PERxU

Program Evaluation and Research Unit

Pre and Postnatal Care for Individuals with Opioid Use Disorder (OUD)

University of Pittsburgh | School of Pharmacy

Welcome!

While we wait to start, please review ways to navigate this webinar.

If you move your **cursor** to the **bottom** of **your screen** you will see a **menu**.

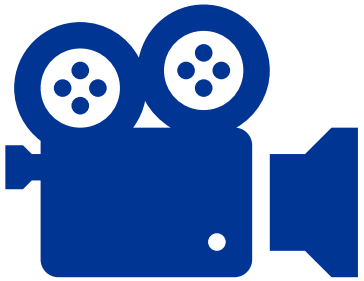
This menu allows you to **control**:

- **Raise Hand**
- Access to the **Chat** box
- Access to the **Q & A** box

Video options are not available for participants. Participants can be unmuted by raising their hand and being recognized by the presenter.

University of Pittsburgh | School of Pharmacy PERxU

Housekeeping



This session is being recorded to **Tomorrow's Healthcare**

If you used a forwarded link, we need your **email address**

Pose questions in the chat to **All Participants**

Please complete the post-session **evaluation**

University of Pittsburgh | School of Pharmacy

PERxU

Continuing Education Information

In support of improving patient care, this activity has been planned and implemented by the University of Pittsburgh and The Jewish Healthcare Foundation. The University of Pittsburgh is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME) and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. **1.25 hours is approved for this course**.

As a Jointly Accredited Organization, University of Pittsburgh is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. University of Pittsburgh maintains responsibility for this course. Social workers completing this course receive **1.25 continuing education credits.**

University of Pittsburgh | School of Pharmacy PERxU

Disclosures

No members of the planning committee, speakers, presenters, authors, content reviewers, and/or anyone else in a position to control the content of this education activity have relevant financial relationships with any entity producing, marketing, re-selling, or distributing health care goods or services, used on, or consumed by, patients to disclose.

Disclaimer

The information presented at this Center for Continuing Education in Health Sciences program represents the views and opinions of the individual presenters, and does not constitute the opinion or endorsement of, or promotion by, the UPMC Center for Continuing Education in the Health Sciences, UPMC / University of Pittsburgh Medical Center or affiliates and University of Pittsburgh School of Medicine. Reasonable efforts have been taken intending for educational subject matter to be presented in a balanced, unbiased fashion and in compliance with regulatory requirements. However, each program attendee must always use his/her own personal and professional judgment when considering further application of this information, particularly as it may relate to patient diagnostic or treatment decisions including, without limitation, FDA-approved uses, and any off-label uses.

Mutual Agreement

- Everyone on every PERU webinar is **valued**. Everyone has an expectation of **mutual, positive regard** for everyone else that respects the **diversity** of everyone on the webinar.
- We operate from a **strength-based, empathetic, and supportive** framework – with the people we serve, and with each other on PERU webinars.
- We encourage the use of **affirming language** that is not discriminatory or stigmatizing.
- We treat others as **they** would like to be treated and, therefore, avoid argumentative, disruptive, and/or aggressive language.

Mutual Agreement (continued)

- We strive to: **listen** to each person, avoid interrupting others, and seek to **understand** each other through the Learning Network as we work toward the highest quality services for COE clients.
- Information presented in Learning Network sessions has been vetted. We recognize that people have different opinions, and those **diverse perspectives** are welcomed and valued. Questions and comments should be framed as **constructive feedback**.
- The Learning Network format is **not conducive to debate**. If something happens that concerns you, please send a chat during the session to the panelists and we will attempt to make room to address it either during the session or by scheduling time outside of the session to process and understand it. Alternatively, you can reach out offline to your PERU point of contact.

University of Pittsburgh | School of Pharmacy PERxU

Acknowledgements

- The Centers of Excellence is a partnership of the University of Pittsburgh's Program Evaluation and Research Unit and the Pennsylvania Department of Human Services; and is funded by the Pennsylvania Department of Human Services, grant number 601747.

- COE vision: The Centers of Excellence will ensure care coordination, increase access to medication-assisted treatment and integrate physical and behavioral health for individuals with opioid use disorder.

pennsylvania
DEPARTMENT OF HUMAN SERVICES

University of Pittsburgh | School of Pharmacy
PERxU

CARE OF THE PERINATAL PATIENT ON MEDICATION FOR OPIOID USE DISORDER (MOUD)

COREY DAVIS, BSN, RN and CAMBRIA KING, CRS,

OBJECTIVES

01 Identify the medication options for patients with opioid use disorder (OUD) and the mechanism in which they work in the body

02 Understand the pathophysiology and definition of OUD

03 Recognize the gold standard recommendations for treatment of OUD in the perinatal period

04 Recognize the effects of MOUD on the mother-baby dyad throughout the perinatal period

05 Understand the benefit of non-pharmacological intervention in the treatment of NOWS, including our Parent Partnership Unit.

06 Interact with patients and their support persons in a way that is non-stigmatizing and empowering of their recovery

07 Recognize and practice principles of harm reduction

08 Identify barriers to treatment

THE PWRC

The Pregnancy and Women's Recovery Center offers the region's first comprehensive outpatient medication for opioid use disorder (MOUD) program specifically designed for women.

- Medication Management
- Social Services
- Coordination of Care
- Peer Support

OPIOID USE DISORDER

"Treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences."

-American Society of Addiction Medicine

The Role of the Provider

- Recognize that OUD is a treatable chronic health condition that affects ALL other areas of a patient's health and wellness
- Acknowledge the courage needed for a patient to seek help, and welcome them with open arms
- Have patience
- Recognize that patients are the leaders of their own recovery
- Have confidence in the care that you are providing in order to instill that confidence in your patient
- Utilize members of your interdisciplinary team to help
  - Social workers
  - Certified recovery specialists
  - Obstetric providers
  - Pediatric providers
  - Mental healthcare providers
  - Nurses

Language Matters

Instead of...	Use...	Because...
• Addict • User • Substance or drug abuser • Junkie	• Person with substance use disorder[6] • Person with opioid use disorder (OUD) or person with opioid addiction (when substance in use is opioids) • Patient	• Person-first language. • The change shows that a person "has" a problem, rather than "is" the problem.[7] • The terms avoid eliciting negative associations, punitive attitudes, and individual blame.[7]
• Alcoholic • Drunk	• Person with alcohol use disorder • Person who misuses alcohol/engages in unhealthy/hazardous alcohol use	
• Former addict • Reformed addict	• Person in recovery or long-term recovery • Person who previously used drugs	
• Habit	• Substance use disorder • Drug addiction	• Inaccurately implies that a person is choosing to use substances or can choose to stop.[8] • "Habit" may undermine the seriousness of the disease.
• Abuse	**For illicit drugs:** • Use **For prescription medications:** • Misuse • Used other than prescribed	• The term "abuse" was found to have a high association with negative judgments and punishment.[9] • Legitimate use of prescription medications is limited to their use as prescribed by the person to whom they are prescribed. Consumption outside these parameters is misuse.

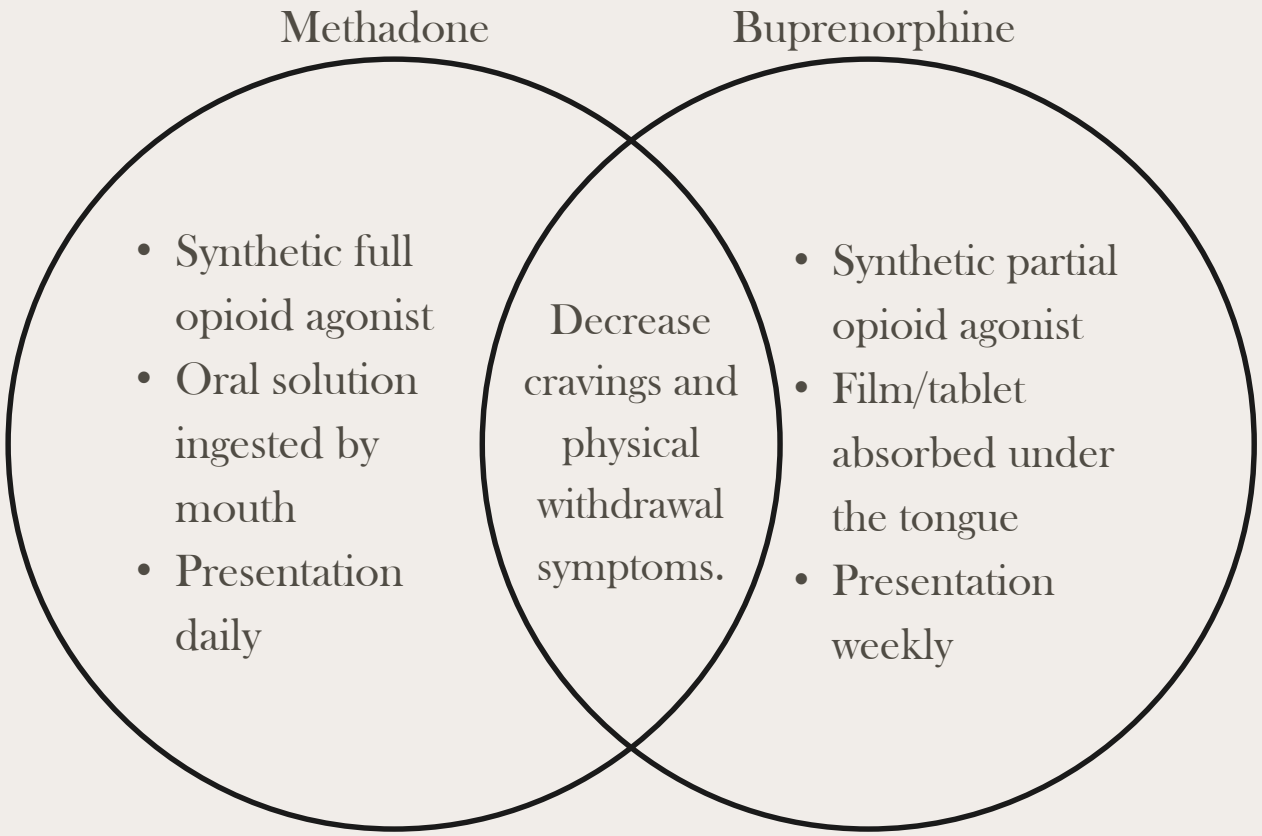
(National Institute of Health, 2021)

Language Matters

• Opioid substitution replacement therapy	• Opioid agonist therapy • Medication treatment for OUD • Pharmacotherapy	• It is a misconception that medications merely "substitute" one drug or "one addiction" for another.[6]
• Clean	**For toxicology screen results:** • Testing negative **For non-toxicology purposes:** • Being in remission or recovery • Abstinent from drugs • Not drinking or taking drugs • Not currently or actively using drugs	• Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.[10] • Set an example with your own language when treating patients who might use stigmatizing slang. • Use of such terms may evoke negative and punitive implicit cognitions.[7]
• Dirty	**For toxicology screen results:** • Testing positive **For non-toxicology purposes:** • Person who uses drugs	• Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.[10] • May decrease patients' sense of hope and self-efficacy for change.[7]
• Addicted baby	• Baby born to mother who used drugs while pregnant • Baby with signs of withdrawal from prenatal drug exposure • Baby with neonatal opioid withdrawal/ neonatal abstinence syndrome • Newborn exposed to substances	• Babies cannot be born with addiction because addiction is a behavioral disorder—they are simply born manifesting a withdrawal syndrome. • Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.[10] • Using person-first language can reduce stigma.

(National Institute of Health, 2021)

MEDICATION FOR OPIOID USE DISORDER



Barriers To Seeking Care

- STIGMA
- EXPOSURE TO VIOLENCE/TRAUMA
- LACK OF TRANSPORTATION
- LACK OF CHILDCARE
- UNSTABLE HOUSING
- FOOD INSECURITY
- GENERATIONAL DRUG USE
- HISTORY OF CHILD ABUSE/NEGLECT
- DIFFERENT CULTURAL BELIEFS
- LACK OF FORMAL EDUCATION
- COMORBID PSYCHIATRIC ISSUES
- MULTIPLE DRUG EXPOSURE
- FEAR OF CPS OR LEGAL PROSECUTION
- LACK OF SUPPORT SYSTEM
- FEAR/GUILT
- LACK OF JOB ACQUISITION SKILLS
- LACK OF PARENTING SKILLS
- MISINFORMATION ABOUT

STUDY ON MOUD

Opioid-Abstinence Rates with Medication Compared to Nonmedication[a]

Medication[b]	Percentage opioid free on medication	Percentage opioid free on placebo/detoxification	Study
Naltrexone ER	36	23	Krupitsky et al. (2011)[23]
Buprenorphine/naloxone	20–50	6	Fudala et al. (2003)[24] Weiss et al. (2011)[25,c]
Buprenorphine/naloxone	60	20	Woody et al. (2008)[26,d]
Methadone	60	30	Mattick et al. (2009)[27]

ER, extended release.

[a] The randomized, controlled clinical trials summarized here paired medication maintenance with evidence-based psychosocial treatments and opioid use self-report data that were confirmed with urine toxicology. Clinical settings for treatment delivery may affect the rates of opioid use in the nonmedication control groups. The trials predominantly used adult opioid use disorder populations, with the majority being heroin dependent or having mixed dependence on heroin and prescription opioids.

[b] All medications are FDA approved.

[c] Population was prescription opioid–dependent patients.

[d] Population was youth aged 14–21 years.

MOUD IN PREGNANCY

Recommendations by The American College of Obstetricians and Gynecologists

- Improves maternal physical and mental health outcomes
- Decreases opioid cravings and reduces the risk of reoccurrence of use
- Stabilizes opioid serum levels
- Decreases risk of intrauterine withdrawal, preterm labor and placental abruption
- Increases engagement with treatment and obstetric care
- Engages parents with the necessary resources to have a stable postnatal environment

NAS & NOWS

Neonatal Abstinence Syndrome (NAS)

- OPIOIDS
- TOBACCO
- BENZODIAZEPINES
- STIMULANTS
- ALCOHOL
- SOME MENTAL HEALTH MEDICATIONS

Neonatal Opioid Withdrawal Syndrome (NOWS)

- ILLICIT OPIOIDS
- PRESCRIPTION OPIOIDS
- BUPRENORPHINE
- METHADONE

FINNEGAN SCORING

	Time →									
CNS		Score								
Cry	Highpitched, possible to soothe	2								
	Highpitched, not possible to soothe	3								
Sleep	Sleeps < 3 h after feed	1								
	Sleeps < 2 h after feed	2								
	Sleeps < 1 h after feed	3								
Moro-reflex	Over active	2								
	Very over active	3								
Tremor	Moderate tremors disturbed	1								
	Severe tremors disturbed	2								
	Moderate tremors undisturbed	3								
	Severe tremors undisturbed	4								
	Scratch marks	1								
Tone	Increased muscle tone	2								
Seizures	Myoclonic jerks	3								
	Generalised seizures	5								
Respiratory										
Yawning	Frequent yawning >3-4/interval	1								
Nose	Congested nose	1								
Sneezing	>3-4 times/interval	1								
	Nasal flaring	2								
Tachypnea	No retractions	1								
(>60/min)	With retractions	2								
Gastrointestinal										
Sucking behaviour	Excessive sucking	1								
Feeding	Poor feeding	2								
Vomiting	Regurgitation	2								
	Projectile vomiting	3								
Stool	Loose	2								
	Watery	3								
Other symptoms										
	Sweating	1								
Fever	37.2-38.2°C	1								
	>38.2°C	2								
Colour	Mottling	1								
TOTAL SCORE										

EAT ~
SLEEP ~
CONSOLE

TIME			
EATING			
Poor eating due to NAS? Yes / No			
SLEEPING			
Sleep < 1 hr due to NAS? Yes / No			
CONSOLING			
Unable to console within 10 min due to NAS? Yes / No			
Soothing support used to console infant: Soothes with little support: 1 Soothes with some support: 2 Soothes with much support or does not soothe in 10 min: 3			
PARENTAL / CAREGIVER PRESENCE			
Parental / caregiver presence since last assessment: No parent present: 0 1 - 59 minutes: 1 1 hr – 1 hr 59 min: 2 2 hr – 2 hr 59 min: 3 3 hr+: 4			
MANAGEMENT DECISION			
Recommend a Team Huddle? Yes / No			
Management decision: Optimize non-pharm care: 1 Initiate medication treatment: 2 Other (please describe):			
NON-PHARM INTERVENTIONS			
Rooming-in: Increased / Reinforced			
Parental presence: Increased / Reinforced			
Skin-to-skin contact: Increased / Reinforced			
Holding by caregiver/cuddler: Increased / Reinforced			
Swaddling: Increased / Reinforced			
Optimal feeding: Increased / Reinforced			
Non-nutritive sucking: Increased / Reinforced			
Quiet environment: Increased / Reinforced			
Limit visitors: Increased / Reinforced			
Clustering care: Increased / Reinforced			

Parent Partnership Unit

- In hospital nesting program to help families bond with their infant during the observation of NOWS
- Decreases need for pharmacological intervention to treat NOWS
- Empowers parents to be the primary caregiver of their infant
- Connects family with staff that can provide a variety of resources
- Educational and self-care sessions for families

PPU Data

Table 1. Magee's PPU population of NAS cases that needed pharmacologic treatment

Year	# of Babies in PPU	Needed Treatment	% Needing Treatment
2019	87	5	5.7%
2020	107	1	0.9%
2021	76	1	1.3%
2022	56	5	8.9%

Table 2. Magee's PPU population in 2020 compared to statewide Pennsylvania percentages of NAS cases that needed pharmacologic treatment (of those who underwent Eat, Sleep, Console measures) in 2020.

		Received Pharmacologic Treatment		No Pharmacologic Treatment		Unknown/Not reported	
	N	n	%	n	%	n	%
Magee's PPU	107	1	0.93%	106	99.06%	0	0.00%
Pennsylvania: Eat, Sleep, Console	268	52	19.40%	179	66.79%	37	13.81%

Discharge Recommendations

Recommendations by The American Academy of Pediatrics

Discharge Checklist for Infants With Opioid Exposure

Completed (Check Yes)
Task
No significant clinical signs of withdrawal for 24–48 h
Parent education about NOWS and routine newborn care, emphasizing safe sleep
Pediatrician or primary care provider follow-up visit scheduled within 48 h of discharge
Early intervention services referral
Home-nurse visitation referral
Hepatitis C testing follow-up, including referral to pediatric infectious disease when appropriate
Plan of safe care, coordinating with child welfare as appropriate
Developmental-behavioral pediatrician referral as appropriate

When a flower
doesn't bloom, you
fix the environment
in which it grows,
not the flower.

Harm Reduction

KEEPING PEOPLE SAFE UNTIL THEY'RE READY

Naloxone

- Attaches to opioid receptors and reverses and blocks the effects of other opioids
  - Naloxone only works in the body for 30 to 90 minutes
- Good Samaritan Law
- Availability & Distribution: A statewide naloxone standing order
- Universal Prescribing, Free in Pennsylvania

CONTACT US

Corey Davis

P. (412) 641-1211
E. daviscl7@upmc.edu

Cambria King

P. (412) 641-1211
E. kingch@upmc.edu

Resources

- American College of Obstetricians and Gynecologists. (2017). Opioid use and opioid use disorder in pregnancy. https://www.acog.org/clinical/clinical-guidance/committeeopinion/articles/2017/08/opioid-use-and-opioid-use-disorder-in- pregnancy
- Anbalagan S & Mendez M. (2021). Neonatal abstinence syndrome. https://www.ncbi.nlm.nih.gov/books/NBK551498/
- Connery, H. (2015). Medication-assisted treatment of opioid use disorder: Review of evidence and future directions. Harvard Review of Psychiatry. 23(2). https://doi:10.1097/HRP.0000000000000075
- Goetz, E. (n.d.). Assessment of Neonatal Abstinence Syndrome: Standard Scoring of Infants using the Finnegan Scoring Tool. PowerPoint. https://www.ihs.gov/sites/opioids/themes/responsive2017/display_objects/documents/NASNursingStaffEducation.pdf#:~:text=Also%20known%20as%20the%20Finnegan%20Scoring%20System.%20This,24%20hours%2C%20every%204%20hours%20after%2048%20hours.
- Grossman, M., Minear, S., Whalen, B. & Wachman, E. (2017). Eating, sleeping, consoling (ESC) neonatal abstinence syndrome care tool: Instructional manual. Boston Medical Center Corporation.
- Miller, W. R., Forcehimes, A., & Zweben, A. (2019). Treating Addiction: A Guide for Professionals Second Edition. New York: Guilford Press.

Resources

- National Institute on Drug Abuse. (2021). *Words matter - Terms to use and avoid when talking about addiction.* https://nida.nih.gov/nidamed-medical-health-professionals/healthprofessions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction
- National Institute of Mental Health. (2021). *Substance use and co-occurring mental disorders.* https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health.
- Payte, J. T. (2002). Opioid agonist treatment of addiction. Slide presentation at ASAM Review Course in Addiction Medicine.
- Patrick, S., Barfield, W., Poindexter, B., Cummings, J., Hand, I., Adams-Chapman, I., Aucott, S., Puopolo, K., Goldsmith, K., Kaufman, D., Martin, C., Mowitz, M., Gonzalez, L., Camenga, D., Quigley, J.. Ryan, S., & Walker-Harding, L. (2020). Neonatal Opioid Withdrawal Syndrome. *American Academy of Pediatrics.* 146 (5). e2020029074. 10.1542/peds.2020-029074
- Weller, A. E., Crist, R. C., Reiner, B. C., Doyle, G. A., & Berrettini, W. H. (2021). Neonatal opioid withdrawal syndrome (NOWS): A transgenerational echo of the opioid crisis. *Cold Spring Harbor Perspectives in Medicine.* 11(3). https://doi.org/10.1101/cshperspect.a039669