Optimizing Care of the Mother-Infant Dyad Affected by Opioid Use Disorder

Daisy Goodman, DNM, CNM, MPH
Assistant Professor of Obstetrics & Gynecology, Community and Family Medicine
The Dartmouth Institute
Geisel School of Medicine at Dartmouth

Julia Frew, MD
Assistant Professor of Psychiatry, Obstetrics & Gynecology, and Medical Education
Geisel School of Medicine at Dartmouth
Medical Director, Dartmouth-Hitchcock Moms in Recovery Program
Center for Addiction Recovery in Pregnancy and Parenting
A Maternal-Child Health Emergency

- Between 2002-2013, heroin use in the United States increased 100% among women compared to 50% among men.
- The current opioid crisis disproportionately targets women of childbearing age.
- 21% of pregnancy-associated deaths in NH from 2012-2015 were caused by unintended overdose.
- More than 40% of NH child welfare cases involve substance use by a custodial parent.

Consequences of Untreated Opioid Use Disorders for Mother and Baby

**Mother**
- Limited prenatal care
- Tobacco, alcohol, other use disorders
- Infectious disease
- Pregnancy complications
- Untreated psychiatric needs
- Short inter-pregnancy interval
- Unemployment
- Overdose

**Baby**
- Poor fetal growth
- Neonatal abstinence
- Developmental delays
- Adverse childhood events

*Treatment can transform these outcomes*
Addressing the Special Needs of Women

“Treatment that addresses the full range of a woman’s needs is associated with increased abstinence and improvement in other measures of recovery, including parenting skills and overall emotional health. Treatment that addresses alcohol and other drug abuse only may well fail and contribute to a higher potential for relapse.”

(Center for Substance Abuse Treatment, 2007)

Goals of comprehensive treatment
• Universal Screening for all women of reproductive age
• Access to treatment which accommodates children
• Recovery-sensitive perinatal care
• Linkage to primary, reproductive, and mental health care
• Partnership with community-based family supports
Improving Access through Universal Screening

**Screening**

- **Primary**
  - No SUD
  - Screening only
  - Prevent onset of disease
  - Education

- **Secondary**
  - Behavioral Health
  - Brief Intervention
  - Brief Treatment
  - Prevent Disease Progression

- **Tertiary**
  - Mod/Severe SUD
  - Refer to treatment
  - Prevent Morbidity & Mortality

**Disease Severity**

**Referral**

**Brief Intervention**
Why is Access to Medication Assisted Treatment Important?

- Research strongly favors Medication Assisted Treatment (MAT) over abstinence-based approaches for opioid use disorder
  - Reduces risk of mortality
  - Decreases transmission of HIV and Hepatitis
  - Prevents relapse
  - Allows women to concentrate on self-care and care for her family

- Neonatal abstinence is less severe for newborns exposed to MAT than with illicit use
  - 40+ year experience with Methadone
  - Buprenorphine equivalent in effectiveness, decreases duration and severity of NAS

- Buprenorphine is well suited for integrated models
  - May be prescribed in an office setting by a physician or advanced practice nurse
Treatment is More than Medication

- Trauma Informed Parenting Support
- Well Child Care
- Recovery Support
- Mental Health Care
- Women's Health Care
- Medication-Assisted Treatment

Mother and Child
Challenges in Access to Treatment

- Stigma
- Fear of judgment or child protection involvement
- Cost
- Transportation
- Lack of childcare
- Lack of treatment availability
- Lack of awareness that treatment is safe and effective
“Typical” Pregnant Woman with OUD in NH

• In her mid-late twenties
• Has at least one other child
• Has Medicaid
• May lack stable housing at some point during pregnancy
• Has a partner who has also struggled with substance use
• Lacks reliable transportation
• Lives with a psychiatric disorder such as depression, anxiety, or PTSD
• Smokes cigarettes
D-H Moms in Recovery Program

• Began in 2013
• Collaboration among departments of Psychiatry, OB/Gyn, and Pediatrics
• Offers care to women from pregnancy until their child(ren) enter school
• Provides a “one stop shop” to meet as many needs as possible

All services offered concurrently in a single location
Moms in Recovery Clinical Services

- Medication assisted treatment (MAT) with buprenorphine/naloxone
- Group and individual addiction counseling
- Perinatal psychiatric evaluation and treatment for co-occurring disorders
- Prenatal, postpartum and well-woman care
- Pediatric care
- Health and parenting education
Moms in Recovery Supportive Services

• Family support (“Playtime”) while moms attend treatment
• Recovery coaching
• Case management and close collaboration with community agencies
• On-site food shelf and healthy snacks (thanks to collaboration with the UV Haven)
• Diaper bank (thanks to collaboration with Women’s Health Resource Center)
• Donated maternity and infant items “swap closet”
Moms in Recovery Outcomes 2014-2018

- Mean length of gestation 38.6 weeks
- Mean birth weight 3058g
- Mean number of prenatal visits = 14.9
- Mean infant LOS = 6 days
- 73.2% of meconium/umbilical cord toxicology results negative for non-prescribed substances
- 75% attended a postpartum OB visit
Sharing our Work

Center for Addiction Recovery
in Pregnancy and Parenting

CLINICAL SERVICES
- Integrated treatment
- Opioid exposed newborn care
- Recovery friendly medical care
- Provider consultation

RESEARCH
- Implementation science
- Improvement science
- Community engaged research

DISSEMINATION & IMPLEMENTATION
- Quality improvement learning collaboratives
- Evidence based practice guidelines
- System redesign
- Community partnerships

ADVOCACY & POLICY
- State and federal policy
- Professional organizations
- Payment reform

EDUCATION
- Health professionals and students
- Patients and families
- Community partners

Dartmouth-Hitchcock
CARPP Q&A Service

• Health care providers can access assistance with developing services or challenging clinical cases

CARPP@Hitchcock.org
603-653-1800
iMAT-OB Project

• D-H team assisting selected maternity care sites around New Hampshire in developing integrated medication-assisted treatment programs