

Completing The Continuum Of Care: Building an inpatient withdrawal management and stabilization program at Dartmouth Health

Daisy Goodman, DNP, MPH, CNM, CARN-AP



Why CHERISH at MHMH/DH?

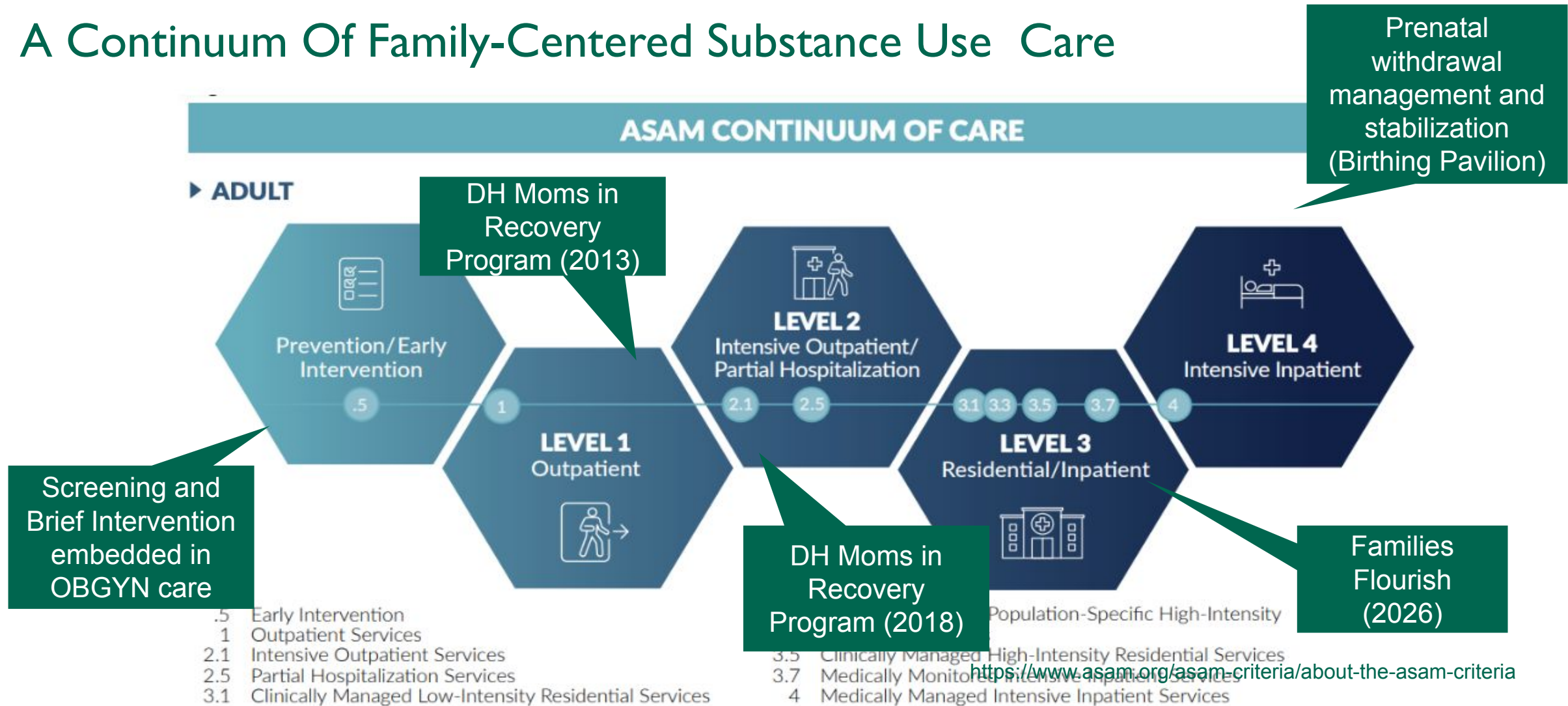
- High rates of SUD in surrounding rural communities
- Ability to care for obstetrically complex patients
- Largest number of patients with SUD admitted for labor and delivery in New Hampshire
- Psychiatry and addiction medicine specialties within the health system

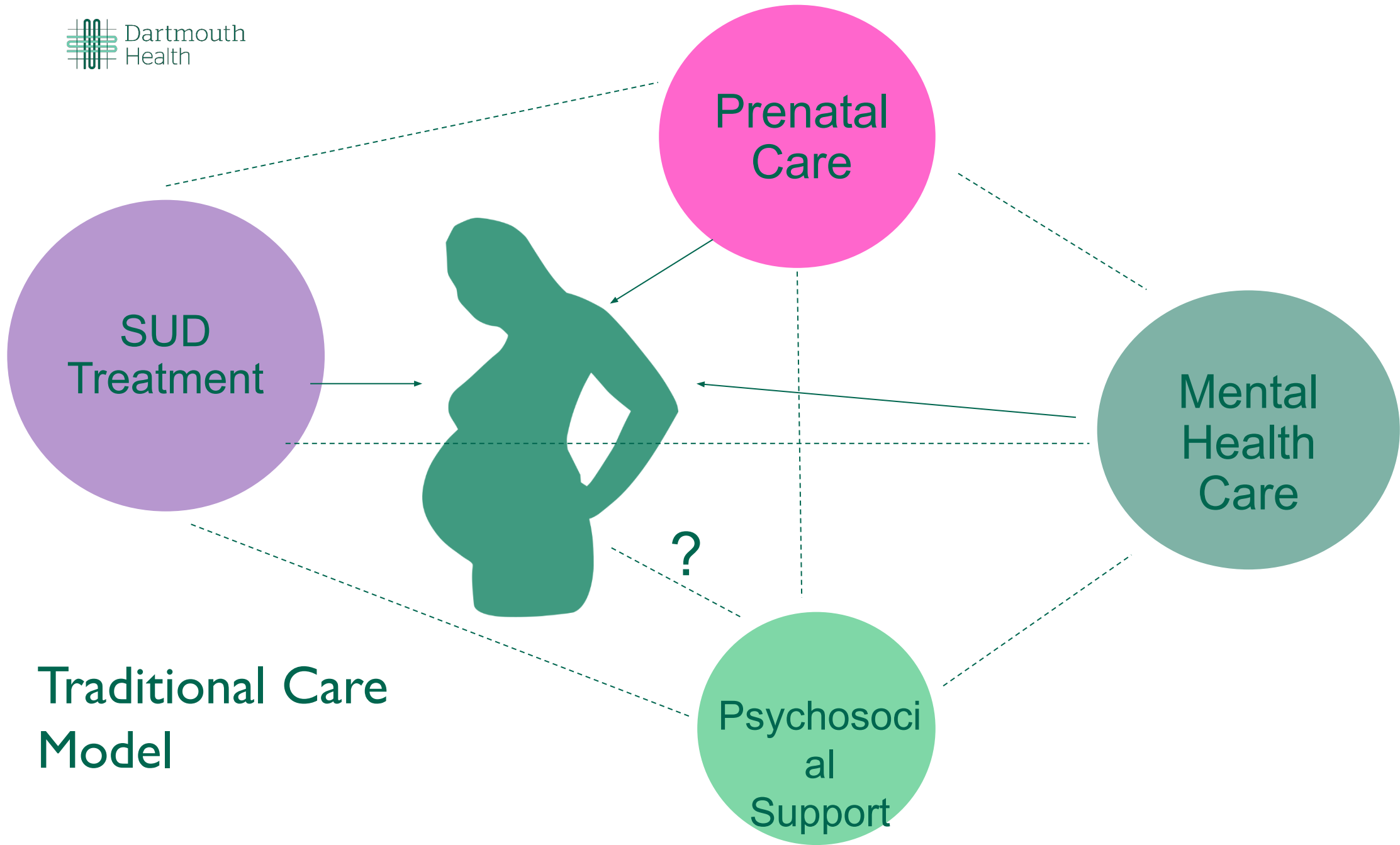


“Just finding out that I was pregnant did give me hope. It made me feel like, wow, I really have – not just for myself- but I have a reason to stop”

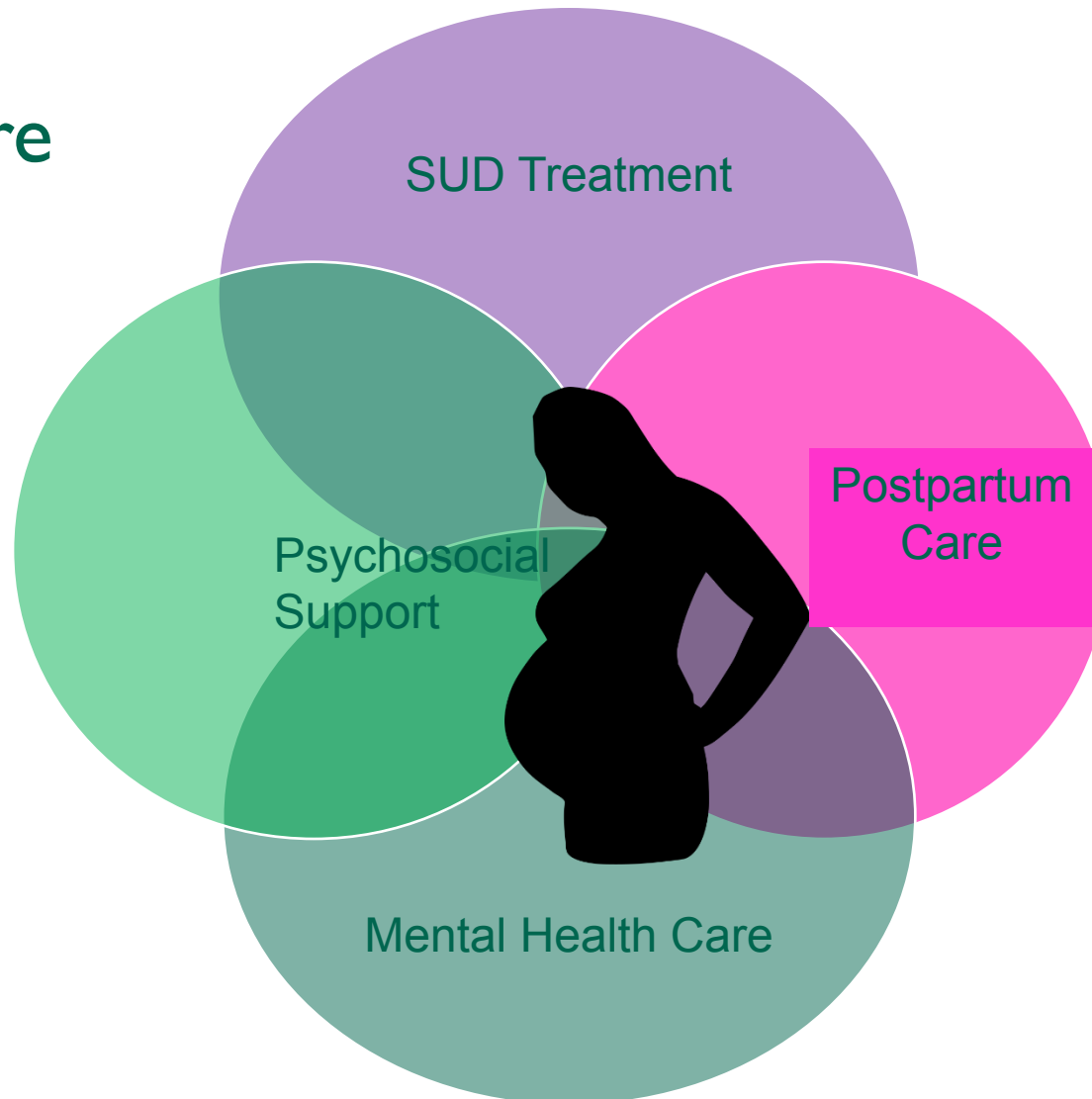
-Postpartum and parenting

A Continuum Of Family-Centered Substance Use Care





Integrated Care Model



Key elements for a fully integrated model:

- ☐ Team-based care
- ☐ SUD treatment + access to MOUD
- ☐ Mental health care
- ☐ Medical care
- ☐ Case management
- ☐ Peer recovery support

DHMC Purple Pod Clinic

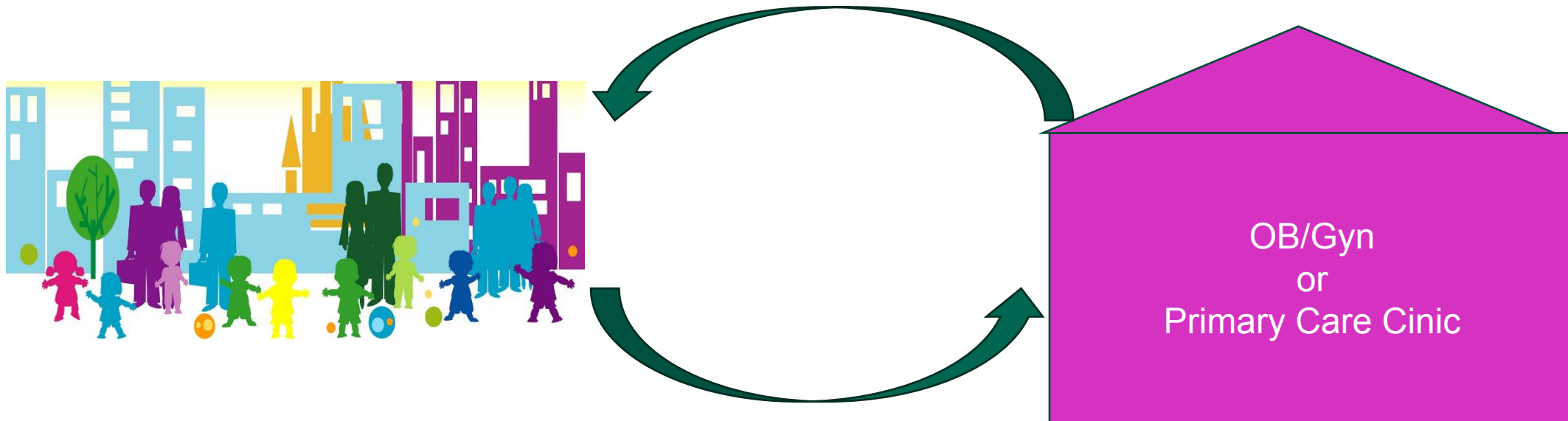
- ❖ A multidisciplinary pre- and postnatal clinic for patients with serious mental illness, substance use disorders (SUD), or social determinants of health which impact access to perinatal care
- ❖ Launched in 2017 to provide comprehensive services for perinatal patients with SUD who chose *not* to participate in Moms in Recovery and subsequently expanded to focus more broadly on access
- ❖ Doula care added in 2023
- ❖ Purple Pod services include risk-appropriate obstetric care, linkage to SUD treatment, and assistance obtaining food, transportation, housing, a free cell phone, and other social needs; behavioral health support; recovery support, and doula care
- ❖ Enhanced model of care engages patients prenatally, facilitates admission for withdrawal management and treatment initiation when needed, and follows patients up to one year postpartum

Purple Pod Team

- Resident physicians
- Nurse midwife preceptor
- LICSW/behavioral health
- MSW
- Recovery support doula
- Community Health Worker

Meeting Patients Where They Are

- Pregnancy is identified by many patients as a critical change point in their lives
- Patients are afraid to enter care due to stigma and fear of arrest or child removal
- Can doula care bridge this gap?



Recovery Support Doulas: Linking Community and Health System

HELPLINE

Confidential text-or-call portal for questions and to get connected to care

SUPPORT DURING HOSPITAL ADMISSION

Linkage to treatment, prenatal and postpartum care

MEETING IN THE COMMUNITY

Support patients throughout pregnancy and one year postpartum

MEETING AT PRENATAL VISITS FREE PHONE PROGRAM

MAINTAINING ENGAGEMENT AFTER BIRTH

Collaborate with partners to serve social and other care needs



Multiple Factors Make Initiating Treatment Difficult During Pregnancy

“To have **somebody who understands** what you're going through. I don't know how to explain it, but it just...makes it so much better.”

“[the Doula] actually knows what she's talking about because she's been there. It gives you hope, like, **if she can, I can.**”

I don't think I would have my son today if it wasn't for them. I really don't. They saved my life, and they really saved my son's life, too.”



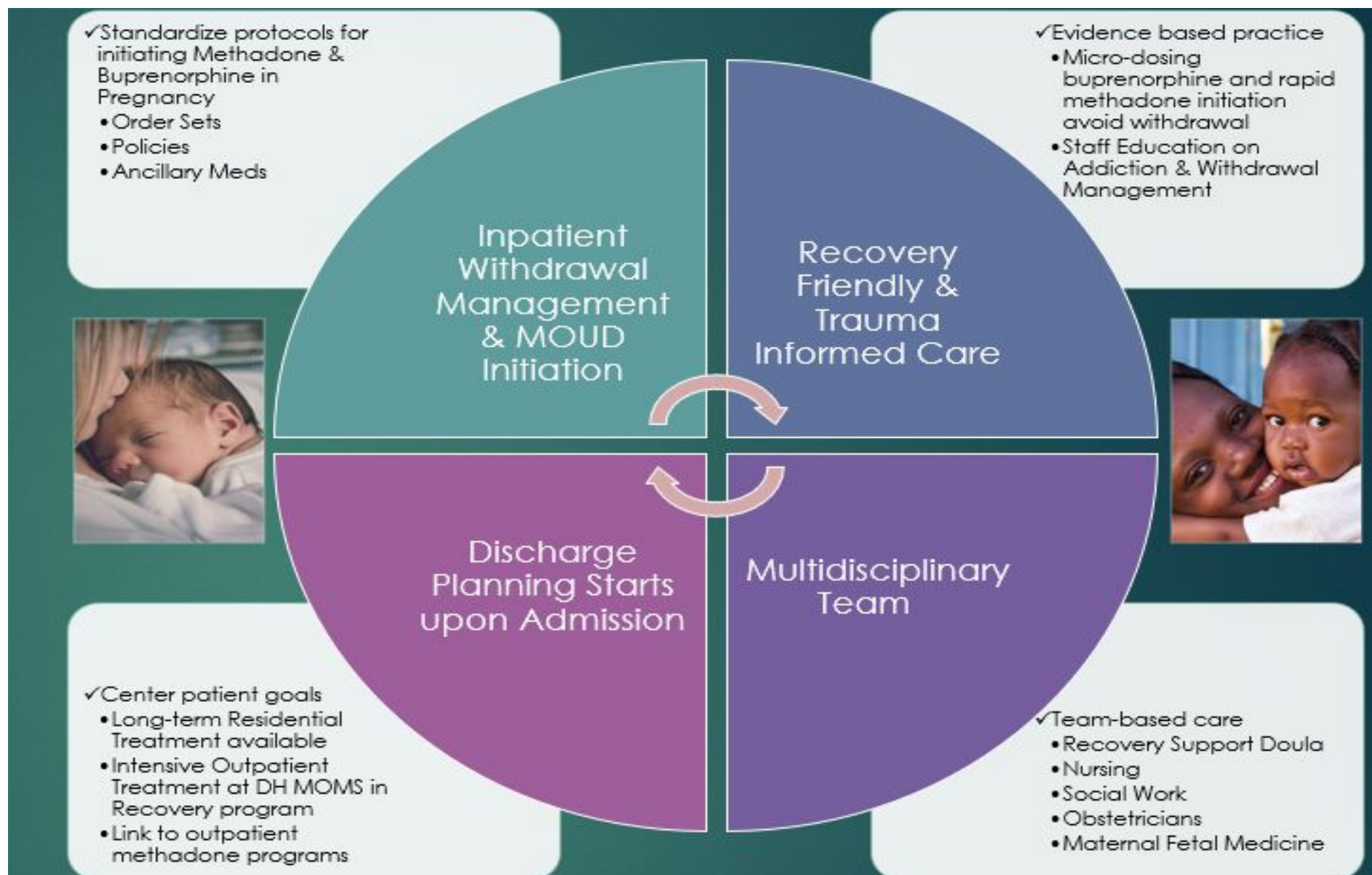
Helping Treatment Happen: Inpatient Withdrawal Management and Stabilization

Severity of use precludes outpatient management

- Polysubstance use = unpredictable risks
- Withdrawal management requires medical supervision during pregnancy
- Difficult to stabilize on treatment medications given high dose fentanyl/xylazine
- Likelihood of co-occurring mental illness
- Near universal complex trauma history

Social determinants of health complicate recovery

- Unsafe living environment
 - Housing instability
 - Domestic violence
 - Ongoing substance use by family/others
- Discharge Planning takes time and knowledge of regional and state resources



“The day that I went in there it **changed my whole life**. I was never that same person after that day. I never went back to the drugs, like I was never that same person. I could never just, like, let's just smoke crack all day, and I don't care if I live or die. I've never been there ever again. Ever. It's, like, something just... I don't know, I just came out of that. Realized I was better than that”

Citations

- Alliance for Innovation in Maternal Health. <https://safehealthcareforeverywoman.org/aim-program>
- American College of Obstetricians and Gynecologists, Presidential Task Force on Redefining the Postpartum Visit. Optimizing Postpartum Care. *Committee Opinion* 736 2018.
- Forray, A, Merry, B, Lin, H et al. Perinatal substance use: A prospective evaluation of abstinence and relapse. *Drug and Alcohol Dependence* 2015; 150: 147-155
- O'Connor, A, Uhler, B, O'Brian, L. et al. Predictors of treatment retention in postpartum women prescribed buprenorphine during pregnancy *J Substance Abuse Treatment* 2018; 86: 26-29
- Patrick, et al. Patton, et al. Increasing incidence and geographic distribution neonatal abstinence syndrome: United States 2009-2012. *J Perinatol.* 2015; 35;8: 650-655;
- Patton, et al. The impact of Medicaid expansion on postpartum health care utilization among pregnant women with opioid use disorder. *Substance Abuse* 2019;40;3:371-377.
- Ranji, U, Gomez, I, Salganicoff, A. Expanding postpartum Medicaid coverage. Kaiser Family Fund 2019. Accessed from <https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/>
- Schiff, D, Nielsen, T, Terplan, M et al. Fatal and nonfatal overdose among pregnant and postpartum women in Massachusetts. *Obstetrics and Gynecology* 2018; 132: 466-74
- Substance Abuse Mental Health Administration. Clinical guidance for treating pregnant and parenting women with opioid use disorder and their infants. 2018. <https://store.samhsa.gov/system/files/sma18-5054.pdf>
- Wilder, C, Lewis, D, Winhusen, T. Medication assisted treatment discontinuation in pregnant and postpartum women with opioid use disorder. *Drug and Alcohol Dependence* 2015 149: 225-231
- Wilder, C, Hosta, D, Winhusen, T. Association of methadone dose with substance use and treatment retention in pregnant and postpartum women with opioid use disorder. *J Substance Abuse Treatment* 2017; 80: 33-36




CHERISH
CENTERING HOPE, EARLY RECOVERY,
INFANT/MATERNAL SUPPORT, & HEALING

 Dartmouth Health
Supporting you on your journey through
pregnancy & recovery from substances

WHAT CAN YOU EXPECT WHEN YOU COME?

A SAFE, COMFORTABLE STAY

You'll stay inpatient with us on the
Dartmouth Hitchcock Birthing Pavilion.

NON-JUDGMENTAL STAFF

We have an amazing group of nurses and
providers who receive specific training
about substance use disorders and reducing
stigma!

MEDICATION

We'll help you get started on Medication for
Opioid Use Disorder (MOUD) such as
buprenorphine or methadone – your choice.
Other medications are used to help ease
additional withdrawal symptoms so the
process is as smooth as possible.

RECOVERY SUPPORT DOULAS

Meet our doulas! They are also Community
Health Workers, Certified Lactation
Counselors, and moms in recovery. They can
spend time with you and provide support in
many different ways.

Have questions?

Not sure if this program is right for you?

Text or call:

603-678-0925