

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

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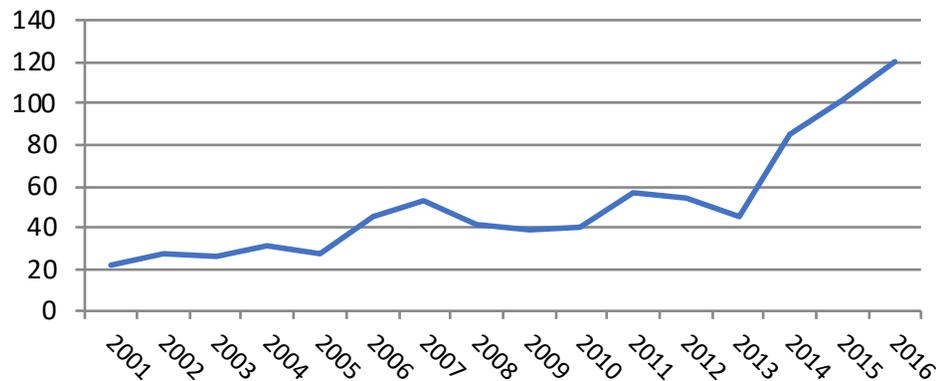
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# A Maternal-Child Health Emergency

**Opioid Overdose Deaths Among Women  
in New Hampshire 2001-2016**



Data Source: Kaiser Family Foundation

- 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

<https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/new-hampshire-opioid-summary>; NH Department of Health and Human Services, 2017

# 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

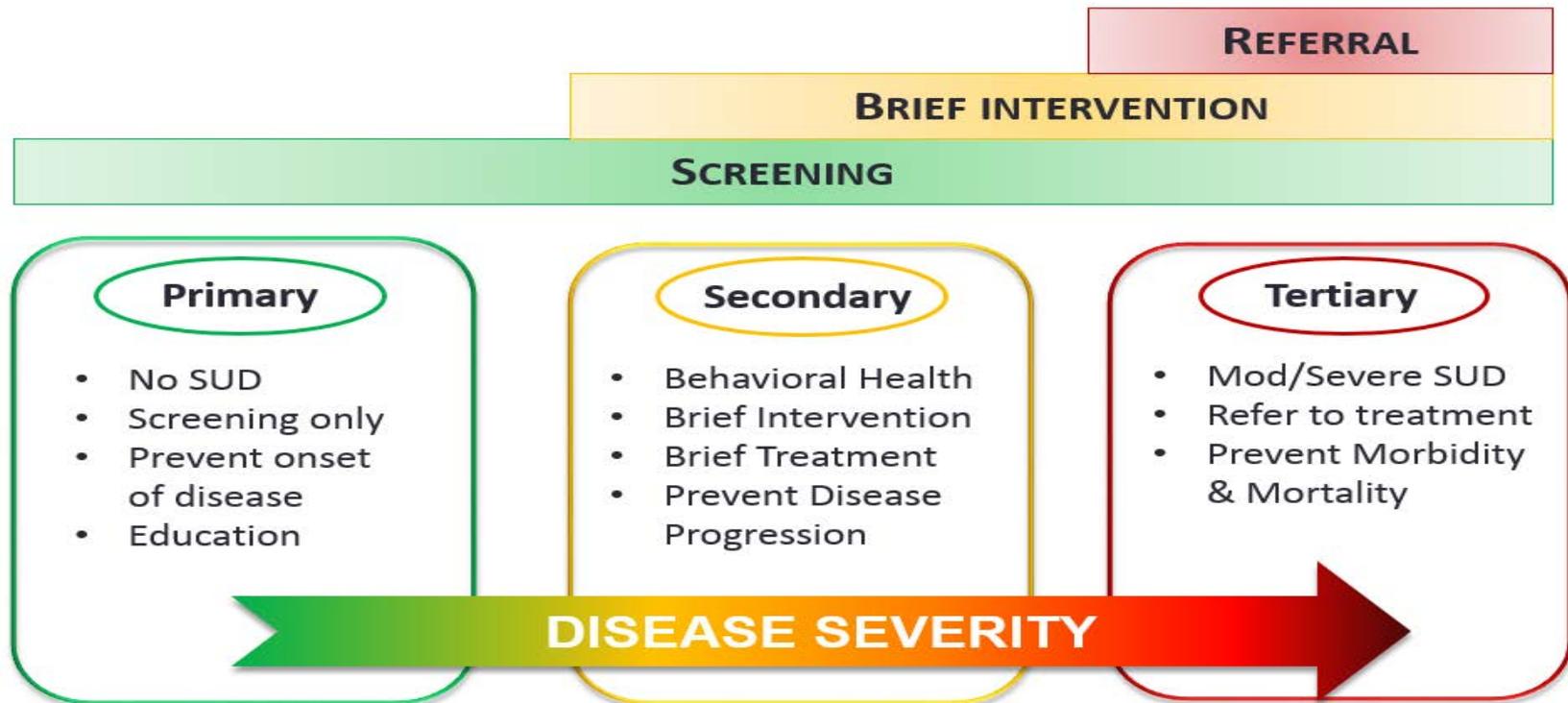
“Treatment that addresses the full range of a woman’s needs is associated with increased abstinence and improvement in other measures of recovery, including parenting skills and overall emotional health. Treatment that addresses alcohol and other drug abuse **only** may well fail and contribute to a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

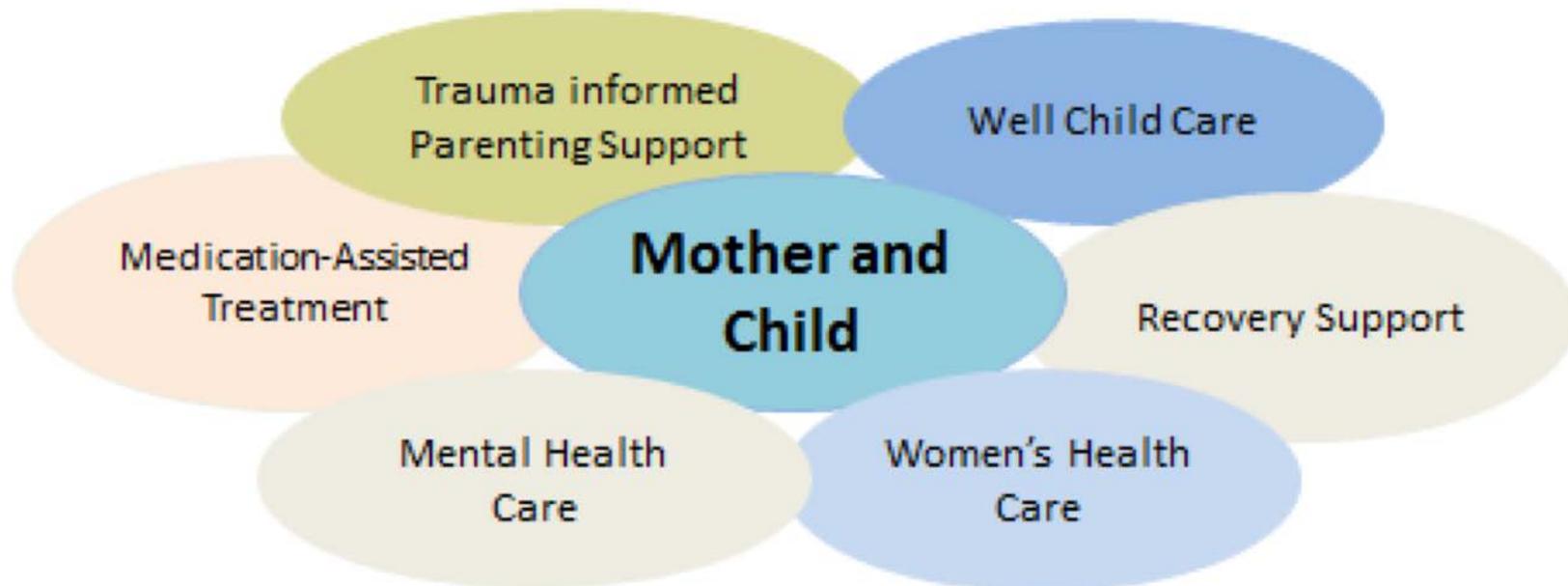
# Improving Access through Universal Screening



# 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



# 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

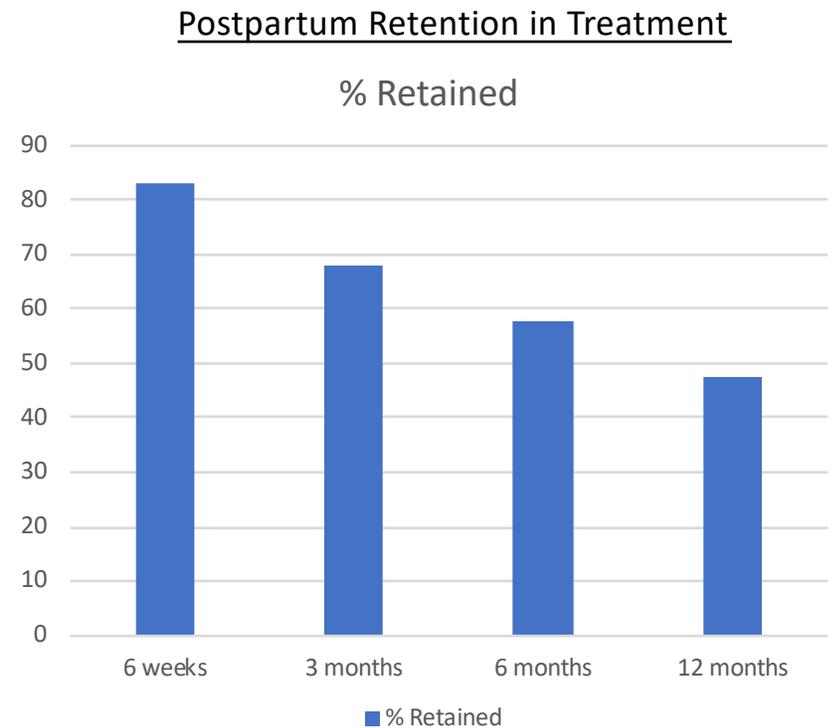
- Medication assisted treatment (MAT) with buprenorphine/naloxone
- Group and individual addiction counseling
- Perinatal psychiatric evaluation and treatment for co-occurring disorders
- Prenatal, postpartum and well-woman care
- Pediatric care
- Health and parenting education

# 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 + Parenting*

CLINICAL SERVICES	RESEARCH	DISSEMINATION & IMPLEMENTATION	ADVOCACY & POLICY	EDUCATION
Integrated treatment	Implementation science	Quality improvement learning collaboratives	State and federal policy	Health professionals and students
Opioid exposed newborn care	Improvement science	Evidence based practice guidelines	Professional organizations	Patients and families
Recovery friendly medical care	Community engaged research	System redesign	Payment reform	Community partners
Provider consultation		Community partnerships		

## CARPP Q&A Service

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

[CARPP@Hitchcock.org](mailto: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

