Perinatal Substance Use: Motivating Recovery

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Goals

• Highlight the continuum of care for women and families impacted by substance use across the perinatal period

• Review trends in maternal treatment engagement and overdose in the perinatal period

• Present a multidisciplinary model of care for pregnant and postpartum women, their partners, and their children impacted by substance use

• Describe non-stigmatizing, trauma-informed language choices when for caring for infants and families affected by substance use
Epidemiology: Perinatal Opioid Use Rising

Deliveries impacted by maternal opioid use disorder 1999-2014 in US

Haight, MMWR, 2018
Epidemiology: Neonatal Opioid Withdrawal

Neonatal Abstinence Syndrome and Associated Health Care Expenditures
United States, 2000-2009

Stephen W. Patrick, MD, MPH, MS
Robert E. Schumacher, MD

Context Neonatal abstinence syndrome (NAS) is a postnatal drug withdrawal syndrome primarily caused by maternal opiate use. No national estimates are available for NAS burden in the United States.

Figure 1. Weighted National Estimates of the Rates of NAS per 1000 Hospital Births per Year

Figure 2. Weighted National Estimates of the Rates of Maternal Opiate Use per 1000 Hospital Births per Year

Patrick, JAMA, 2012
Neonatal Opioid Withdrawal Rates Highest in Appalachia + New England

- National average rate of neonatal withdrawal: 6 per 1,000 births in 2015
- Appalachia/New England regions with rates >30/1,000 births
- NH Rate: 24 per 1,000 births in 2015

2012-2013 State Inpatient Databases, Ko, 2016
https://carsey.unh.edu/publication/opioid-nas-nh
Prevalence of NAS in NH, 2000-2015

https://carsey.unh.edu/publication/opioid-nas-nh
Rising cases of NAS may reflect an increase in women with opioid use disorder receiving medication treatment during pregnancy.
Broadening Our Focus: Beyond NAS
Broadening Our Focus: Perinatal Period

PRE-PREGNANCY  PRENATAL  NEONATAL  CHILDHOOD & BEYOND
Broadening Our Focus: Perinatal Period

Patrick, AJPH, 2018
Broadening Our Focus: Prenatal Substance Exposure

(National Vital Statistics Report, 2017; NSDUH, 2017; Patrick et al., 2015; Milliren et. al, 2017; May & Gossage, 2001)

Prenatal Treatment Engagement
Treatment of Opioid Use Disorder in Pregnancy

• Opioid Agonist Treatment with methadone or buprenorphine is the standard of care for treatment of pregnant women with OUD.

• “Pharmacotherapy is preferable to medically assisted withdrawal because withdrawal is associated with high relapse rates which lead to worse outcomes”.

ACOG Committee Opinion, 2017, Terplan, Obstetrics & Gynecology, 2018
Monthly Receipt of Methadone and Buprenorphine by Pregnant and Postpartum Women 2011-2015

Percent Receiving Buprenorphine
Percent Receiving Methadone

Manuscript in Preparation
Why do pregnant women avoid treatment?

• Desire to minimize exposures to fetus, avoid the risk of neonatal withdrawal

• Shame/stigma of drug use during pregnancy

• Avoid child protective services reporting

• Fear of punitive response

• Historical/community views on medication treatment
  • Differences by race/ethnicity

• For women who engage during pregnancy, strong desire to wean down/discontinue after delivery
White women more likely to receive any methadone or buprenorphine in year prior to delivery in MA

- White non-Hispanic: 66.3%
- Hispanic: 46.2%
- Black non-Hispanic: 45.4%
Racial differences in treatment engagement during pregnancy identified in Massachusetts

Black and Hispanic women were 2-3x more likely to have no engagement than consistent engagement in treatment during pregnancy when compared to White women

*After adjusting for age, education, geography
Another look at racial/ethnic treatment engagement differences in MA: 2017-2018

Source: PNQIN NAS Database
Postpartum Risks
“The truth is, getting through pregnancy is the easiest part”
Katie Raftery, MGH Recovery Coach

Questions? Email: 2019POSC@gmail.com
Opioid Overdose Rates Among Pregnant and Postpartum Women with OUD in Massachusetts (2011-2015)

Overdose Rate per 100,000 person days

- Overall
- 12 mo prior to delivery to conception (0-12 wks)
- 1st Trimester (0-12 wks)
- 2nd Trimester (13-28 wks)
- 3rd Trimester (≥29 wks)

(n=4184)

Schiff et. al, Obstetrics and Gynecology, 2018
Opioid Overdose Rates Among Pregnant and Postpartum Women with OUD in Massachusetts (2011-2015)

Schiff et. al, Obstetrics and Gynecology, 2018

(n=4184)
"Where things fall apart is postpartum. We actually abandon women after delivery."

Mishka Terplan, obstetrics and gynecology physician

VIRGINIA COMMONWEALTH UNIVERSITY SCHOOL OF MEDICINE

PEW Stateline article, August 14, 2018.
Why Are Postpartum Women Vulnerable?

- Loss of access to special services designed for caring for pregnant women
- High rates of postpartum depression among women with substance use
- Shame and stigma women feel watching their infants experience symptoms of neonatal opioid withdrawal
- Stresses of having a new baby
- Heartbreak of being separated from baby
- Desire to discontinue medication treatment
Women Benefit from Gender-Specific Programs

• Trauma-informed: safe, welcoming, supportive, empowering programs

• Specialized supports for pregnant and parenting women

• Comprehensive mental health services

• Childcare

• Transportation
Gender-Specific Services in US Treatment Programs

n=1300 federally-funded substance use treatment programs

National Survey of Substance Use Treatment Services; Terplan, AJPH, 2015
Multidisciplinary Care for Families Impacted by Substance Use

MGH HOPE Clinic
Nurturing the dyad begins at conception - and doesn’t stop at delivery

A focus on the ‘first 1000 days’
Addressing Complex Biopsychosocial Needs

• Multidisciplinary co-located care
• Integrated care for mother, child, partner
• Longitudinal care from conception of pregnancy to child’s second birthday
• Flexible care, walk-ins welcome
• Trauma-informed, stigma-free care
Obstetrics
Addiction
Family medicine
Pediatrics
Psychiatry
Social work
Peer recovery

Massachusetts General Hospital
HOPE Clinic
Patient Recovery Portfolio

Key Components:

• Support Network
• Community Resources
• Relapse Prevention and Safety Plan
  • Things to support recovery
  • Things to avoid
  • Warning signs to be aware of
• Safety Agreement
• Profile of Treatment Engagement During Pregnancy

Adapted from NESST (Newborns Exposed to Substances: Support and Therapy, JF&CS)
We celebrate successes and milestones with our patients.

Questions? Email: 2019POSC@gmail.com
“Preparing for Baby” Shower

- Monthly opportunity to meet with representatives from child welfare services and early intervention prenatally
- Debunk myths
  - Separate eligible EI services from potential DCYF involvement
  - Learn about process of DCYF reporting

Preparing for Baby Shower!
- A celebration of your pregnancy journey
- Informal conversations with Early Intervention (EI) and Department of Children and Families (DCF)
- Your opportunity to ask questions about what to expect during and after your delivery (you can submit questions privately ahead of the shower!)
- Supplies and gifts for you and your baby
- Light refreshments will be served
Our Goals and Aspirations

• Improved integration/communication with community based services
  • Family Residential Treatment Programs
  • Methadone Programs
  • Early Intervention
  • DCF
• Greater support and consultation for affiliated CHC’s
• Integration of legal representation/linkage from clinic
• Supervised visitation for women/families that lose custody of their infants
Language Matters
“NAS” v. “NOWS”

• Neonatal “Abstinence” Syndrome?
• NAS initially coined by Loretta Finnegan in 1970’s

“the practice of abstaining from something: the practice of not doing or having something that is wanted or enjoyable”

“the fact or practice of restraining oneself from indulging in something, typically alcohol.”

• Favored term by SAHMSA since 2016 is “Neonatal Opioid Withdrawal Syndrome,” but does not account for polysubstance exposure
An infant exposed to opioids in utero is born physiologically dependent to opioids.

Questions? Email: 2019POSC@gmail.com
We have an opportunity to confront the stigma

Stop Talking ‘Dirty’: Clinicians, Language, and Quality of Care for the Leading Cause of Preventable Death in the United States

Confronting the Stigma of Opioid Use Disorder—and Its Treatment

The death of Philip Seymour Hoffman from a heroin overdose tragically adds another name to the list of celebrities who have lost their lives to addiction. Increasing numbers of overdoses from prescription opioids and a more recent increase in heroin-associated fatalities have caused heartbreak in communities across the country. More than 30,000 deaths from unintentional drug overdose were reported in the United States in 2010, the most recent year for which data are available.

Given the severity of this national epidemic, it is a treatment approach supported by the same level of evidence.
## Our Language Matters - Non-Stigmatizing Alternatives

<table>
<thead>
<tr>
<th>Stigmatizing language</th>
<th>Helpful response</th>
</tr>
</thead>
<tbody>
<tr>
<td>“She just wants attention”</td>
<td>“She is crying out for our help”</td>
</tr>
<tr>
<td>“Those moms have poor coping methods”</td>
<td>“They have survival skills that got them to where they are now”</td>
</tr>
<tr>
<td>“They’ll never get over it”</td>
<td>“Recovery is a process, it takes time”</td>
</tr>
<tr>
<td>“They are weak”</td>
<td>“They are stronger for having experienced trauma”</td>
</tr>
</tbody>
</table>
## Shifting to a strengths based model

<table>
<thead>
<tr>
<th>Problem</th>
<th>Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family is in constantly in turmoil</td>
<td>Family unit is still together, are committed to staying together at this point in time</td>
</tr>
<tr>
<td>Family comes in only sporadically to see the infant</td>
<td>Family does come in when they can, they are balancing multiple responsibilities</td>
</tr>
<tr>
<td>Family brings in different friends to the hospital every day, creating lots of noise</td>
<td>Family has a support network in the community</td>
</tr>
<tr>
<td>Family questions nurses constantly, they don’t seem to trust any of the clinical care team</td>
<td>Family has learned to defend their own and be fiercely independent in order to survive; it takes time to establish mutual trust</td>
</tr>
</tbody>
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Adapted from Marcellus, 2015
Adapted from Vermont Oxford Network, 2016
Summary: Opportunities with POSC

1. Expansion of the continuum of care for women and families impacted by substance use prior to delivery

2. Improve maternal addiction treatment engagement during pregnancy

3. Reinforce non-stigmatizing language choices when caring for infants and families

4. Offer improved collaboration between medical and behavioral health homes and social services caring for families impacted by substance use

5. A focus on all substance use, including alcohol and marijuana!
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The Mothers Society Condemns

A baby gets a check-up at the Massachusetts General Hospital Hope Clinic in Boston, Mass., which provides coordinated care for pregnant and parenting women with substance use disorders.