

# Toolkit on Opioid Use in Pregnancy

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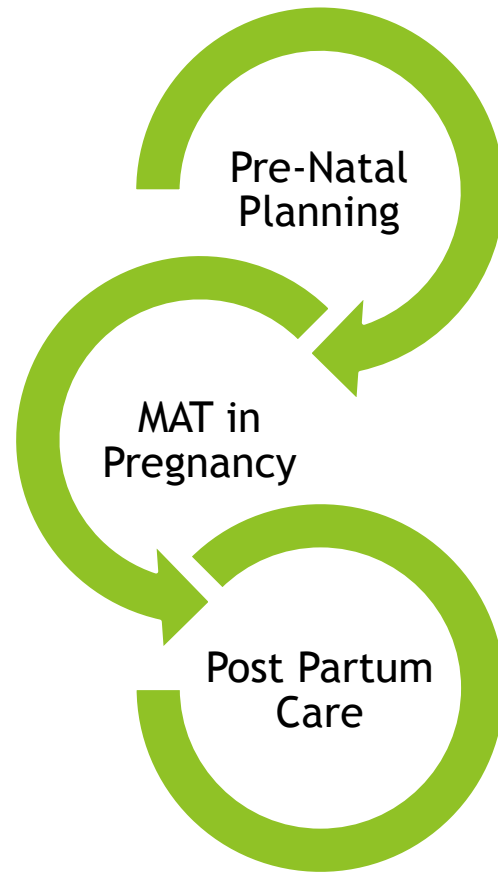
Massachusetts Perinatal Quality Collaborative

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# Opioid use in Pregnancy Toolkit

- ▶ **A collaborative effort**, including providers, state agencies, grant funding efforts, Mass Perinatal Quality Collaborative, MCPAP for Moms, MA-ACOG
- ▶ **Overview of approach and collaborative partnerships** - bridging multi-disciplinary expertise to provide guidance to clinicians working with women of child bearing that are currently using opioids and/or at risk for opioid use disorders.
- ▶ **Providing guidance and information** regarding the use of Medication Assisted Treatment (MAT), particularly Buprenorphine and Methadone, coordination of care with substance use treatment providers and opioid exposed newborn assessment and treatment.
- ▶ **Acknowledging and supporting the vital role of prenatal care providers** in addressing the complex medical and social needs of women with opioid use disorders especially pregnant women and their unborn child. Improved outcomes for both can be impacted with screening, early intervention and engagement in substance use treatment.
- ▶ **Encourage comprehensive care coordination** aimed to meet the pregnant woman's unique needs and ability to provide concurrent substance use treatment and obstetrical care.

# Vital Role of Prenatal Providers



# Specific Treatment Needs of Women with SUD/ODU

## Service Barriers for Women

- Social stigma of SUD during pregnancy
- Social Supports
- DCF implications
- Childcare and transportation needs
- Health Insurance
- MAT access

## Medication Assisted Treatment

- Determining best MAT options for individualized treatment
- Buprenorphine
- Methadone

## General Health Care

- Obstetric - gynecological care
- Co-occurring medical and psychiatric conditions
- HIV prevention
- Nutritional counseling
- Family planning
- Screening for IPV/DV

## Social Functioning Supports

- Parenting Skills
- Family and Friends Involvement
- Communication and Conflict resolution
- Family Planning

**Initial OB/GYN Exam**  
**Screening and Assessment**  
**All visits are opportunities to educate and reinforce positive behaviors**



**Prenatal Care**  
**SBIRT**

**Imminent Delivery**  
•**MAT management**  
•**Coordination with BH Provider**



**Patient and Family Education**  
**Discharge Planning**  
**and Coordination of Services**

**Postpartum Neonatal Monitoring**



# Best Practices

- ▶ Integration of substance use screening and assessment with every obstetrical and gynecological appointment.
- ▶ Early identification of opioid use among women of child bearing age and pregnant women.
- ▶ Comprehensive care coordination among prenatal providers and medically supervised MAT throughout the pregnancy.
- ▶ Continued coordinated care and supports postpartum to reduce risk of relapse and overdose.
- ▶ Integration of obstetric care with post-delivery pediatric care for neonatal abstinence syndrome and other effects of opioid use.

**Overall aim** to improve clinical care and coordination for pregnant women with opioid use disorders. This toolkit provides guidance in regards to the medical, psychological and social needs of pregnant women with opioid use disorders thereby improving maternal and newborn health outcomes.

## Screening, Assessment and Brief Intervention

- Screening tools and clinical process
- [Link](#)

## Medication Assisted Treatment

- Best Practices
- [Link](#)

## Neonatal Care

- Biological consequences for infants exposed to drugs and alcohol in utero
- [Link - NAS brochure 11.4.15.pdf](#)

# Definition of Addiction

American Society of Addiction  
Medicine <http://www.asam.org/quality-practice>

- Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.
- Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.



# American Society of Addiction Medicine

The ASAM Criteria - Treatment  
Criteria for Addictive, Substance-  
Related, and Co-Occurring Conditions  
Released 2013

Description of levels of care (service  
continuum)

Algorithm for determining  
appropriate Intensity of Service  
based on assessment of patient's  
Severity of Illness

Assessment of biopsychosocial Severity and Level of Function

1. Acute Intoxication and/or Withdrawal Potential
2. Biomedical conditions and complications
3. Emotional/Behavioral/Cognitive conditions and complications
4. Readiness to Change
5. Relapse/Continued Use/Continued Problem potential
6. Recovery Environment

Levels of Service

1. Outpatient Treatment
2. Intensive Outpatient and Partial Hospitalization
3. Residential /Inpatient Treatment
4. Medically-Managed Intensive Inpatient Treatment

# SCREENING TOOLS

- ▶ **Single Question**
- ▶ How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons (for example, because of the experience or feeling it caused)?
- ▶ Boston Medical Center Corporation (2012). Validation of self-administered single-item screening question (SISQ) for unhealthy drug use. (Unpublished report, Principal Investigator: Richard Saitz, MD). See - <http://cde.drugabuse.gov/instrument/e905cd64-decf-7783-e040-bb89ad4362ad>

# SCREENING TOOLS

## 4 P's

- ▶ **Parents:** Did any of your parents have a problem with alcohol or other drug use?
- ▶ **Partner:** Does your partner have a problem with alcohol or drug use?
- ▶ **Past:** In the past, have you had difficulties in your life because of alcohol or other drugs, including prescription medications?
- ▶ **Present:** In the past month have you drunk any alcohol or used other drugs?

Scoring: Any “yes” should trigger further questions.

Ewing H. A practical guide to intervention in health and social services with pregnant and postpartum addicts and alcoholics: theoretical framework, brief screening tool, key interview questions, and strategies for referral to recovery resources. Martinez (CA): The Born Free Project, Contra Costa County Department of Health Services; 1990.

# SCREENING TOOLS

The IHR (Institute for Health and Recovery) Screeners for Pregnant Women The IHR 5P's

- ▶ Did any of your parents have a problem with using alcohol or drugs?  
Yes\* No No answer
- ▶ Do any of your friends (peers) have a problem with drug or alcohol use?  
Yes \* No No answer
- ▶ Does your partner have a problem with drug or alcohol use?  
Yes \* No No answer
- ▶ Before you knew you were pregnant (past), how often did you drink beer, wine, wine coolers or liquor?  
Not at all Rarely \* Sometimes \* Frequently \*
- ▶ In the past month (present), how often did you drink beer, wine, wine coolers or liquor?  
Not at all Rarely \* Sometimes \* Frequently \*
- ▶ Plus a question about tobacco use

Considered positive responses. Patients with a positive response for one or more of the items are referred for further assessment.

Source: Kennedy et al. 2004:140.

# SCREENING TOOLS

## CRAFFT

**C** Have you ever ridden in a *car* driven by someone (including yourself ) who was “high” or had been using alcohol or drugs?

**R** Do you ever use alcohol or drugs to *relax*, feel better about yourself, or fit in?

**A** Do you ever use alcohol or drugs while you are by yourself, *alone*?

**F** Do you ever *forget* things you did while using alcohol or drugs?

**F** Do your family or *friends* ever tell you that you should cut down on your drinking or drug use?

**T** Have you ever gotten into *trouble* while you were using alcohol or drugs?

Source : Children’s Hospital Boston, 2001. Reproduced with permission from the Center for Adolescent Substance Abuse Research, CeASAR, Children’s Hospital Boston. For more information, contact [info@CRAFFT.org](mailto:info@CRAFFT.org), or visit [www.crafft.org](http://www.crafft.org).

Knight et al. (2002) recommended a score of 2 or higher as a cut-point for a further formal assessment.

# Street Names - Prescription Opiates

- ▶ **Oxycontin**
  - ▶ Oxy, Hillbilly heroin, kickers, Oxycottons, killers, OC
  - ▶ Jammed
    - ▶ This is a term that means someone is “under the influence of Oxycontin” ([CESAR](#)).
- ▶ **Percocet/Percodan**
  - ▶ Percs, percodoms
- ▶ **Vicodin or Lorcet/Lortab**
  - ▶ Vikes, Watson-387
- ▶ **Codeine with Robitussin or Tylenol ([NIDA](#))**
  - ▶ Captan Cody or Cody, schoolboy
- ▶ **Codeine with glutethimide**
  - ▶ “Doors & fours,” “pancakes and syrup,” loads
- ▶ **Fentanyl ([ISATE](#))**
  - ▶ Apache, Duragesic, Sublimaze, “dance fever,” Actiq, TNT, China White, China Girl
  - ▶ Tango and Cash, jackpot, friend, goodfella (NIDA)
- ▶ **Morphine**
  - ▶ Roxanol, Miss Emma, M, “white stuff,” monkey, Duramorph,
- ▶ **Methadone**
  - ▶ Amidone, fizzies, chocolate chip cookies (with MDMA)
- ▶ **Numporphan/Numorphone**
  - ▶ Blues, Mrs. O, O bomb, octagons/stop signs, biscuits, blue heaven
- ▶ **Dilaudid**
  - ▶ D, smack, juice, footballs
- ▶ **Demerol**
  - ▶ Pain killer, demmies

# Street Names - Illicit Opiates

## ▶ Heroin (NIDA)

- ▶ Smack, junk, dope, H, white horse, horse, China white, skunk, skag, brown sugar, hell dust, thunder, chiva, big H
- ▶ “Cheese (with OTC cold medicine and antihistamine)”

## ▶ Opium (DOJ)

- ▶ Black stuff, gum, block, hop, big O, ah-pen-yen, zero, hop/hops, Chinese Molasses, Chinese Tobacco, black pill, mira, O, pox, skee, Dover’s Powder, dopium, gee, God’s medicine, toys, toxy, guma, joy plant, easing powder, dream stick/gun

# Pre-Pregnancy Planning





# Prenatal Care



# Pregnancy

**Methadone and Buprenorphine**

**Active Link to brochure -**

[http://pcss-o.org/wp-content/uploads/2015/10/WAGBrochure-Opioid-Pregnancy\\_Final.pdf](http://pcss-o.org/wp-content/uploads/2015/10/WAGBrochure-Opioid-Pregnancy_Final.pdf)



# Labor and Delivery

Protocols during labor and delivery

Pain Management



# Post Partum

- ▶ Discharge Planning
- ▶ Family and Patient Education
- ▶ NAS



# FAQ

## ▶ Legal and Statutes

- ▶ **Q** What are the state statutory requirements for mandated reporting when a newborn is exhibiting sign and symptoms of withdrawal?
  - ▶ **A** State statutes ....



# FAQ

## Clinical Practice

**Q** How can a community ob/gyn practice access treatment services?

**A** Community prenatal providers can ....



# Resources: Treatment Referral

- ▶ [MCPAP for MOMS](#)
- ▶ <http://db.state.ma.us/dph/bsas/search.asp>
- ▶ <http://helpline-online.com/>
- ▶ **SAMHSA link** - The Substance Abuse and Mental Health Services Administration publishes a directory of physicians licensed to dispense buprenorphine ([http://buprenorphine.samhsa.gov/bwns\\_locator](http://buprenorphine.samhsa.gov/bwns_locator)).

## State Statue and Mandates

- ▶ Department of Children and Family Services
- ▶ Department of Public Health
  - ▶ Health Quality
  - ▶ BSAS

## Mass Health Billing

- ▶ Guide for Medicaid Reimbursement

# Resources: Practice Guidance EXAMPLES Of Documents to be hyperlinked

- ▶ [CDC-Pre-Decisional-Guidelines.pdf](#)
- ▶ [FAQs for OBs cp cl RJH edits 8\\_21\\_15 \(1\).doc](#)
- ▶ [Pharmacy MTD. Bup document.docx](#)
- ▶ [RESPECT Program Guidelines for SUBUTEX.doc](#)
- ▶ <https://www.ncsacw.samhsa.gov/resources/resources-mat.aspx>
- ▶ [http://www.asam.org/docs/default-source/advocacy/aaam\\_implications-for-opioid-addiction-treatment\\_final](http://www.asam.org/docs/default-source/advocacy/aaam_implications-for-opioid-addiction-treatment_final)
- ▶ <http://www.acog.org/Resources%20And%20Publications/Committee%20Opinions/Committee%20on%20Health%20Care%20for%20Underserved%20Women/Opioid%20Abuse%20Dependence%20and%20Addiction%20in%20Pregnancy.aspx>
- ▶ [http://www.integration.samhsa.gov/clinical-practice/mat/MAT\\_Implementation\\_Checklist\\_FINAL.pdf](http://www.integration.samhsa.gov/clinical-practice/mat/MAT_Implementation_Checklist_FINAL.pdf)
- ▶ <http://www.integration.samhsa.gov/clinical-practice/screening-tools>
- ▶ <http://www.addictionnurses.org/>



# Resources: additional reading materials

- ▶ SAMSHA 2014
- ▶ See <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Opioid-Abuse-Dependence-and-Addiction-in-Pregnancy>
- ▶ Anand, K. J. S. and Campbell-Yeo, M. (2015), Consequences of prenatal opioid use for newborns. *Acta Paediatr*, 104: 1066–1069. doi:10.1111/apa.13121
- ▶ Soyka 2013, Mittal 2014, Whiteman, Salemi et al. 2014, Kramlich and Kronk 2015)
- ▶ Roth Parr, Jennifer L., "Treatment Outcomes for Opiate Addicted Pregnant Women" (2015). *DNP Practice Inquiry Projects*. Paper 34.

