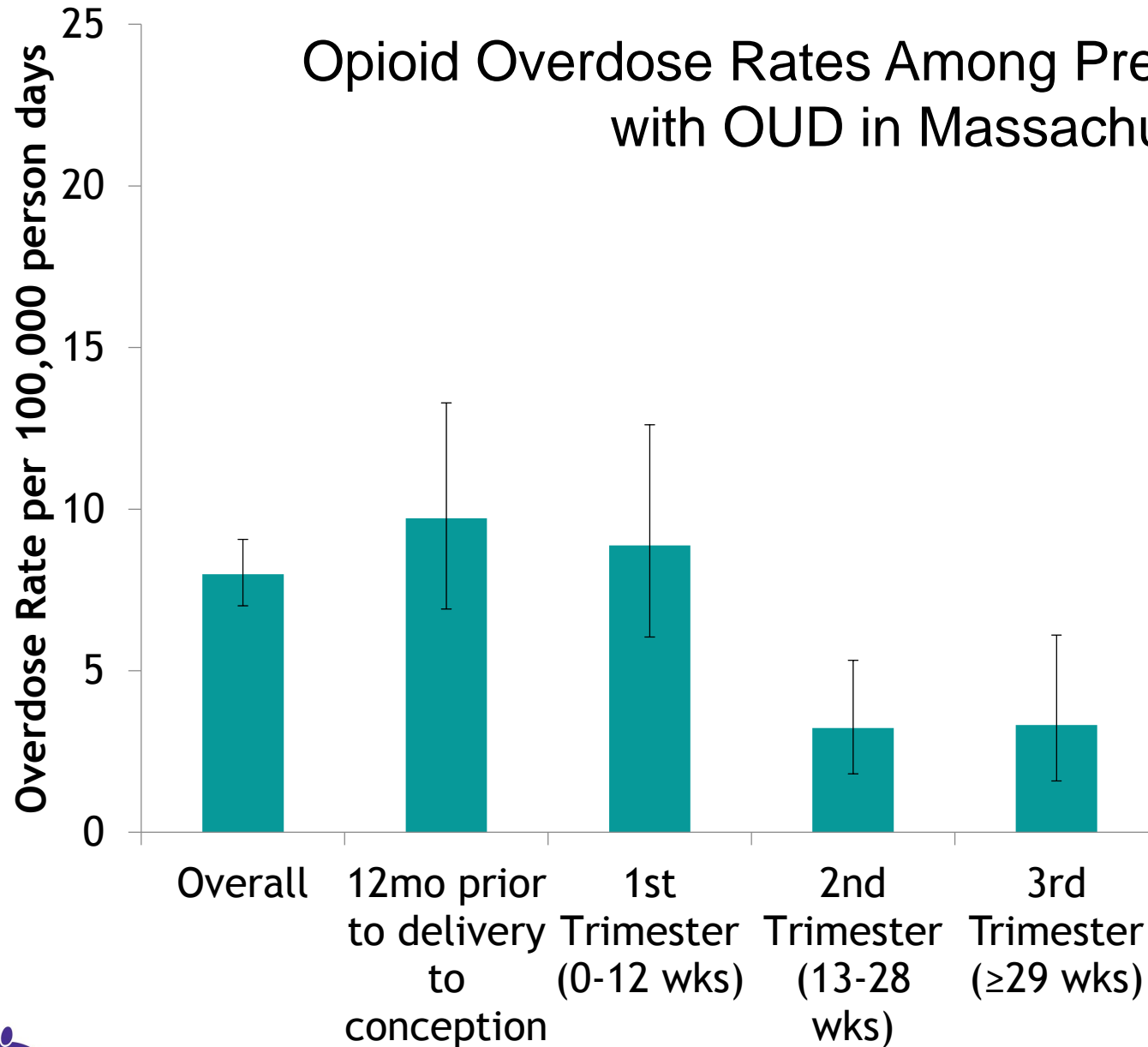


**“The truth is, getting  
through pregnancy is  
the easiest part”**

Katie Raftery, MGH Recovery Coach

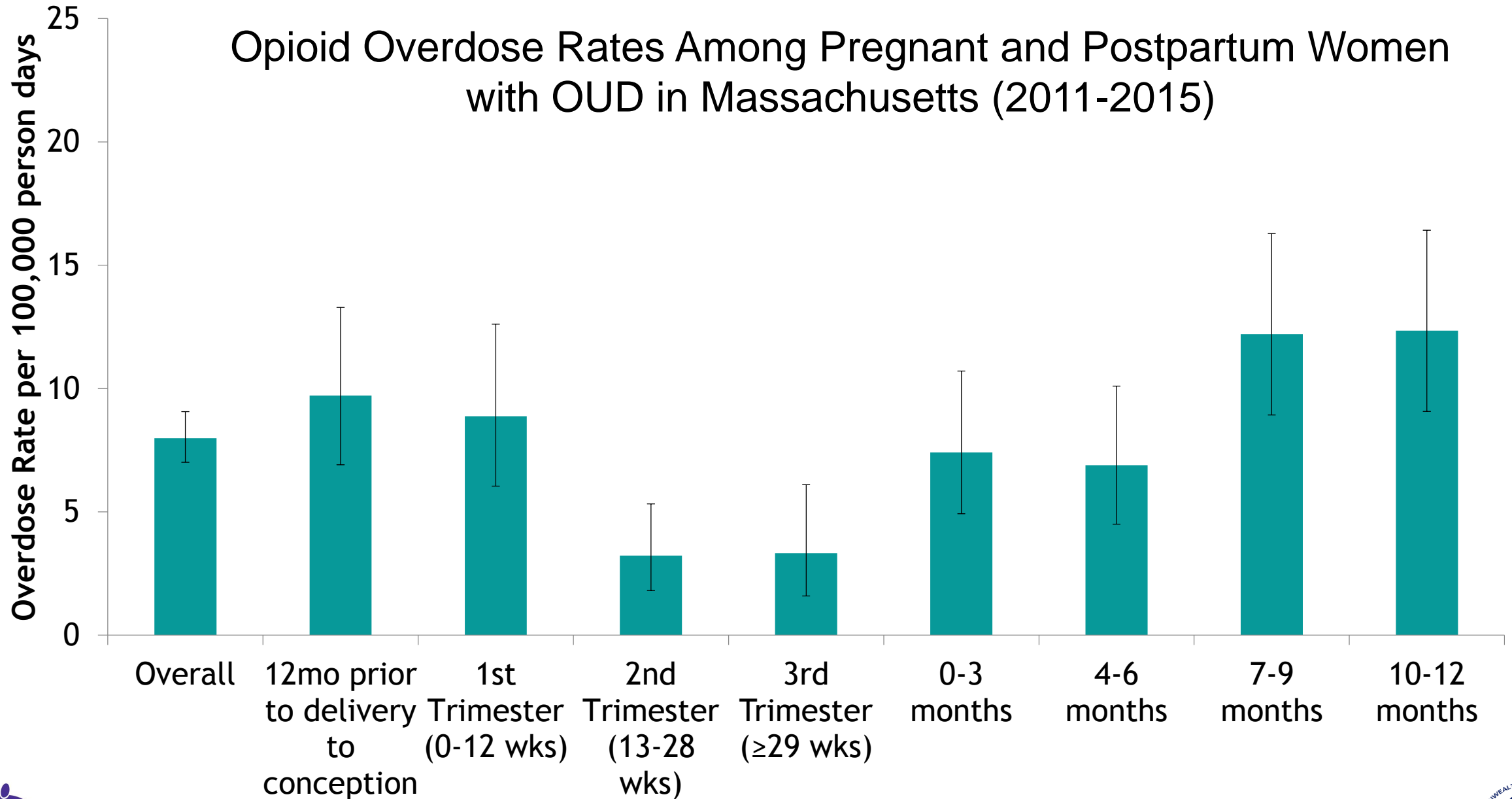
Questions? Email: [2019POSC@gmail.com](mailto:2019POSC@gmail.com)

## Opioid Overdose Rates Among Pregnant and Postpartum Women with OUD in Massachusetts (2011-2015)



(n=4184)

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(n=4184)

Schiff et. al, *Obstetrics and Gynecology*, 2018



"Where things fall apart is postpartum. We actually abandon women after delivery."

**Mishka Terplan, obstetrics and gynecology physician**

VIRGINIA COMMONWEALTH UNIVERSITY SCHOOL OF MEDICINE



*PEW Stateline article, August 14, 2018.*

# Why Are Postpartum Women Vulnerable?

- Loss of access to special services designed for caring for pregnant women
- High rates of postpartum depression among women with substance use
- Shame and stigma women feel watching their infants experience symptoms of neonatal opioid withdrawal
- Stresses of having a new baby
- Heartbreak of being separated from baby
- Desire to discontinue medication treatment

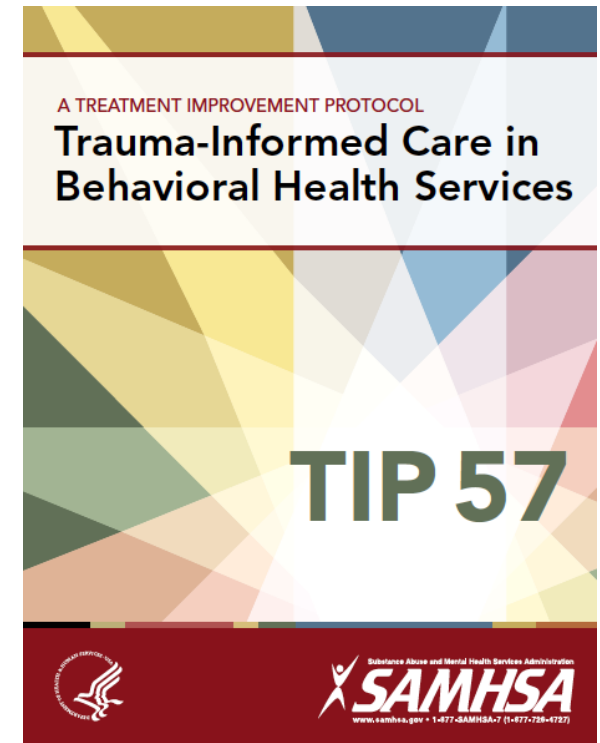
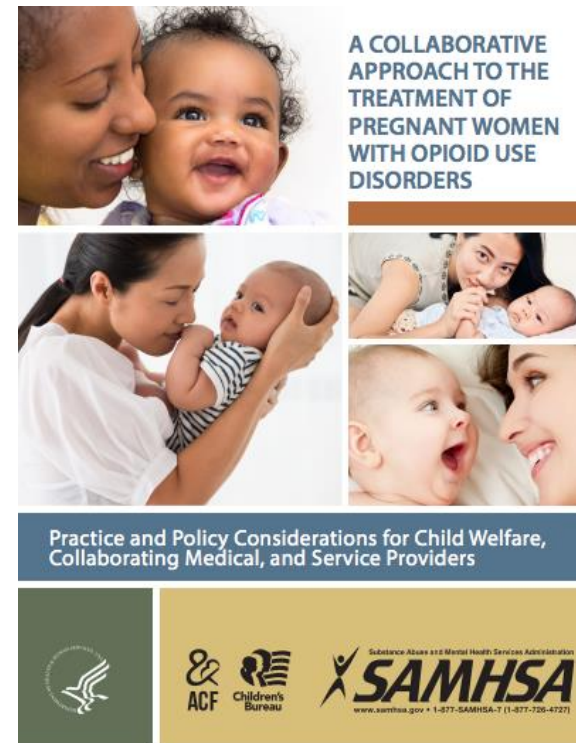


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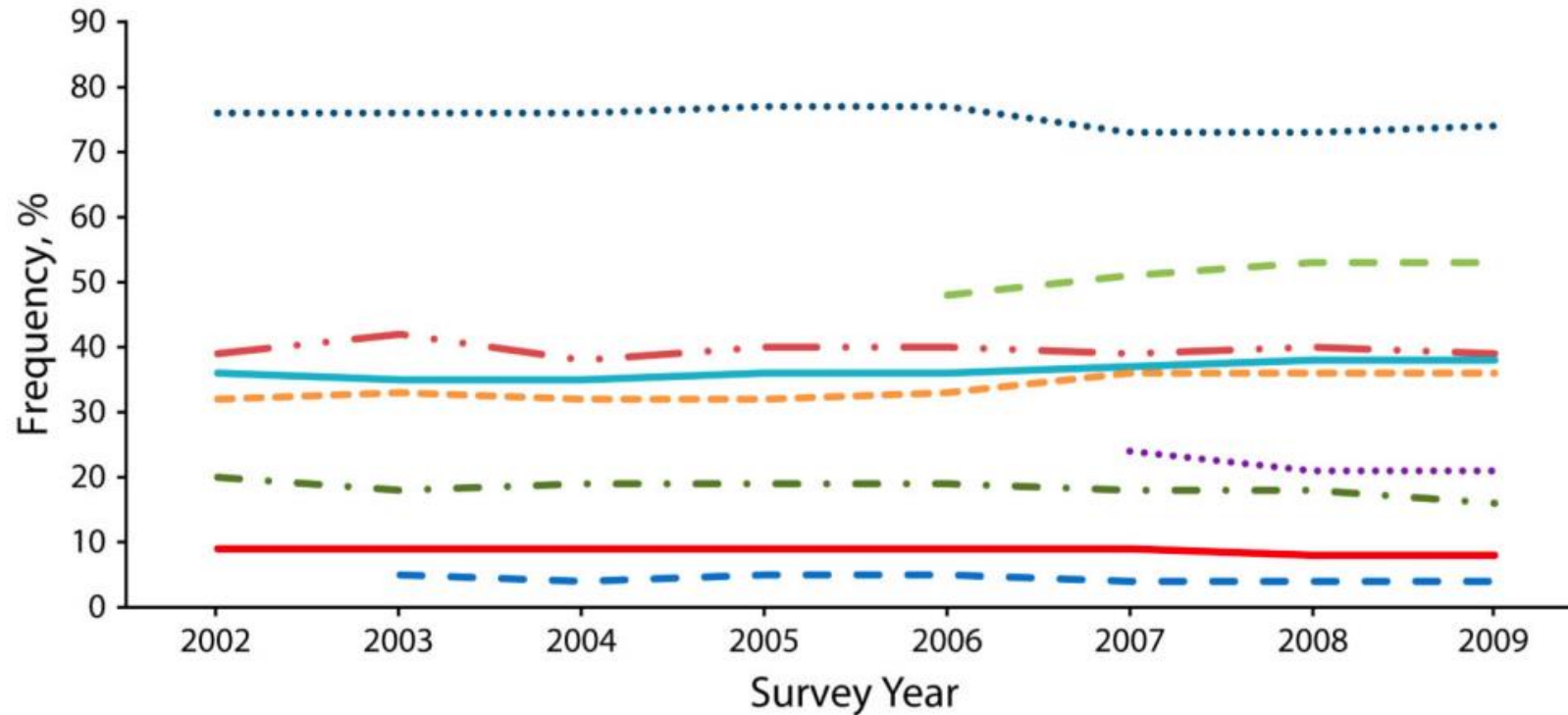
# Women Benefit from Gender-Specific Programs

- Trauma-informed: safe, welcoming, supportive, empowering programs
- Specialized supports for pregnant and parenting women
- Comprehensive mental health services
- Childcare
- Transportation





# Gender-Specific Services in US Treatment Programs



n=1300  
federally-funded  
substance use  
treatment  
programs



# Multidisciplinary Care for Families Impacted by Substance Use

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**Nurturing the dyad  
begins at conception -  
and doesn't stop at  
delivery**

A focus on the 'first 1000 days'

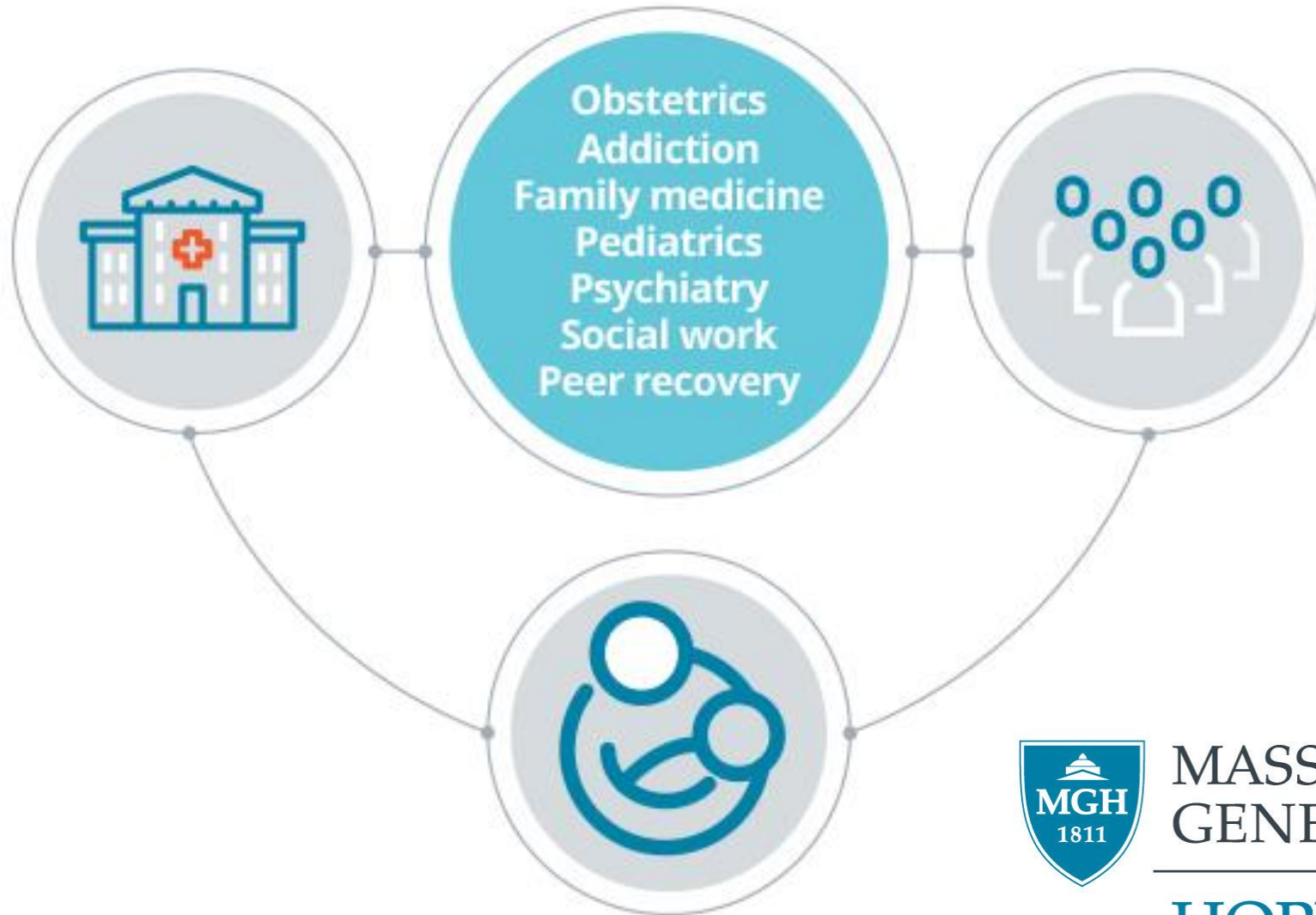
Questions? Email: [2019POSC@gmail.com](mailto:2019POSC@gmail.com)

# Addressing Complex Biopsychosocial Needs

- Multidisciplinary co-located care
- Integrated care for mother, child, partner
- Longitudinal care from conception of pregnancy to child's second birthday
- Flexible care, walk-ins welcome
- Trauma-informed, stigma-free care







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# Patient Recovery Portfolio

## Key Components:

- Support Network
- Community Resources
- Relapse Prevention and Safety Plan
  - Things to support recovery
  - Things to avoid
  - Warning signs to be aware of
- Safety Agreement
- Profile of Treatment Engagement During Pregnancy

My Recovery Portfolio
Name:
Date:
Prepared with:
About me
I live at:
People who live with me:

Adapted from NESST (Newborns Exposed to Substances: Support and Therapy, JF&CS)



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**We celebrate  
successes and  
milestones with our  
patients**

Questions? Email: [2019POSC@gmail.com](mailto:2019POSC@gmail.com)

# “Preparing for Baby” Shower

- Monthly opportunity to meet with representatives from child welfare services and early intervention prenataally
- Debunk myths
  - Separate eligible EI services from potential DCYF involvement
  - Learn about process of DCYF reporting

A graphic titled "Preparing for Baby Shower!" featuring a row of five stylized elephants in various colors (green, pink, yellow, blue, and grey) with different patterns. The text is arranged in a list format, with each item preceded by a bullet point. The background is white with a subtle pattern of small blue dots.

**Preparing for Baby Shower!**

- *A celebration of your pregnancy journey*
- *Informal conversations with Early Intervention (EI) and Department of Children and Families (DCF)*
- *Your opportunity to ask questions about what to expect during and after your delivery (you can submit questions privately ahead of the shower!)*
- *Supplies and gifts for you and your baby*
- *Light refreshments will be served*

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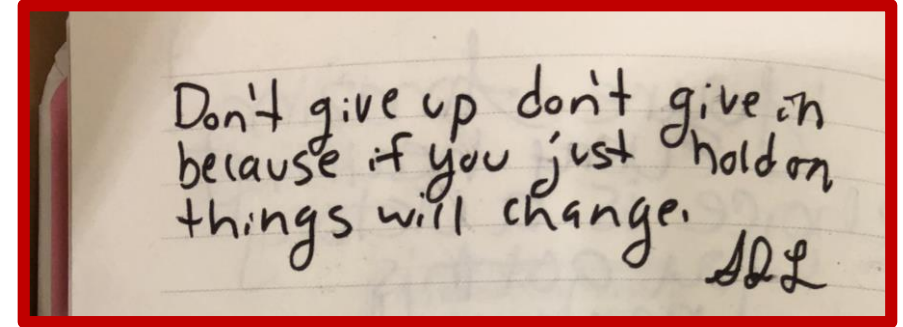
 Massachusetts Department of Public Health  
Bureau of Family Health and Nutrition  
Division of Early Intervention  
[www.mass.gov/dph/earlyintervention](http://www.mass.gov/dph/earlyintervention)

 dcf



# Our Goals and Aspirations

- Improved integration/communication with community based services
  - Family Residential Treatment Programs
  - Methadone Programs
  - Early Intervention
  - DCF
- Greater support and consultation for affiliated CHC's
- Integration of legal representation/linkage from clinic
- Supervised visitation for women/families that lose custody of their infants



# Language Matters



# “NAS” v. “NOWS”

- Neonatal “Abstinence” Syndrome?
- NAS initially coined by Loretta Finnegan in 1970’s

abstinence   
*noun* | ab·sti·nence | \ 'ab-stə-nən(t)s\  
Popularity: Top 10% of words



“the practice of abstaining from something: the practice of not doing or having something that is wanted or enjoyable”



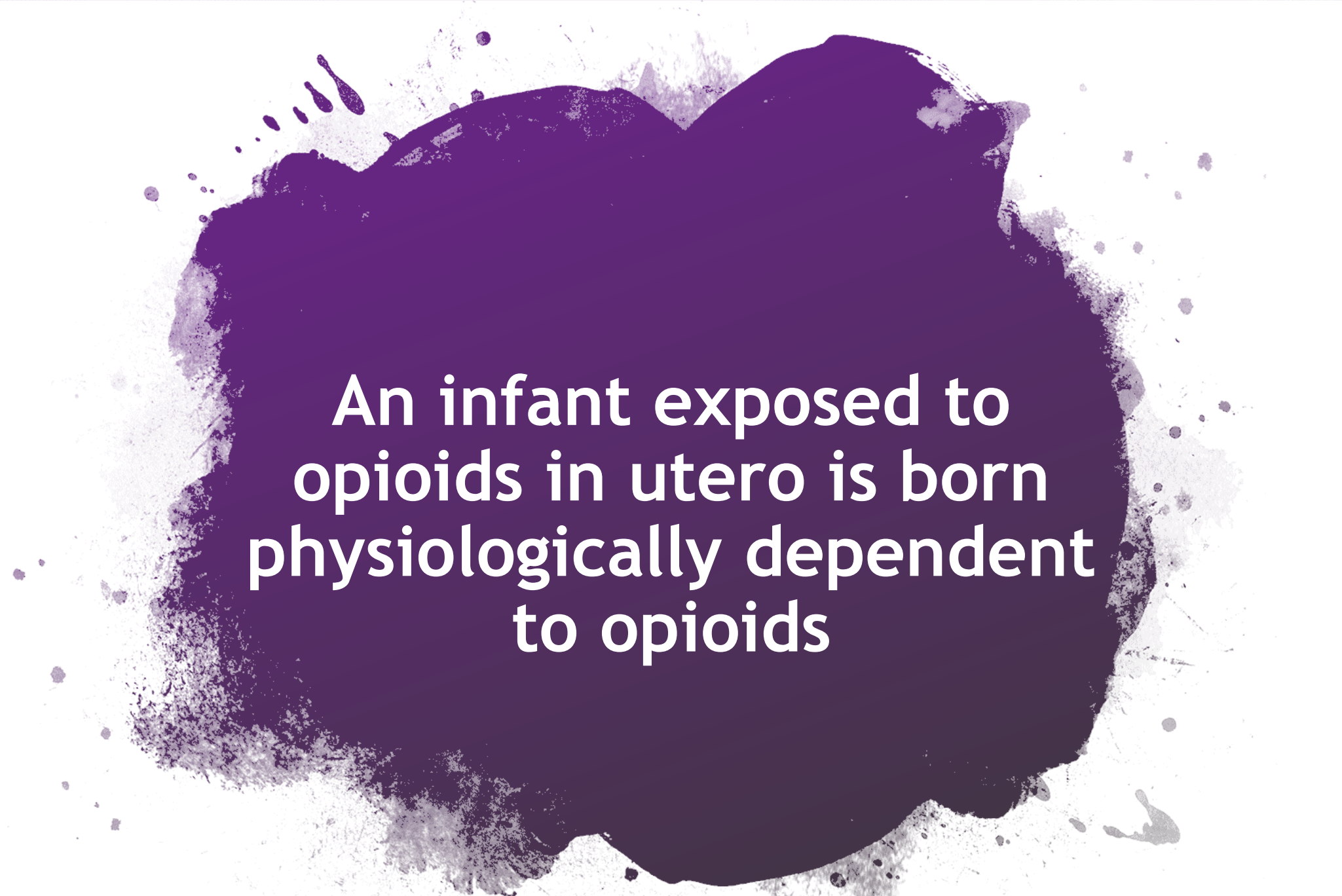
“the fact or practice of restraining oneself from indulging in something, typically alcohol.”

- Favored term by SAHMSA since 2016 is “Neonatal Opioid Withdrawal Syndrome,” but does not account for polysubstance exposure



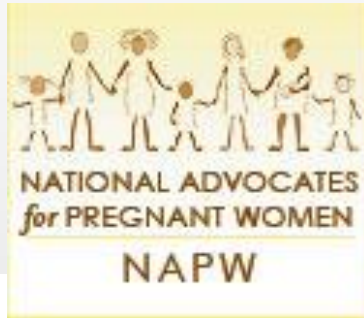
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**An infant exposed to  
opioids in utero is born  
physiologically dependent  
to opioids**

# We have an opportunity to confront the stigma



## Open Letter to the Media and Policy Makers Regarding Alarmist and Inaccurate Reporting on Prescription Opioid Use by Pregnant Women

### EDITORIAL

## Stop Talking 'Dirty': Clinicians, Language, and Quality of Care for the Leading Cause of Preventable Death in the United States

THE AMERICAN  
JOURNAL of  
MEDICINE®



Opinion

John F. Kelly, PhD<sup>a</sup>  
Sarah E. Wakeman, MD<sup>b</sup>  
Richard Saitz, MD<sup>c</sup>

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Boston

<sup>c</sup>Boston University Medical Center  
Boston, Mass

### VIEWPOINT

## Confronting the Stigma of Opioid Use Disorder—and Its Treatment

Yngvild Olsen, MD,  
MPH

Institutes for Behavior  
Resources Inc,  
Baltimore, Maryland.

Joshua M. Sharfstein,  
MD

Maryland Department  
of Health and Mental  
Hygiene, Baltimore.

**The death** of Philip Seymour Hoffman from a heroin overdose tragically adds another name to the list of celebrities who have lost their lives to addiction. Increasing numbers of overdoses from prescription opioids and a more recent increase in heroin-associated fatalities have caused heartbreak in communities across the country. More than 30 000 deaths from unintentional drug overdose were reported in the United States in 2010, the most recent year for which data are available.<sup>1</sup>

Given the severity of this national epidemic, it is

treatment approach supported by the same level of evidence.

Nonetheless, there is significant resistance to the treatment of opioid use disorder with medications. For instance, some communities have opposed having medication-assisted treatment services located in their neighborhoods, some local officials have proposed legislation in violation of the Americans with Disabilities Act that would change zoning codes to exclude medication-assisted treatment centers, some health insurers have imposed arbitrary limits on the duration of treatment of

# Our Language Matters - Non-Stigmatizing Alternatives

Stigmatizing language	Helpful response
“She just wants attention”	“She is crying out for our help”
“Those moms have poor coping methods”	“They have survival skills that got them to where they are now”
“They’ll never get over it”	“Recovery is a process, it takes time”
“They are weak”	“They are stronger for having experienced trauma”

# Shifting to a strengths based model

Problem	Strength
Family is in constantly in turmoil	Family unit is still together, are committed to staying together at this point in time
Family comes in only sporadically to see the infant	Family does come in when they can, they are balancing multiple responsibilities
Family brings in different friends to the hospital every day, creating lots of noise	Family has a support network in the community
Family questions nurses constantly, they don't seem to trust any of the clinical care team	Family has learned to defend their own and be fiercely independent in order to survive; it takes time to establish mutual trust

Adapted from Marcellus, 2015

Adapted from Vermont Oxford Network, 2016



# Summary: Opportunities with POSC

1. Expansion of the continuum of care for women and families impacted by substance use prior to delivery
2. Improve maternal addiction treatment engagement during pregnancy
3. Reinforce non-stigmatizing language choices when caring for infants and families
4. Offer improved collaboration between medical and behavioral health homes and social services caring for families impacted by substance use
5. A focus on all substance use, including alcohol and marijuana!



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Elisha Wachman, MD

Mishka Terplan, MD

Munish Gupta, MD  
Mary Houghton

Patrice Melvin, MPH



Beth Israel Deaconess  
Medical Center



HARVARD MEDICAL SCHOOL  
TEACHING HOSPITAL



Boston  
Children's  
Hospital

Until every child is well™

# Thank you!

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Pregnant women with a history of drug use face  
a litany of assaults on their liberties.

A WOMAN'S RIGHTS: PART 5

# The Mothers Society Condemns



A baby gets a check-up at the Massachusetts General Hospital Hope Clinic in Boston, Mass., which provides coordinated care for pregnant and parenting women with substance use disorders.



NY Times Editorial Board, Jan 20, 2019