

My Personal Story: *Medication for Opiate Use Disorder, Recovery and Pregnancy*

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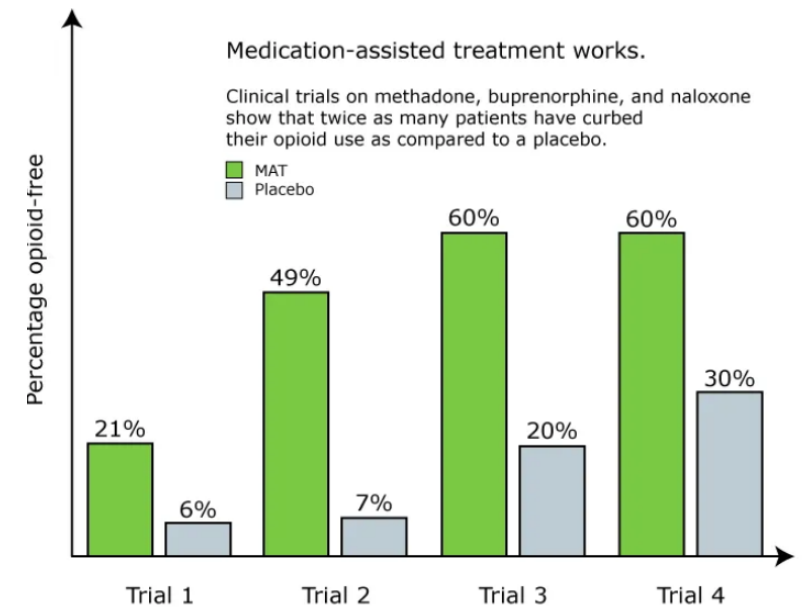


Opiate Use Disorder (OUD)

- Opioid Use Disorder is a chronic, relapsing and remitting, disease that effects brain chemistry and function.
- Opioid Use Disorder is not a lack of willpower or a moral failing.
- Opioid Use Disorder is treatable - just like other chronic diseases, such as asthma and diabetes.

Medication-Assisted Treatment (MAT)

- Improves Outcomes – Decreased drug use – Increased treatment retention
- Saves Lives – Those who receive MAT are 75% less likely to have an addiction-related death than those who do not receive MAT
- Buprenorphine (Suboxone or Subutex) – Partial Opiate Agonist – Outpatient treatment
- Methadone – Full Opiate – More regulated



Clinical Evidence Supports MAT-Based Treatments. The graph above shows data from four separate clinical trials comparing the effectiveness of MAT-based treatments (with methadone, buprenorphine, and naloxone) and those that did not incorporate medication. The values shown in the graph represent the percentage of patients who abstained from illicit opioid use over the entire course of the clinical trial. In all four cases, the MAT group resulted in a significantly higher opioid abstinence rate compared to placebo. Data obtained from Connery's 2015 study in the [Harvard Review of Psychiatry](#).

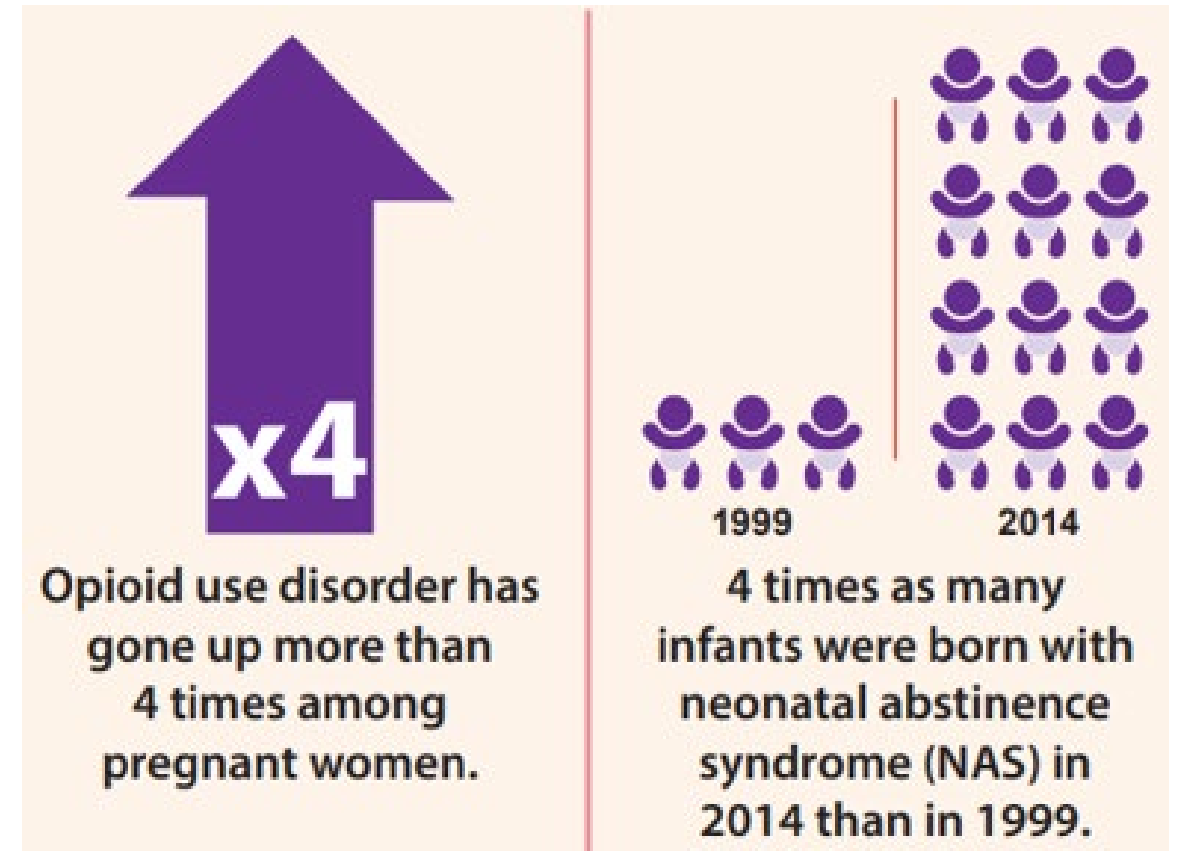


MAT and Pregnancy

- Stabilizes opiate serum levels
- Protects fetus from in-utero withdrawal
- Decrease illicit opioid craving and use
- Improves maternal physical and mental health
- Improves compliance with prenatal care and nutrition
- Better access to resources
- Improves chances of stable postnatal environment for the infant

Neonatal Abstinence Syndrome (NAS)

- A group of symptoms that occur in newborns that are exposed to opioids during pregnancy
- Not determined by the dose of medication or length of time in treatment
- All newborns exposed to an opioid during pregnancy (prescribed and illicit) are observed for 5 to 7 days at delivery
- Within the PWRC population, peak Finnegan score for NAS is day 3
 - Newborns exposed to methadone usually have a peak Finnegan score on day five

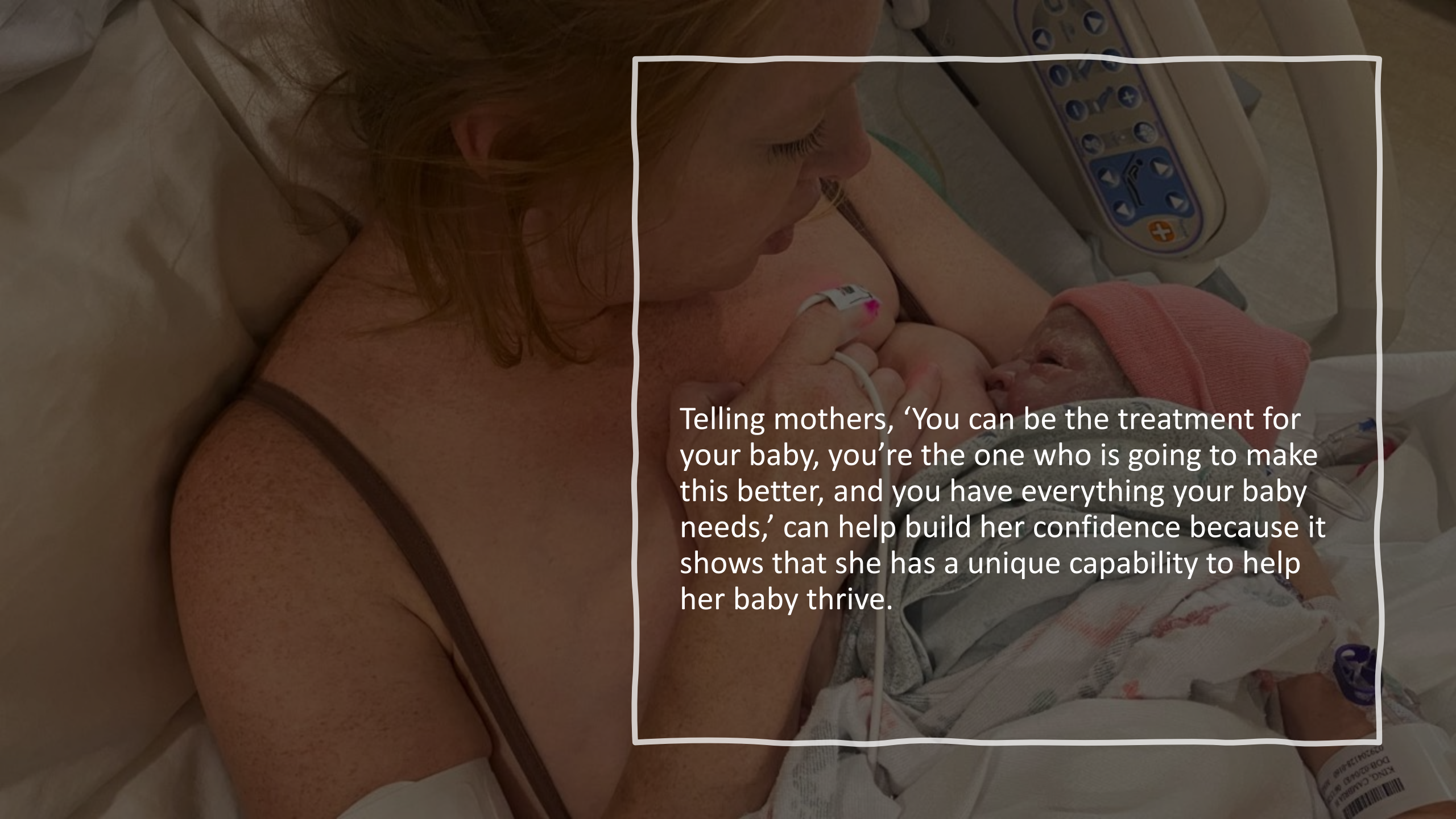




UPMC-Magee

Parent Partnership Unit

- Opened in July 2018
- Mothers and One support person remain in the hospital room with baby for duration of NAS observation (5-7 days)
- Mother is an integral part of team management of NAS; mother is “medicine”
- Breastfeeding encouraged and supported
- Skin to Skin Care
- New PPU/NTU rooms are now available; Mom stays with baby during pharmacological treatment in private nesting room.
- Donor Milk Available

A photograph of a woman with blonde hair, seen from the side, holding a newborn baby. The baby is wearing a pink hat and a grey blanket. The woman is looking down at the baby. In the background, there is a medical device with a screen and buttons. The image has a dark, semi-transparent overlay with a white border around the text area.

Telling mothers, 'You can be the treatment for your baby, you're the one who is going to make this better, and you have everything your baby needs,' can help build her confidence because it shows that she has a unique capability to help her baby thrive.

Before PPU, 30-60% of babies needed
pharmacological treatment



Spring 2019, 7% of babies needed
pharmacological treatment.



Spring 2020, 4% of babies needed pharmacological treatment. 5.77
days average length of stay. 73% initiated breastmilk.



Summer 2021, 1.2% of Babies needed
treatment





COMPASSION Education
RESPECT DIGNITY **Confidence**
IN-RECOVERY Strength **MOTHER**
Breast-Feeding
SUPPORT ENCOURAGE Protect **EMPATHY**



Questions?