Substance Use Disorders & Pregnancy-

Clinical Pearls for the Practicing PA

HEALTH
UNIVERSITY OF UTAH

Jasmin Charles PA-C
Maternal Fetal Medicine

©UNIVERSITY OF UTAH HEALTH, 2017

INTRODUCTION AND DISCLOSURE

- Adjunct Assistant Professor; Dept OB/GYN, MFM Division, University of Utah
- Clinical director of University of Utah Hospital SUPeRAD Clinic (**S**ubstance **U**se & **P**regnancy – **R**ecovery, **A**ddiction, **D**ependence)
- Medical Clinician for PARCKA (**P**rogram of Addiction **R**esearch **C**linical **C**are-**K**nowledge-**A**dvocacy)
  - Medical Clinician CTN0080 MOMs Trial (**M**edication Treatment for **O**pioid-dependent Expecting **M**others)
  - Medical Clinician PROMPT (**PR**evention **o**f **M**ethamphetamine use Among **P**ostpartum Women **T**rial)
  - Medical Clinician STORC (Treatment of Chronic Hepatitis C During Pregnancy With Sofosbuvir/Velpatasvir)

- Disclosure:
- Medical Consultant for Gilead Science Inc; funding recipient for STORC trial
- **Jasmin.Charles@hsc.utah.edu**

OBJECTIVES:

- Discuss the stigmas, training gaps, and treatment system needs for pregnant individuals with substance use disorders

- Present case studies/scenarios which present perinatal addiction care and optimal treatment. This shall include but not be limited to substance use during pregnancy, treatment access, rural system challenges, and breastfeeding implications.

SUD IN WOMEN

- More likely than men to have co-occurring mental health disorders
- High rates of trauma and PTSD
- Telescoping
- 2-3x rate of unplanned pregnancy as general population
- Pregnant individuals often excluded from research

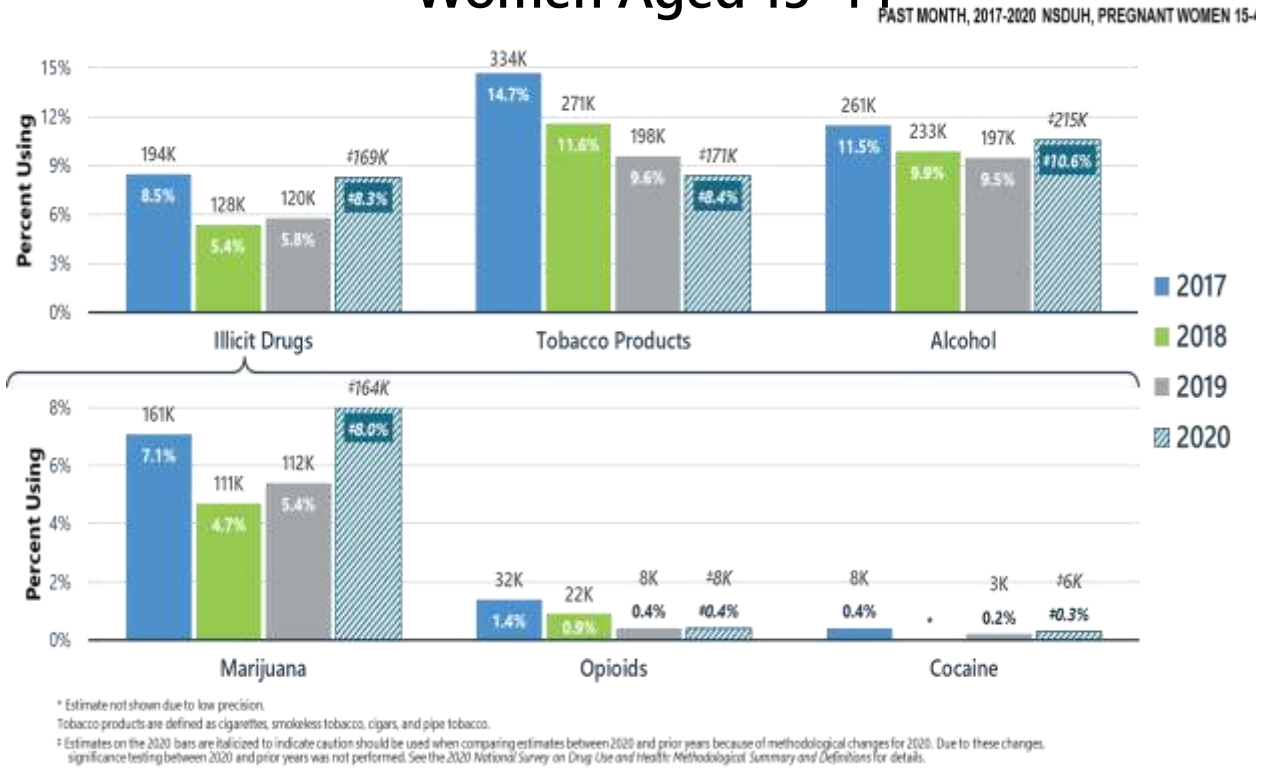
PREGNANCY

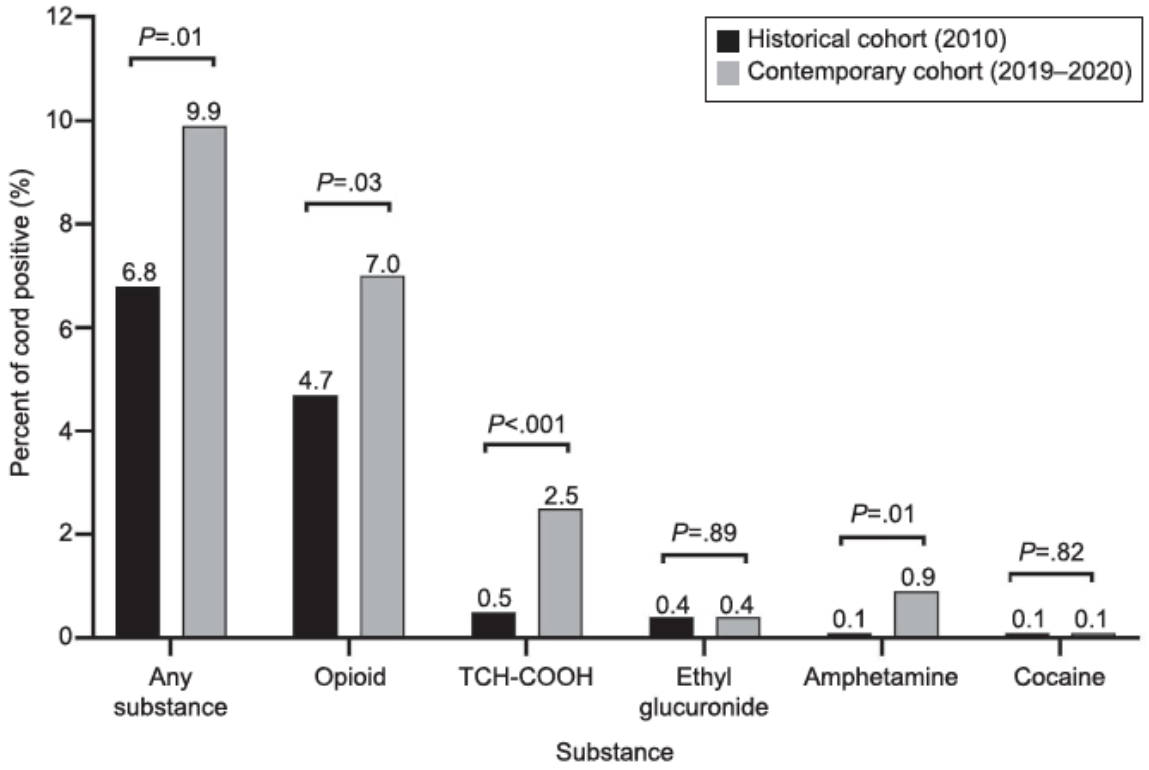
- Two+ individuals
- Fetal rights tend to supersede
- Opportunity for recovery

SCOPE OF THE PROBLEM

SUBSTANCE USE IS COMMON IN PREGNANCY

Substance Use in Past Month: Among Pregnant Women Aged 15-44





SAMHSA. 2020

Smid. 2022

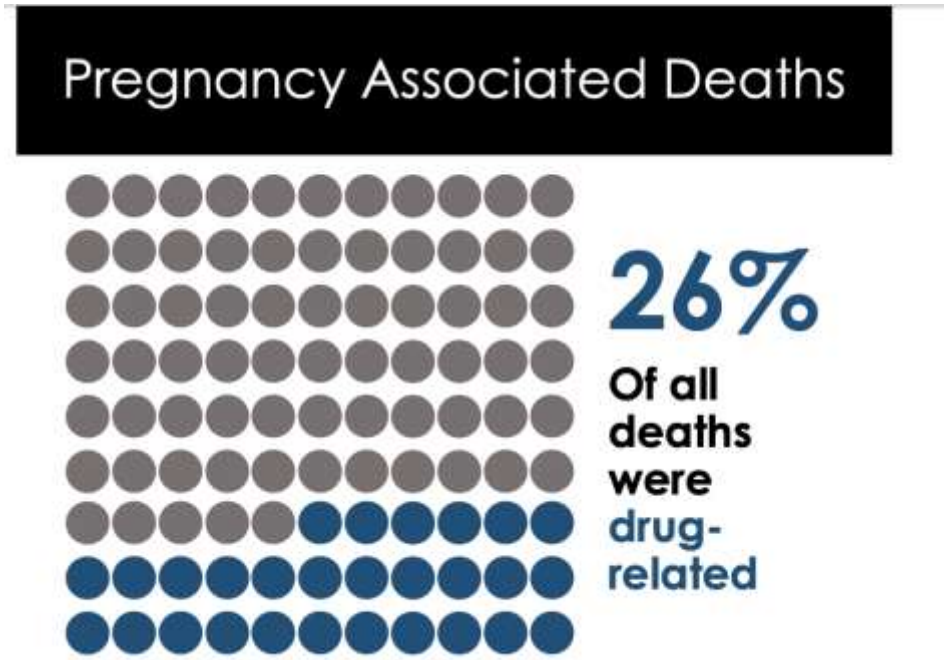
SUBSTANCE USE IS A MAJOR CAUSE OF DEATH

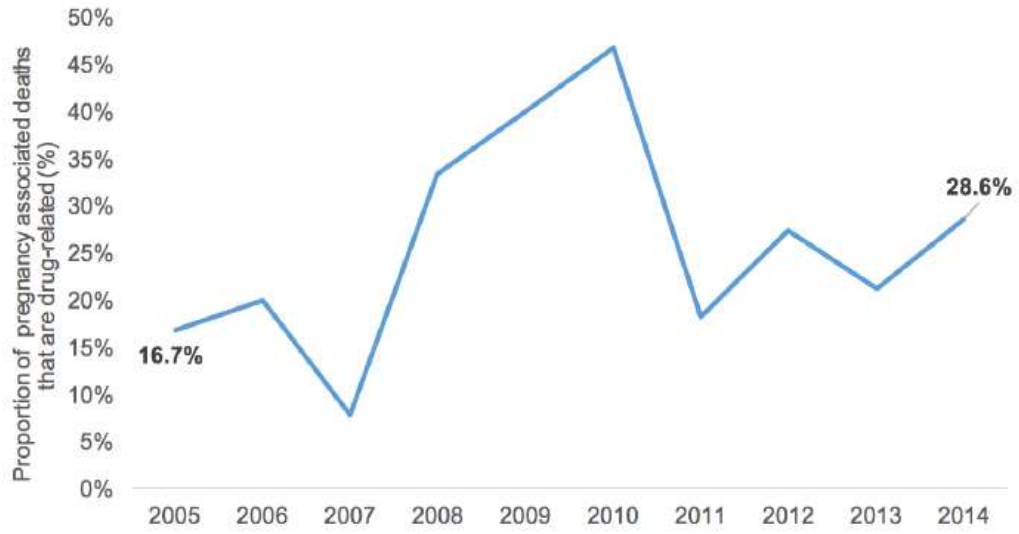
Maternal Morbidity and Mortality: *Original Research*

Pregnancy-Associated Death in Utah

Contribution of Drug-Induced Deaths

Marcela C. Smid, MD, Nicole M. Stone, MPH, Laurie Baksh, MPH, Michelle P. Debbink, MD, PhD, Brett D. Einerson, MD, Michael W. Varner, MD, Adam J. Gordon, MD, and Erin A. S. Clark, MD





SUBSTANCE USE IS A MAJOR CAUSE OF DEATH

Cause of death	All pregnant individuals (n=4,972,061)	All pregnant individuals with OUD (n=48,902)
All deaths	51.1 (48.3, 54.1)	316 (258, 385)
Opioid overdose	5.4 (4.5, 6.4)	118 (84, 163)
Other drug and alcohol related	3.1 (2.5, 4.0)	47 (27, 79)
Other injuries	8.9 (7.8, 10.3)	33 (18, 60)
Suicide	2.4 (1.8, 3.1)	26 (12, 52)
Pregnancy and delivery	9.6 (8.6, 10.8)	24 (12, 46)
Other diseases	6.3 (5.3, 7.4)	24 (11, 47)
Circulatory	4.6 (3.8, 5.6)	23 (10, 47)
Unknown cause	4.1 (3.4, 5.0)	12 (4, 32)
Homicide	3.6 (2.9, 4.5)	9 (3, 24)
Cancer	3.0 (2.3, 3.8)	0

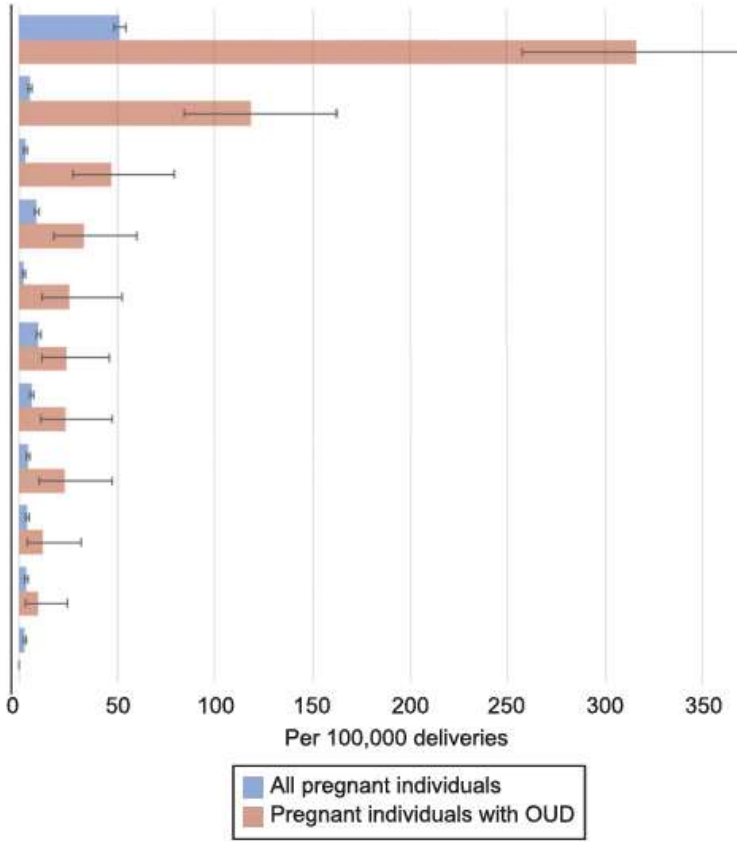


Fig. 2. Distribution of causes of death and cumulative incidence per 100,000 deliveries of specific causes of death by 1 year postpartum. OUD, opioid use disorder.

Suarez. Postpartum Opioid-Related Mortality. Obstet Gynecol 2023.

STIGMA & ACCESS

STIGMA

"…***Nobody would take me*** *because I was pregnant and on methadone*."

"*I went to an addiction counselor who also prescribed… Suboxone and Subutex before I came here, and I was not using frequently but I did use a couple of* ***times while pregnant, so she was not comfortable seeing me and wanted me to come here.***"

"***Some people look at you different when you're coming to treatment and you got a big belly.*** *If when you're smoking a cigarette, they look at you funny.* ***So, a lot of people don't come to treatment because of shame, guilt.***"

"…***there where some doctors who stuck their nose up at me…pretty much calling me a bad parent because I was using*** *[using drug] … I stopped, I stopped seeing them." (Kye, aged 41)*

"…***I saw a nurse, oh my god! She made me feel bad****… it was shocking. Oh! it was horrific going to that antenatal clinic… … [Interviewer: So, did that mean you didn't attend some of your antenatal appointments] … No, I went for all my appointments… I didn't care, I went because of my baby …." (Milly, aged 39)*

Frazer. 2019

Oni. 2022

STIGMA

Table 2: Stigma types against individuals with substance use disorder and mental health conditions		
Stigma type	Definition	Examples
Self-stigma	The internalization of public stereotypes and self-discrimination	• Belief that an individual "caused her baby to be addicted" because of substance use
Labeling Avoidance	Individuals decline to engage in services to avoid labels or stereotypes	• "If I tell them about my drug use, they'll think I'm a bad mother and an addict."
Courtesy stigma	Negative behaviors or perceptions directed to family, or others close to a person with a condition	• Family and friends are shamed for association with an individual (e.g., family is "enabling" substance use by allowing them to stay in the home)
Public or Interpersonal stigma	Negative behaviors or perceptions directed at a person with a condition	• Using stigmatizing language in clinical setting (e.g., drug addict, crack baby, clean or dirty urine test results)
Systemic or structural stigma	Rules or institutional practices that intentionally or unintentionally disadvantage individuals with certain conditions	• Criminal statutes against pregnant individuals utilizing substances • Policy statutes mandating reporting for substance use in pregnancy
Adapted from Corrigan, P. W. (2014). The stigma of disease and disability: Understanding causes and overcoming injustice. American Psychological Association.		

STIGMA LEADS TO LACK OF ACCESS

- Some states have priority access laws
- Pregnant "secret shopper" 17% less likely to get an appointment for buprenorphine
  - Doesn't matter if the state mandates priority access
- Rural Utah: secret shoppers can't get OUD referral 60% of time

Davis. 2022

Patrick. 2020

Henkhaus. 2021

Kelley. 2022

LACK OF ACCESS & TRAINING GAPS

- 80% of OBs screen for substance use
  - About 10% use a validated tool
- ¾ OBs say tobacco, EtOH screening is high priority
- ½ OBs say for opioids, THC screening is high priority
- OBs are **not confident** in SU treatment
- 2019-2020: **<2%** OBGYNs surveyed were X-waivered
- Trainees receive little education about substance use

NIDA *Quick Screen* Question: In the past year, how often have you used the following?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
Alcohol • For men, 5 or more drinks a day • For women, 4 or more drinks a day					
Tobacco Products					
Prescription Drugs for Non-Medical Reasons					
Illegal Drugs					

"Oftentimes what we find is addiction medicine doctors not comfortable taking care of pregnant women, and obstetricians not comfortable taking care of addiction."

Patrick, 2020

Ko, 2020.

Tiako. 2020.

LACK OF ACCESS

- Women do better in treatment with only women
- 25% of residentials accept pregnant/postpartum individuals; 30% of these only take private insurance
- Pregnant/postpartum individuals generally stay in residential longer
- Oftentimes require childcare

Table 4.14b. Facilities offering special programs or groups for specific client types, by facility operation: Row percent, 2020

Facility operation	Total[1]	Any program or group	Client type									
			Adolescents	Young adults	Adult women	Pregnant or post-partum women	Adult men	Seniors or older adults	LGBTQ	Veterans	Active duty military	Members of military families
Total	16,066	84.0	23.8	31.8	50.7	25.8	49.0	24.7	24.3	23.0	13.6	15.4
Facility operation												
Private non-profit	8,004	86.3	26.1	29.3	48.7	24.1	46.5	21.2	21.5	18.3	9.5	12.0
Private for-profit	6,535	81.5	20.1	37.0	53.8	28.8	53.5	31.0	29.4	27.7	19.1	20.9
Local, county, or community govt.	670	82.7	33.4	20.4	50.9	24.8	44.8	11.5	11.6	9.7	4.0	6.4
State government	285	78.6	21.4	25.6	48.8	21.8	44.2	17.9	18.9	16.1	7.4	8.4
Federal government	323	93.8	4.6	12.7	33.7	9.6	28.2	15.5	17.6	74.6	28.8	15.8
Dept. of Veterans Affairs	228	97.4	--	7.9	35.5	8.3	27.2	15.8	18.0	96.5	18.0	12.7
Dept. of Defense	57	96.5	--	15.8	26.3	5.3	26.3	5.3	10.5	24.6	89.5	33.3
Indian Health Service	29	72.4	48.3	34.5	31.0	24.1	34.5	31.0	27.6	20.7	3.4	6.9
Other	9	55.6	11.1	44.4	44.4	22.2	44.4	22.2	22.2	11.1	--	11.1
Tribal government	249	77.5	45.4	39.0	53.8	26.5	50.6	28.1	26.9	23.7	11.6	14.9

Continued. See notes at end of table.

STIGMA LEADS TO CRIMINALIZATION

Biden-Harris Administration Plan

The Administration's vision is that all pregnant women with SUD will be identified early in pregnancy and prioritized to receive evidence-based treatment, services, and other recovery and social supports. Health care delivery will be well coordinated to optimize outcomes for families and prevent foster care placement where possible. Clear coordination of health care and early childhood systems, including public health, early learning, courts, child welfare systems, and family economic supports will optimize the outcomes for infants and pregnant women with SUD.

We approached this work acknowledging five key values:

1. Having SUD in pregnancy is not, by itself, child abuse or neglect.
2. Criminalizing SUD in pregnancy is ineffective and harmful as it prevents pregnant women with SUD from seeking and receiving the help they need.[20,21,22]
3. Everyone has the right to effective treatment, and denying such care on the basis of sex or disability is a violation of civil rights.[23]
4. Pregnant women using substances or having SUD, should be encouraged to access support and care systems, and barriers to access should be addressed, mitigated, and eliminated where possible.
5. Improving coordination of public health, criminal justice systems, treatment and early childhood systems can optimize outcomes and reduce disparities.

Guttmacher Institute. 2023

TRADITIONAL APPROACHES TO PREGNANT PEOPLE WITH ADDICTION

CPS
Child Protective Services

Approach #1: Call Child Protective services, remove custody--women with addiction are not fit to parent

Approach #2: Arrest her. Then she'll stay clean at least while she's in jail. Baby won't be affected.

Approach #3: Arrest her. Make enrollment in drug treatment a condition of discharge.

APPROACH #1: CHILD PROTECTIVE SERVICES UTAH CODE

<< Previous Section (80-2-602) Download Options PDF | RTF | XML Next Section (80-2-604) >>

Index Utah Code
Title 80 Utah Juvenile Code
Chapter 2 Child Welfare Services
Part 6 Child Abuse and Neglect Reports

Section 603 Fetal alcohol syndrome or spectrum disorder and drug dependency reporting requirements. *(Effective 5/3/2023)*

(2) A health care provider who attends the birth of a newborn child or cares for a newborn child and determines the following, shall report the determination to the division as soon as possible:

(a) the newborn child:
(i) is adversely affected by the child's mother's substance abuse during pregnancy;
(ii) has fetal alcohol syndrome or fetal alcohol spectrum disorder; or
(iii) demonstrates drug or alcohol withdrawal symptoms; or

(b) the parent of the newborn child or a person responsible for the child's care demonstrates functional impairment or an inability to care for the child as a result of the parent's or person's substance abuse.

(d) (i) "Substance abuse" means, except as provided in Subsection (1)(d)(ii), the same as that term is defined in Section 80-1-102.

(ii) "Substance abuse" does not include use of drugs or other substances that are:
(A) obtained by lawful prescription and used as prescribed; or
(B) obtained in accordance with Title 26B, Chapter 4, Part 2, Cannabinoid Research and Medical Cannabis, and used as recommended by a recommending medical provider.

https://le.utah.gov/xcode/Title80/Chapter2/80-2-S603.html?v=C80-2-S603_2022050420220901

TOXICOLOGY TESTING

A false positive on a drug test upended these mothers' lives

By Anne Branigin

July 2, 2022 at 11:00 a.m. EDT

https://www.washingtonpost.com/lifestyle/2022/07/02/false-positive-drug-test-mothers/

Opinion | Joy of childbirth turned into trauma — because of a poppy seed bagel

By Leana S. Wen

Contributing columnist

December 27, 2022 at 9:34 a.m. EST

https://www.washingtonpost.com/opinions/2022/12/27/urine-drug-test-pregnancy-poppy-seed/

I-Team: False drug test almost costs mom her children. Now she's taking hospital to court

HTTPS://WWW.WCPO.COM/LONGFORM/A-FALSE-DRUG-TEST-ALMOST-COST-THIS-MOM-HER-CHILDREN-NOW-SHES-TAKING-THE-HOSPITAL-TO-COURT

SEX AND GENDER

How Some Alabama Hospitals Quietly Drug Test New Mothers — Without Their Consent

As hundreds of Alabama women face child endangerment charges, hospitals are mostly mum on their testing policies – even with the patients.

by Nina Martin, Sept. 30, 2015, 11 a.m. EDT

https://www.propublica.org/article/how-some-alabama-hospitals-drug-test-new-mothers-without-their-consent

WHO GETS DRUG TESTED?

TABLE 1
Characteristics of mothers with and without toxicology testing

Characteristic	Mothers without toxicologic testing: 2015—2018 (n=19,723)	Mothers with toxicologic testing: 2015—2018 (n=551)	*P* value[a]
Maternal age (y)	34.3 (5.4)	30.7 (5.7)	<.001
Race			
White	11,104 (56.3)	201 (36.6)	<.001
Black	2702 (13.7)	172 (31.2)	
Asian	2110 (10.7)	8 (1.4)	
Hispanic	1972 (10.0)	76 (13.9)	
American Indian	39 (0.2)	6 (1.1)	
Other	1400 (7.1)	56 (10.1)	
Unknown	414 (2.1)	32 (5.8)	
Gravida	2.4 (1.5)	3.0 (1.9)	<.001
Parity	0.8 (1.0)	1.2 (1.4)	<.001
Nulliparous	10,591 (53.7)	221 (40.1)	<.001
Marital status			
Single	5049 (25.6)	344 (62.5)	<.001
Married	13,964 (70.8)	153 (27.7)	
Legally separated	99 (0.5)	16 (2.8)	
Unknown	256 (1.3)	17 (3.0)	
Divorced	138 (0.7)	10 (1.9)	
Life partner	118 (0.6)	9 (1.7)	
Other	99 (0.5)	2 (0.4)	
Mean yearly income by residential ZIP code			
<$57,917	5818 (29.5)	296 (53.8)	<.001
$57,918—$82,442	4635 (23.5)	139 (25.2)	
$82,443—$100,788	4714 (23.9)	80 (14.5)	
>$100,789	4556 (23.1)	36 (6.5)	
Gestational age at delivery (wk)	38.8 (2.1)	35.9 (4.1)	<.001

Data are presented as mean (standard deviation) or number (percentage), unless otherwise indicated.

ANOVA, analysis of variance.

[a] *P* values calculated with Wilcoxon rank-sum test, chi-square test, or ANOVA, where appropriate, between toxicologic screening statuses.

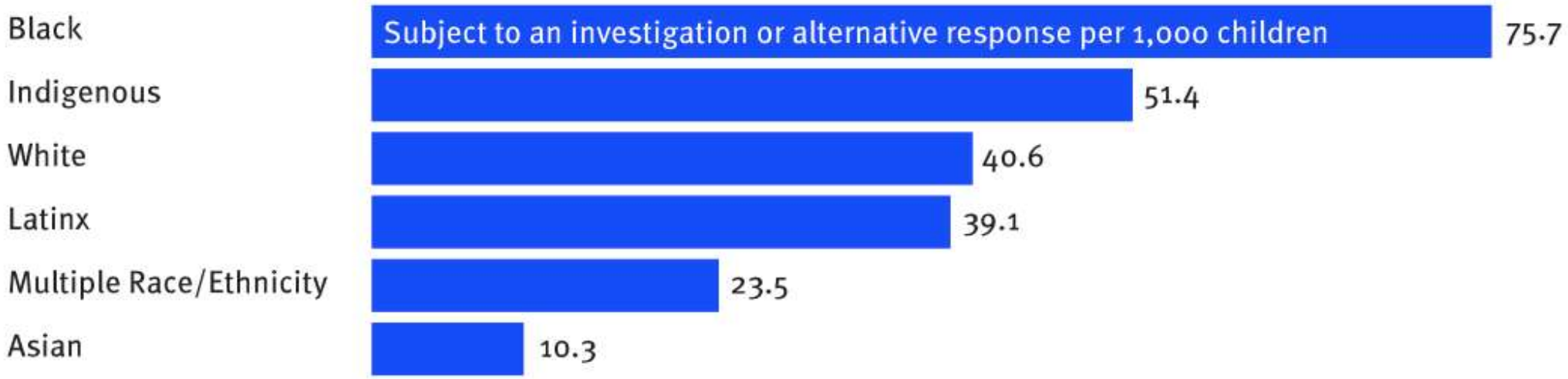
Perlman. Demographic biases when choosing indication for toxicology testing in obstetrics. Am J Obstet Gynecol MFM 2021.

Perlman. 2021

Human Rights Watch. 2019

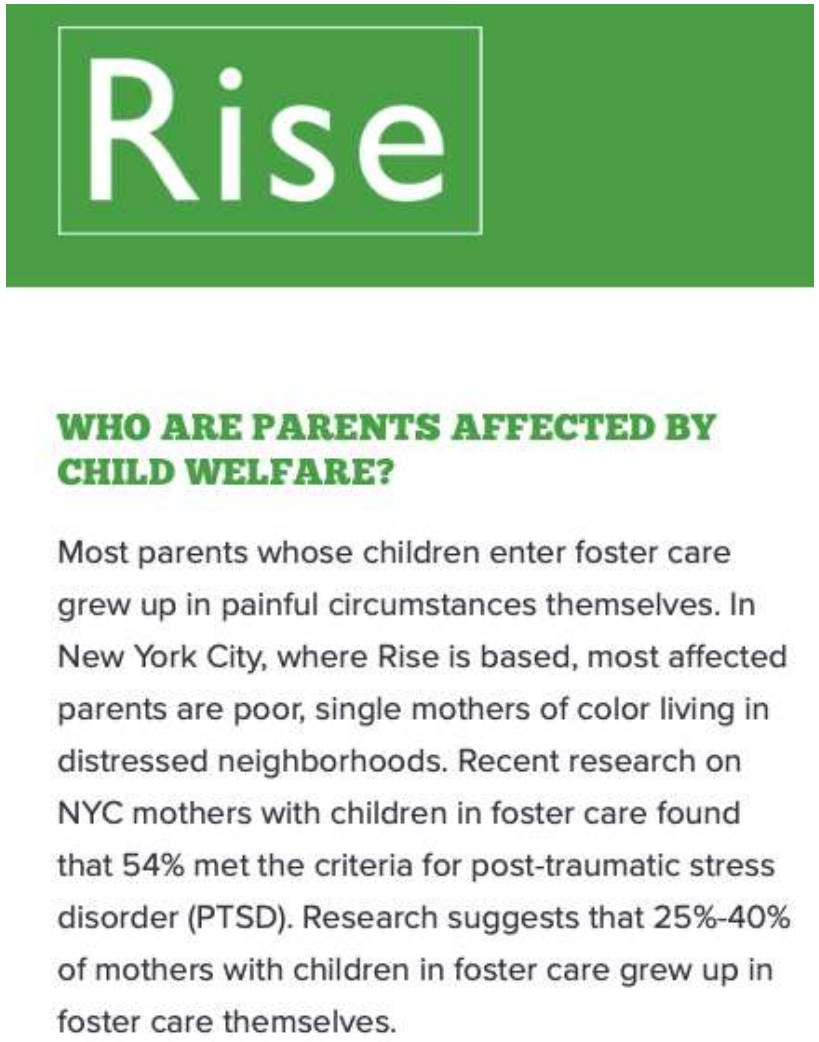
DCFS Investigation

Black and **Indigenous** families are **investigated at the highest rates**



Source: Human Rights Watch analysis of National Child Abuse and Neglect Data System (NCANDS) Child File, FFY 2019, and US Census Bureau Data.

APPROACH #1: CHILD PROTECTIVE SERVICES

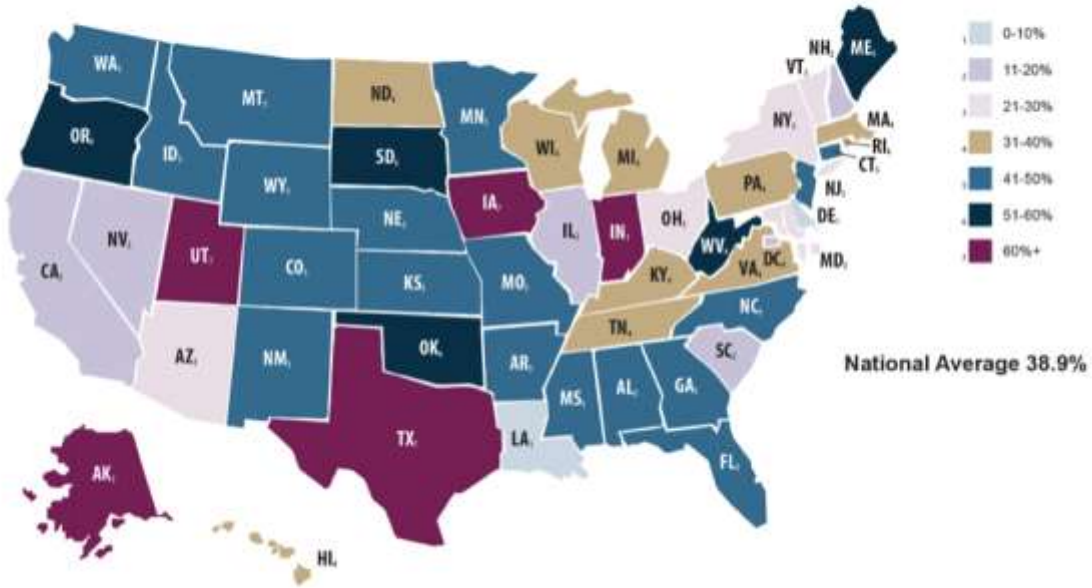


- 1 in 8 kids live in household with at least 1 parent who has SUD
- Significant racial inequities
- Associated with poor housing and low SES

Several studies have demonstrated that legal substance (tobacco and alcohol) are **more harmful to infants than illicit drugs.**

APPROACH #1: CPS REMOVAL

Parental Alcohol or Other Drug Abuse as an Identified Condition or Removal by State, 2019

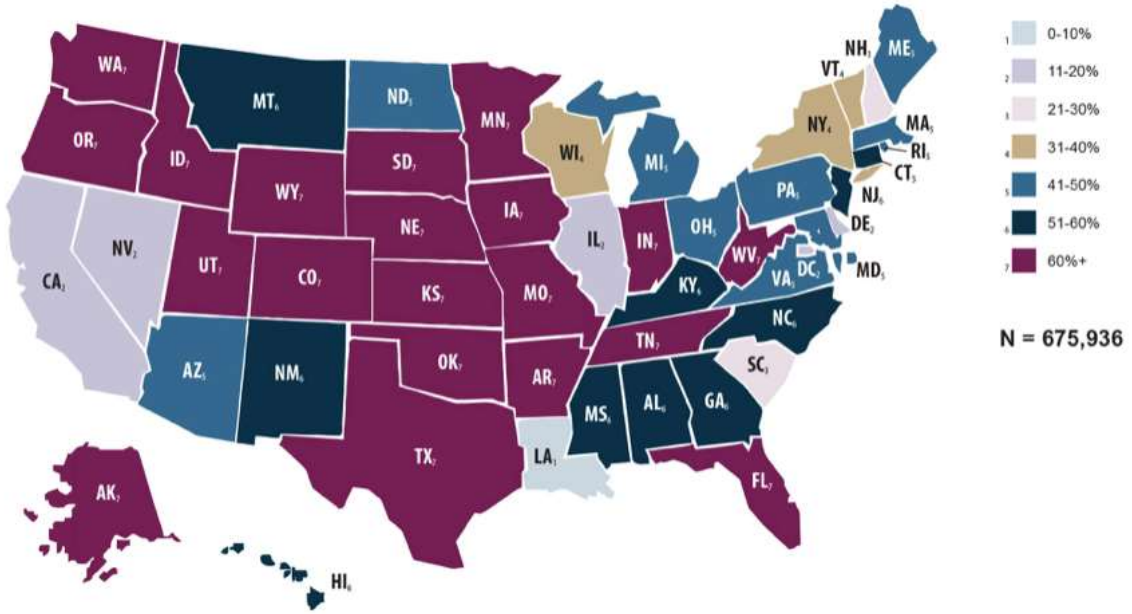


National Average 38.9%

Percent of Children Removed with Parental Alcohol or Drug Abuse as an Identified Condition of Removal by Age, 2019

Under Age 1

National Average 50.7%



N = 675,936

AFCARS. 2019

APPROACH #1: CPS REMOVAL

- ~ 50% of children in foster care due to parental SU
- Parental SU associated with higher foster re-entry, more permanent removals, longer placements
- Mothers with removed children
  - 2x as likely of subsequent birth
  - 3x as likely of substance-exposed future birth
- CPS system is overburdened
- More children raised by family

"Removing a child from his/her family may cause serious psychological damage-damage more serious than the harm intervention was supposed to prevent." Michael Wald, 1975.

TRADITIONAL APPROACH #2. ARREST HER. PUT HER IN JAIL. Then she can't use.

In most prisons, **less than 5% of women** get mental health care, including substance abuse treatment.

Women in prison often don't get adequate prenatal care.

Women in prison are subjected to abuse, inadequate nutrition, and increased stress, all of which increase pregnancy complications.

Treatment is **much cheaper** than prison

Beck & Maruschak. 2001

TRADITIONAL APPROACH #3. ARREST HER. MAKE HER GET COURT-ORDERED TREATMENT.

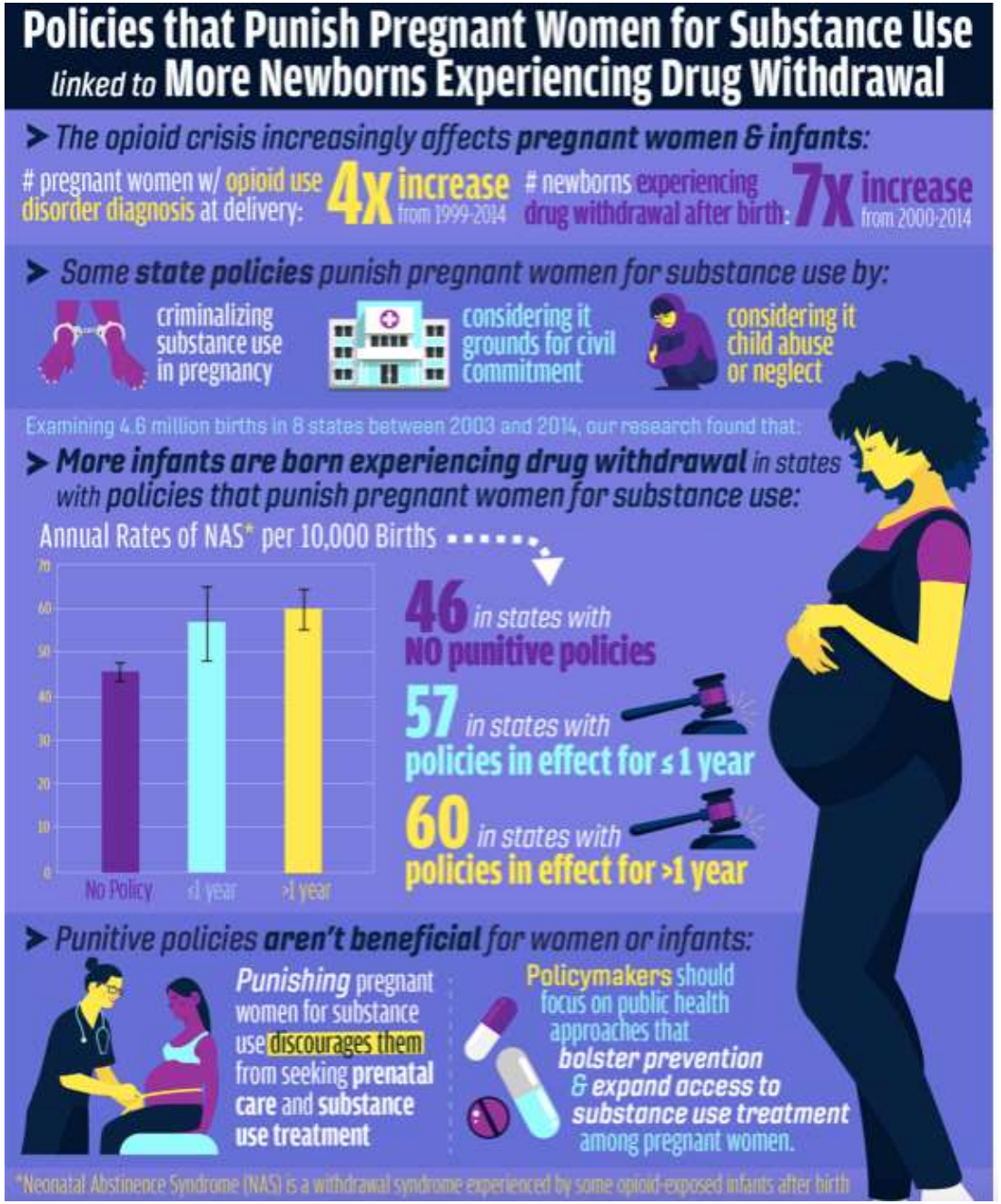
- Compelling treatment can work well, particularly with men with substance abuse problems
- **Woman-specific treatment** works much better

Not enough treatment facilities or drug court programs ANYWHERE

OPTIMAL APPROACH

NOT CRIMINALIZATION

- Punishing leads to more infants with withdrawal
- Punishing leads to more people avoiding addiction and OB care



Faherty. 2019

OPTIMAL APPROACH

Integrated vs nonintegrated treatment for perinatal opioid use disorder: retrospective cohort study

Daisy J. Goodman, DNP, MPH, CNM; Elizabeth C. Saunders, PhD; Julia R. Frew, MD; Cybele Arsan, MD; Haiyi Xie, PhD; Kyra L. Bonasia, PhD; Victoria A. Flanagan, RN, MS; Sarah E. Lord, PhD; Mary F. Brunette, MD

TABLE 4
Delivery characteristics and outcomes

Perinatal outcomes	Entire sample (n = 225)	Integrated cohort (n = 92)	Nonintegrated cohort (n = 133)	*P* value[a]
Preterm birth,[c] n (%)	43 (20.6)	10 (11.8)	33 (26.6)	<.01
Gestational age at delivery (wk), mean (SD)				<.01
Median, range	37.8 (3.3) 39 (24–42)	38.5 (2.5) 39 (24–41)	37.2 (3.7) 38 (24–42)	
Infant days in hospital,[b] mean (SD)	9.5 (13.6)	6.5 (4.8)	10.7 (16.2)	<.03
Positive maternal urine toxicology screen at delivery,[b] n (%)				
Cannabis	132 (58.7)	33 (35.9)	99 (74.4)	<.0001
Opioids	108 (52.9)	28 (33.7)	80 (66.1)	<.001
Methamphetamine	87 (42.9)	9 (10.8)	78 (65.0)	<.001
Oxycodone	70 (34.3)	2 (2.4)	68 (56.2)	<.001
Amphetamines	69 (34.0)	2 (2.4)	67 (55.8)	<.001
Benzodiazepines	67 (32.8)	2 (2.4)	65 (53.7)	<.001
Cocaine	66 (32.7)	1 (1.2)	65 (54.6)	<.001
Fentanyl	66 (32.8)	2 (2.4)	64 (53.8)	<.001
Nonprescribed buprenorphine	62 (31.0)	0 (0.0)	62 (54.9)	<.001
	24 (11.5)	0 (0.0)	24 (19.7)	<.001

OPTIMAL APPROACH

COLLOCATED ADDICTION, PRENATAL **AND** POSTPARTUM SERVICES

UNM

HEALTH
UNIVERSITY OF UTAH

UAMS
College of
Health Professions

HORIZONS
HEALING GENERATIONS

SWEDISH
HEALTH
UNIVERSITY OF UTAH

PARCKA

CASES

Disclaimer: we will cover some substances, but not all. We will not discuss fetal effects much.

SUPERAD

- Integrative addiction, OB, mental health, and postpartum care
- Embedded peer support, social work, Connect2Health
- Learners from psychiatry, OBGYN, triple board, PA program, MD program, SW program
- Vivitrol®, XR-BUP
- Research
- Hep C treatment
- Community relationships & referrals

RURAL SYSTEM CHALLENGES

24yo G2P0010 at 39w living in rural NV, seen by virtual visit in January 2023

- OUD daily heroin use, regular methamphetamine use
- Overdose in 2021 with cardiac arrest, placement of cardiac defibrillator
- Normal heart function August 2022.
- Per CSD, prescribed Subutex® 2mg TID x 3 days in December to help her "wean off heroin"
- Reports continued Subutex® use; inconsistent with CSD
- Informed she must continue using in order to avoid withdrawal, which would put her and her baby at risk of death
- Referred to UoU earlier in pregnancy, but has no transportation
- Preferred referral to Las Vegas, but no one ever called her

MOUD IN PREGNANCY

- Improves prenatal care, recovery, outcomes
- FDA-approved: buprenorphine (monoproduct & naloxone-containing), methadone
- Reduces risk of NOWS compared to continued use
- XR-BUP
  - Sublocade® clinical trial excluded pregnant people
  - Case reports
  - Weekly and monthly injectables undergoing research and coming soon!
- Vivitrol®? (we will discuss later)

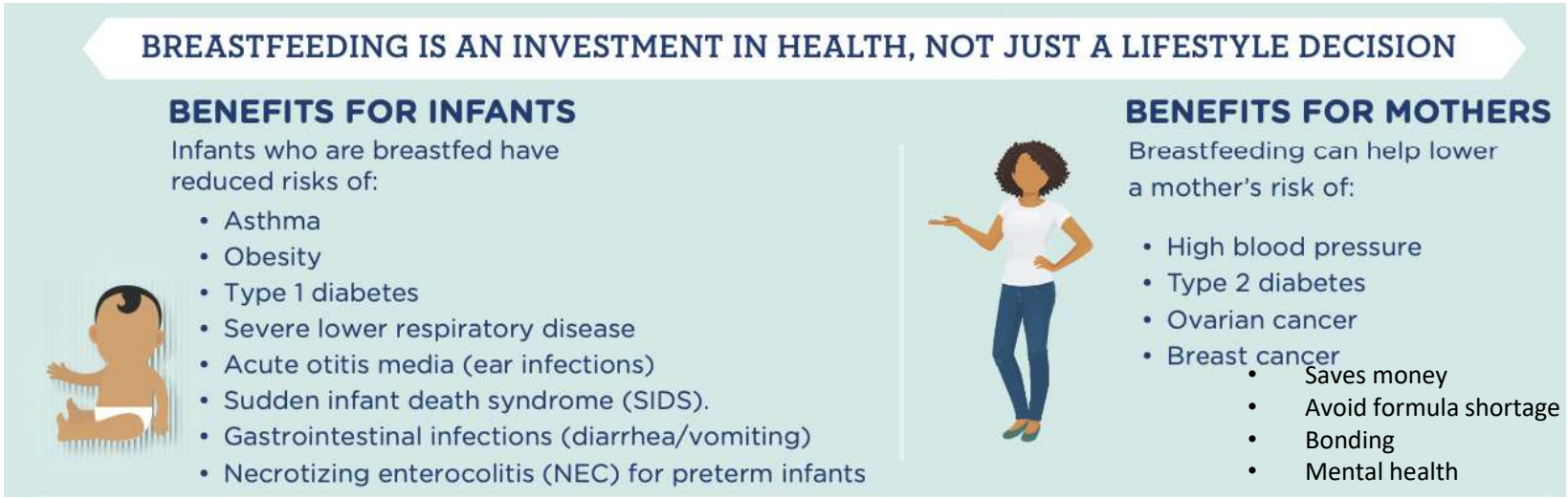
METHAMPHETAMINE USE IN PREGNANCY

- Like in non-pregnant patients, it's tough
- No FDA-approved medications
- No large research studies with MAT
- Consider: Vivitrol® /bupropion, mirtazapine

RURAL SYSTEM CHALLENGES, CONTINUED

- Recommended **immediate** presentation to UoU Hospital for delivery optimization
- Presented to UoU L&D 4 days later
  - Uncomplicated labor induction & delivery
  - Continued 2mg TID Subutex® (refused Suboxone®); dced with 7-day supply
  - Opted for bottle-feeding
  - Discharged home postpartum day 2
- Baby discharged home with parents at 96 hours of life
- Social worker reported to NV CPS

BREASTFEEDING

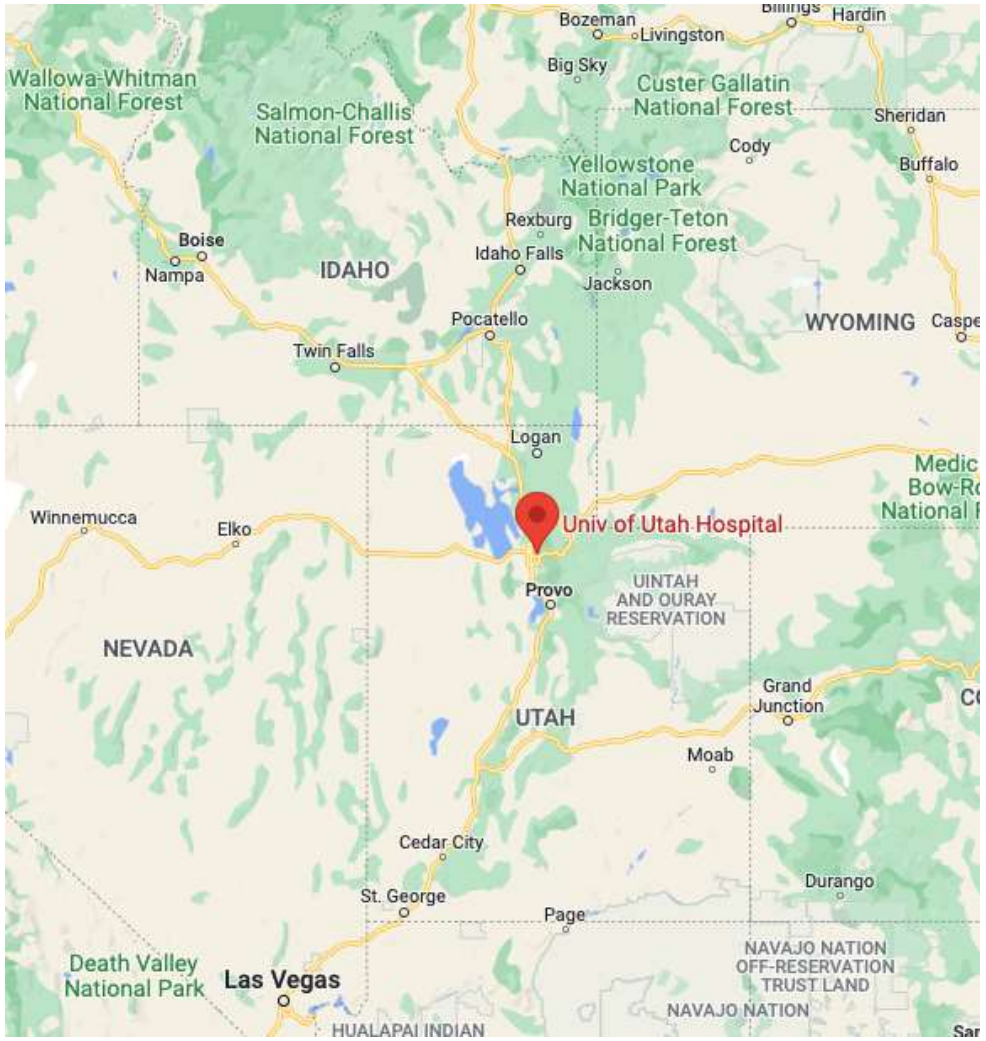


- ACOG recommends against with active illicit drug use, marijuana, and heavy alcohol use
- Rule out HIV
- Safe to breastfeed with Hep B and C (as long as no cracked nipples)
- Breastfeeding reduces neonatal withdrawal
- Risk/benefit conversation

CDC. 2022.

RURAL SYSTEM CHALLENGES, CONTINUED

- Followed up with us and cardiology virtually 2 & 3 weeks postpartum
- Requested refill of Subutex® (couldn't find another prescriber)
- Picked up refill one month later
- Lost to follow-up



TREATMENT ACCESS CHALLENGES: CASE 1

26yo G3P1011 at 32w, recently released from jail

- Complex maternal cardiac anomaly
- On 8mg Suboxone® in jail, released without meds
- Recent return to fentanyl use
  - Outpatient Suboxone® induction
  - Struggling to find residential
    - Has no ID, no insurance, complex health history, pregnant

INCARCERATION

- ~60% in federal prisons due to drug offenses
- All bets are off for SUD treatment
  - May do buprenorphine
  - Rarely do methadone
- Legal rights (5/2023)
  - No shackling during third trimester, labor, childbirth, postpartum
  - Minimum of 48hours with newborn
  - 12 weeks of postpartum care
  - Access to a social worker for childcare, reunification, and SUD treatment planning
- What if they had the capacity to keep infants and postpartum people together???

Drug policy alliance. 2018

The Utah Legislature didn't fund Utah's prison nursery. Here's why.

The Utah Legislature cited oversight concerns after numerous shortcomings in prison health care were detailed in back-to-back audits.

(Leah Hogsten | The Salt Lake Tribune) Angie McEaneney, holds a photo of her newborn son Erik, now 6-months-old next to her sister Felicia Schoenberger, who kisses her daughter Attikiss, 1, as they talk about their pregnancy experiences and births while incarcerated at the Utah State Correctional Facility in 2021. McEaneney had a high-risk pregnancy and Schoenberger's daughter had surgery when she was 10-days-old.

By Emily Anderson Stern | April 27, 2023, 5:35 a.m. | Updated: 6:57 a.m.

TREATMENT ACCESS CHALLENGES: CASE 2

25yo G1 at 18w, referred for alcohol use disorder

- 10 year h/o AUD - 2 years on Vivitrol®, 1 year sober
- Brief incarceration in early pregnancy
- Vivitrol® discontinued at initial prenatal visit
  - Intensifying cravings
  - Desired continuation of vivitrol
- Gabapentin, medicinal MJ card for chronic back pain
  - Declined PT, chronic pain referral, other medication treatment
  - Counseled about risks of both; recommended discontinuation
  - Continue management by her PCP

ALCOHOL USE IN PREGNANCY

- Alcohol – known teratogen since 1970s
- No safe consumption
- Severely lacking data
- Risk/benefit conversation
- Consider: Naltrexone, acamprosate, Vivitrol®
- Disulfram is second line
  - May have higher risk of fetal anomalies*

Naltrexone use in pregnancy: a time for change

Steve N. Caritis, MD; Raman Venkataramanan, PhD

CONTENTS: OPIOIDS: CLINICAL CONUNDRUMS

Pregnancy and Naltrexone Pharmacotherapy

Jones, Cresta W. MD; Terplan, Mishka MD, MPH

Pharmacotherapies for the Treatment of Alcohol Use Disorders During Pregnancy: Time to Reconsider?

Erin Kelty [1], Mishka Terplan [2], Melanie Greenland [3], David Preen [4]

TREATMENT ACCESS CHALLENGES

Common themes

- Patients don't know where to go
- Providers don't know where to send them
- Provider discomfort
- High risk patients
- Few one-stop shops
- Transportation, childcare, resource barriers
- Insurance challenges
- Residentials few and far between
- Incarceration

TREATMENT ACCESS CHALLENGES

"I couldn't find anyone that would help me." – (pregnant) patients from all over

Mitigation strategies:

- Improve clinician education
  - Project ECHO
- Addiction and high-risk OB outreach
- Telehealth
- E-consults
- Removal of buprenorphine X-waiver?
- Addiction consultants with large catchment area
  - Me???
- **YOU!**

CONCLUSIONS

- Any pregnant person with substance use is the **victim of stigma**
- Perinatal substance use is a **major cause of mortality** during pregnancy and postpartum
- Access issues
- Criminalization leads to worse outcomes
- Integrative care is optimal
- Use MAT in pregnant people like you would in non-pregnant people
- YOU can help pregnant and postpartum patients with substance use

SUMMING IT UP

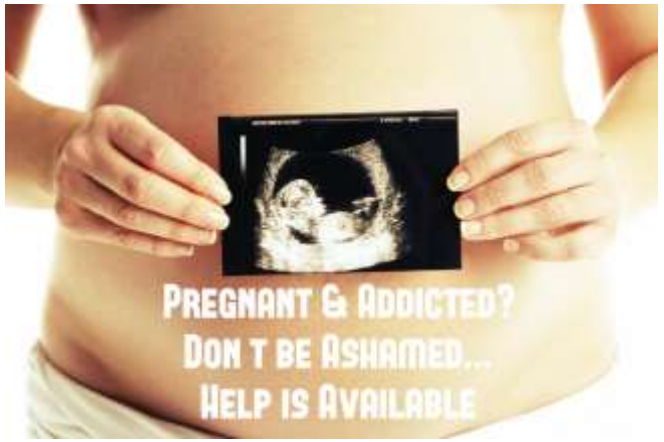
Addiction **hijacks the brain**. Pregnancy can hijack it back.

Addiction is a **chronic treatable medical condition** and most infants with exposure have normal neurological outcomes.

Postpartum period is the most critical time for maternal relapse.

Your words are therapy.

Remind women that they are a person first.



RESOURCES

- Beck AJ. Maruschak LM. Mental health treatment in state prisons, 2000. Bureau of justice statisics. July 2001. https://bjs.ojp.gov/content/pub/pdf/mhtsp00.pdf
- https://www.cdc.gov/breastfeeding/pdf/breastfeeding-cdcs-work-508.pdf
- Corrigan PW. The stigma of disease and disability: Understanding causes and overcoming injustices. The stigma of disease and disability: Understanding causes and overcoming injustices. American Psychological Association; 2014:xi, 319-xi, 319.
- Dailard C, Nash E. State responses to substance abuse among pregnancy women. Guttmacher Policy Review. 2000;3(6). https://www.guttmacher.org/gpr/2000/12/state-responses-substance-abuse-among-pregnant-women
- Davis CS, McNeer E, Patrick SW. Laws Forbidding Pregnancy Discrimination in Substance Use Disorder Treatment Are Not Associated With Treatment Access. J Addict Med 2022 May-Jun 01;16(3):364-7.
- Faherty LJ, Kranz AM, Russell-Fritch J, Patrick SW, Cantor J, Stein BD. Association of Punitive and Reporting State Policies Related to Substance Use in Pregnancy With Rates of Neonatal Abstinence Syndrome. *JAMA Netw Open.* 2019;2(11):e1914078. doi:10.1001/jamanetworkopen.2019.14078
- Frazer Z, McConnell K, Jansson L. Treatment for substance use disorders in pregnant women: Motivators and barriers. Drug Alchol Depend 2019;2015:107652.
- Ghertner R. US national and states estimates of children living with parents using substances, 2015-2019. Offices of human services policy: Health and Human Services. November 2022. Accessed May 19, 2023. https://aspe.hhs.gov/sites/default/files/documents/f34eb24c1aff645bed0a6e978c0b4d16/children-at-risk-of-sud.pdf
- Goodman DJ, Saunders EC, Frew JR, Arsan C, Xie H, Bonasia KL, et al. Integrated vs nonintegrated treatment for perinatal opioid use disorder: retrospective cohort study. Am J Obstet Gynecol MFM 2022 Jan;4(1):100489.
- Henkhaus LE, Buntin MB, Henderson SC, Lai P, Patrick SW. Disparities in receipt of medications for opioid use disorder among pregnant women. Substance Abuse 2022 2022/12/01;43(1):508-13.
- Jones, Cresta W. MD; Terplan, Mishka MD, MPH. Pregnancy and Naltrexone Pharmacotherapy. Obstetrics & Gynecology 132(4):p 923-925, October 2018.
- Kelley, AT, Smid, MC, Baylis, JD, Charron, E, Begaye, LJ, Binns-Calvey, A, et al. Treatment access for opioid use disorder in pregnancy among rural and American Indian communities. *J Subst Abus Treat*. (2022) 136:108685.

RESOURCES

- Ko J, Tong V, Haight S, Terplan M, Stark L, Snead C, et al. Obstetrician-gynecologists' practices and attitudes on substance use screening during pregnancy. J Perinatol 2020;40(3):422-32.
- Kelty E, Terplan M, Greenland M, Preen D. Pharmacotherapies for the Treatment of Alcohol Use Disorders During Pregnancy: Time to Reconsider? Drugs. 2021 May;81(7):739-748.
- Kurtz T, Smid MC. Office-Based Management of Perinatal Substance Use and Substance Use Disorder for the General Obstetrician-Gynecologist. Obstetrics and Gynecology Clinics of North America. 2023. https://doi.org/10.1016/j.ogc.2023.03.010
- https://ncsacw.acf.hhs.gov/research/child-welfare-and-treatment-statistics.aspx
- National survey of substance abuse treatment services (N-SSATS):2020. Department of Health and Human Services. 2021. Accessed May 19, 2023. https://www.samhsa.gov/data/sites/default/files/reports/rpt35313/2020_NSSATS_FINAL.pdf
- Oni HT, Drake JA, Dietze P, Higgs P, Islam MM. Barriers to women's disclosure of and treatment for substance use during pregnancy: A qualitative study. Women and Birth 2022 2022/11/01/;35(6):576-81.
- Perlman NC, Cantonwine DE, Smith NA. Racial differences in indications for obstetric toxicology testing, and relationship of indications to test results. Am J Obstet Gynecol MFM. 2021;4(1):100453.
- Patrick SW, Richards MR, Dupont WD, McNeer E, Buntin MB, Martin PR, et al. Association of Pregnancy and Insurance Status With Treatment Access for Opioid Use Disorder. JAMA Network Open 2020;3(8):e2013456-e.
- Roberts D. Torn apart: how the child welfare system destroys black families—and how abolition can build a safer world. New York: Basic Books; 2022.
- Smid MC, Stone NM, Baksh L, Debbink MP, Einerson BD, Varner MW, et al. Pregnancy-Associated Death in Utah: Contribution of Drug-Induced Deaths. Obstet Gynecol 2019 Jun;133(6):1131-40.
- Smid MC, Allshouse AA, McMillin GA, Nunez K, Cavin T, Worden J, et al. Umbilical Cord Collection and Drug Testing to Estimate Prenatal Substance Exposure in Utah. Obstet Gynecol 2022 Aug 1;140(2):153-62.
- Suarez EA, Huybrechts KF, Straub L, Hernández-Díaz S, Creanga AA, Connery HS, et al. Postpartum Opioid-Related Mortality in Patients With Public Insurance. Obstetrics & Gynecology 2023;141(4):657-65.
- Substance use during pregnancy. Guttmacher Institute. 2023. Accessed May 19, 2023. https://www.guttmacher.org/state-policy/explore/substance-use-during-pregnancy

RESOURCES

- Substance Abuse and Mental Health Services Administration. *Substance Abuse Treatment: Addressing the Specific Needs of Women*. Treat ment Improvement Protocol (TIP) Series, No. 51. HHS Publication No. (SMA) 13-4426. Rock ville, MD: Substance Abuse and Mental Health Services Administration, 2009.
- Tiako MJN, Culhane J, South E, Srinivas SK, Meisel ZF. Prevalence and Geographic Distribution of Obstetrician-Gynecologists Who Treat Medicaid Enrollees and Are Trained to Prescribe Buprenorphine. JAMA Network Open 2020;3(12):e3039043.
- Wald M. State intervention on behalf of "neglected" children: a search for realistic standards. Stanford Law Rev 1975 Apr;27(4):985-1040.
- US: Child welfare system harms families. Humans Rights Watch. November 17, 2022. Accessed May 19, 2023. https://www.hrw.org/news/2022/11/17/us-child-welfare-system-harms-families
- White house blueprint for addressing the maternal health crisis. June 2022. Accessed May 19, 2023. https://www.whitehouse.gov/wp-content/uploads/2022/06/Maternal-Health-Blueprint.pdf
- Women and the drug war. Accessed May 24, 2023. https://drugpolicy.org/issues/women-drug-war

QUESTIONS??

Thank you to SUPeRAD patients, the SUPeRAD team, my partner in crime Marcela Smid MD and Terri Kurtz who is the newest attending and the developer of our slides.

Email: Jasmin.Charles@hsc.Utah.edu