

Opioid Use Disorder in Pregnancy

December 9, 2019

Key Topics

- Opioid addiction
- Screening recommendations from The American College of Obstetricians and Gynecologists (ACOG)
- Screening instruments
- Screening, Brief Intervention and Referral to Treatment (SBIRT)
- Treatment recommendations
- Newborn care
- HPP's program

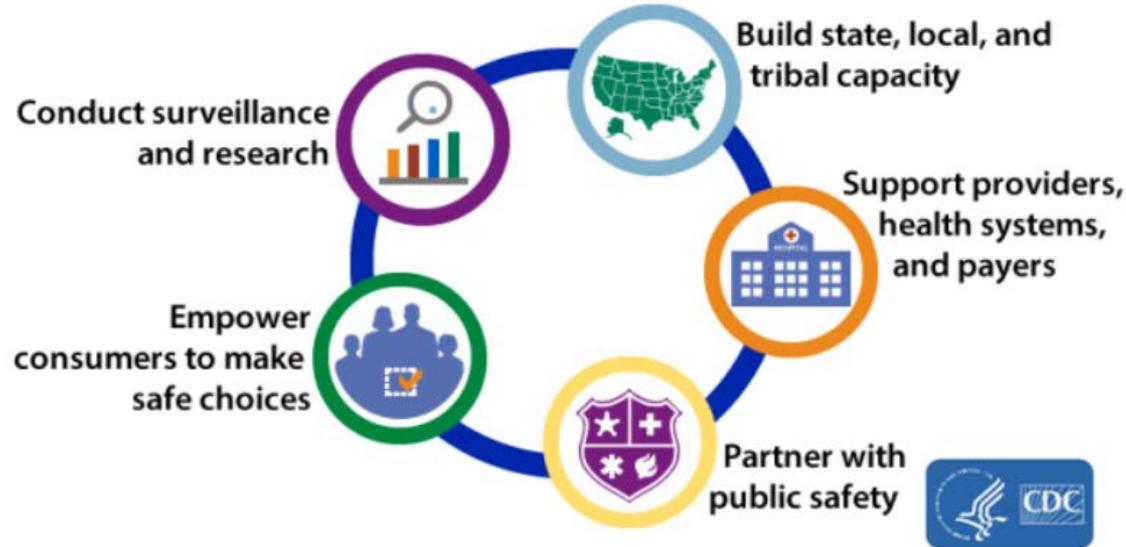
Opioid Addiction

- From 1999 to 2017, the rate of drug overdose deaths in the U.S. tripled, with 68% involving an opioid. ⁽¹⁾
- During the same time period, the death rate from drug overdose among women aged 30–64 years increased by 260%. ⁽²⁾
- The number of pregnant women with an opioid addiction more than quadrupled from 1999 to 2014. ⁽³⁾
- A study with 4,000 Massachusetts women for a year showed that the rate of overdose deaths declines in pregnancy, but peaks between 7-12 months postpartum. ⁽⁴⁾
- From 2004 to 2014, the incidence of Neonatal Abstinence Syndrome increased 433%. ⁽⁵⁾

Note: Refer to slide 12 for citations.

The Centers for Disease Control and Prevention Five-point Strategy

Preventing Opioid Overdoses and Related Harms



ACOG Recommendations for Screening

- Early universal screening, brief intervention and referral for treatment of pregnant women with opioid use disorder (OUD) improves maternal and infant outcomes.
- Screening for substance use should be part of the comprehensive obstetric care for all women at the first prenatal visit.
- Screening for factors such as poor adherence to prenatal care or prior adverse pregnancy outcome can lead to missed cases. It may also add to stereotyping and stigma.

Screening Instruments

- These validated screening tools are available:
 - The 4P's
 - NIDA Quick Screen
 - CRAFFT (ages 12-21)
 - CAGE-AID
 - AUDIT-C
- For screening to be effective, it must be universal, matter-of-fact and be structured as a conversation between the woman and the provider.

SBIRT

- This is an evidence-based practice used to identify, reduce and prevent problematic use, abuse and dependence on alcohol and illicit drugs.
- The model was incited by an Institute of Medicine recommendation that called for community-based screening for health risk behaviors, including substance use.
- These are the components of SBIRT:
 - **Screening:** A health care professional assesses a patient for risky substance use behaviors using standardized screening tools. Screening can occur in any health care setting.
 - **Brief Intervention:** A health care professional engages a patient showing risky substance use behaviors in a short conversation, providing feedback and advice.
 - **Referral to Treatment:** A health care professional provides a referral to brief therapy.

Source: <https://www.samhsa.gov/sbirt>

Treatment Considerations

- Medication Assisted Treatment (MAT) combines behavioral therapy with medication and shows the greatest success in treating OUD.
- MAT also has a much lower rate of overdose death due to relapse.
- Complete withdrawal from opioids (“cold turkey”) is strongly discouraged in pregnancy to protect the developing baby from the medical risks associated with withdrawal.

Treatment Options

- The Office of Medical Assistance Programs (OMAP) implemented approximately 45 OUD Centers of Excellence (OUD-COEs) through the Physical HealthChoices Program.
- OMAP increases the capacity to care for those seeking treatment for OUD, as well as increase the quality of care to our members.
- Currently, HPP contracts with 5 PH-COEs (Physical Health-Centers of Excellence).
 1. Centers for Integrative Medicine (Aids Care Group)
 2. Community Health and Dental Care
 3. Penn Presbyterian Medical Center
 4. Public Health Management Corporation (PHMC)
 5. Temple University

Newborn Care

- Sometimes, maternal OUD is unrecognized until the newborn shows signs of NAS.
- While the baby is monitored and treated, this is a prime opportunity to encourage the mother to consider beginning recovery herself.
- Remember: The most common time for a mother to die from an overdose is within the first year of the baby's life.
- NAS is a reportable condition; Child Protective Services will be involved in developing a safe discharge plan for the baby.

HPP Resources

- Baby Partners offers care coordination to all pregnant members. They are screened for social, medical and obstetric risks, and for social determinants of health needs.
- Pregnant women with OUD are offered support from trained community health coordinators.
- Women with OUD may be less likely to engage in prenatal care due to shame, stigma and conflicting priorities. The support of the community health coordinator provides a connection to care.

Opioid Addiction Citations

- (1) Morbidity and Mortality Weekly Report (MMWR), January 18, 2019, 68 (2); 37- 40
- (2) VanHouten, JP, Rudd, RA, Ballesteros, MF, Mack, KA. *Drug Overdose Deaths Among Women Aged 30–64 Years— United States, 1999–2017*, MMWR, January 11, 2019, 68:1-5;
DOI: <http://dx.doi.org/10.15585/mmwr.mm6801a1>
- (3) Haight,SC, Ko,JY, Tong,VT, Bohm,MK, Callaghan,WM. *Opioid Use Disorder Documented at Delivery Hospitalization*, United States, 1999–2014, MMWR, August 10, 2018; 67(31); 845-849;
DOI: <http://dx.doi.org/10.15585/mmwr.mm6731a1>
- (4) Obstetrics & Gynecology, August 2018, 132(2); 466-474
- (5) Jilani, SM, Frey, MT, Pepin, D, et al. *Evaluation of State-Mandated Reporting of Neonatal Abstinence Syndrome — Six States, 2013–2017*, MMWR, January 11, 2019; 68(1); 6-10;
DOI: <http://dx.doi.org/10.15585/mmwr.mm6801a2>

Thank You!