Compassionate Care During Pregnancy & Postpartum

UPMC PREGNANCY & WOMEN'S RECOVERY CENTER

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

Objectives

- Understanding what is a substance use disorder
- Identify barriers to treatment for pregnant women who use substances
- Discuss stigma of substance use to mother – child dyad
- Discuss treatment and harm reduction in a compassionate & patient center approach
- Review NAS/NOWS and Eat, Sleep, Console

*Presentation provided on behalf Project STEPuP - **S**ubstance use **T**reatment and **E**ducation during **P**regnancy and **P**ostpartum*

a HRSA-23-094 NAS II GRANT thru Hamot Health Foundation for Venango, Clarion and Crawford Counties

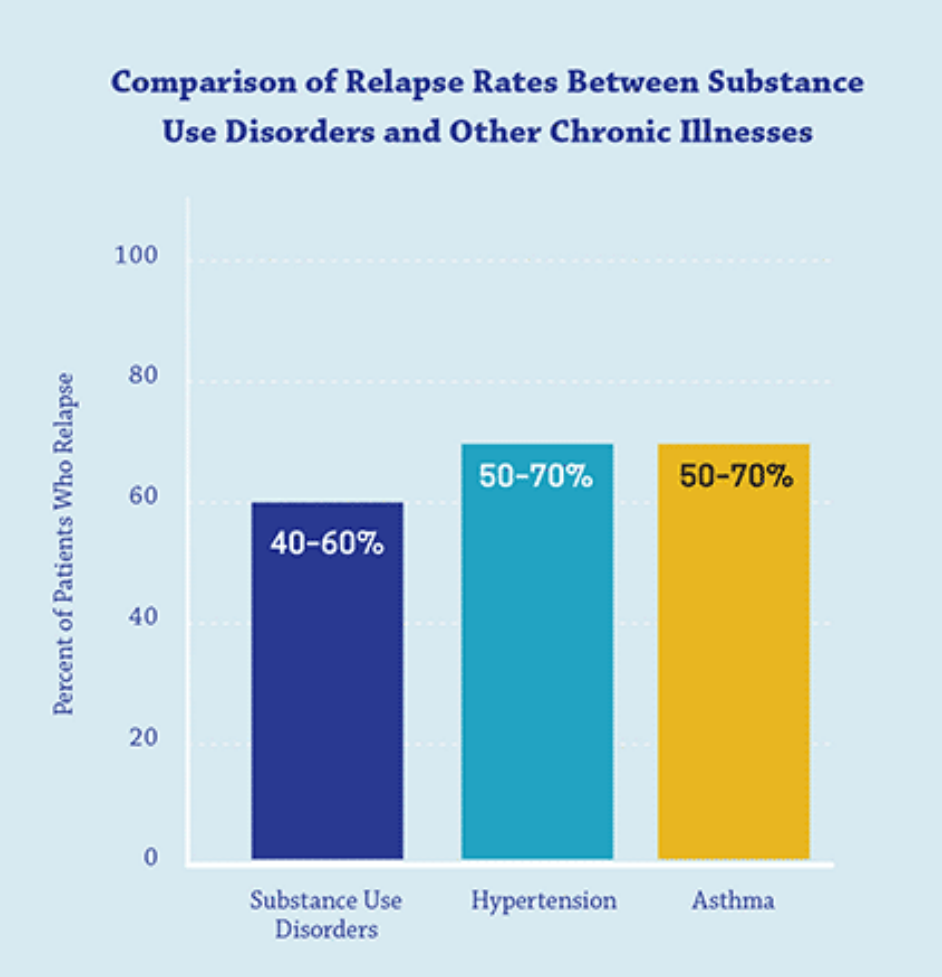
Take note

Opioid Use Disorder is a chronic, relapsing and remitting, disease that affects brain chemistry and function.

Opioid Use Disorder is not a lack of willpower or a moral failing.

Opioid Use Disorder is a pattern of use characterized by tolerance, craving, inability to control use & continued use despite adverse consequences.

Addiction – a Chronic Disease



"Relapse" rates for people treated for substance use disorders compared with those for people treated for high blood pressure and asthma.

Quick Review: Substance Use Disorders

chronic and relapsing disorder marked by specific neuroadaptations predisposing an individual to pursue substances irrespective of potential consequences.

Fact: the majority of people who use illicit substances (or prescribed) will NOT develop a substance use disorder

Varying levels of severity - we DON'T want people to "hit rock bottom" because rock bottom can = death

that tells us SUD or addiction is rooted in more than choice because otherwise everyone who uses a substance would develop a SUD

Recovery = Improvement in QOL

Multiple pathways - there is no one size fits all approach

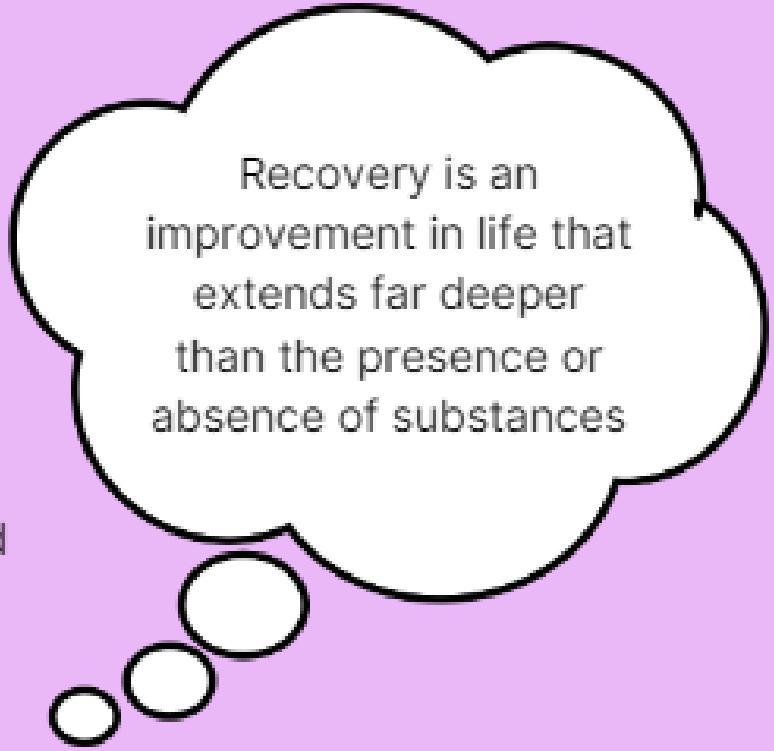
Treatment needs to be individualized

What is Recovery?

a return to a **normal state of health, mind, or strength**.

the action or **process of regaining possession or control** of something stolen or lost.

an ongoing dynamic process of behavior change characterized by relatively **stable improvements in biopsychosocial functioning and purpose in life.**



Recovery is:

"learning to love myself for the first time ever"

"finding happiness & peace - realizing my strength"

"being a good mom to my babies - forgiving myself and healing"

"it's self-love, it's seeing my potential. Stopping drugs was just a result of healing"

Individual differences among humans, in terms of their health, illness and needs
emphasize the necessity of individualized care

- There is no ONE antibiotic that will treat every infection
- There is no ONE cardiac medication that will treat every heart condition
- There is no ONE psychiatric medication that will treat every MH condition
- There is no ONE way to recover

Prioritizing the patient's needs, goals, perspective, and previous history/experiences is crucial with individualizing care

Risks with opioid use disorder

- Chronic opioid use while pregnant is associated with
- Lack of prenatal care
- Engaging in high-risk activity – prostitution, trading sex for drugs, and criminal activity
  - *Leading to possible STI – violence – legal consequences*
- Disrupted social support
- Risk of use of other substances ie alcohol, tobacco, illicit drugs
- Poor nutrition
- Depression / Anxiety

Barriers to 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
- Psychiatric issues
- Multiple drug exposure / use
- Fear of CYS / legal prosecution
- Lack of support system
- Fear, guilt, shame
- Lack of parenting skills
- Misinformation about treatment

Stigma & Discrimination: comes from Latin and Greek, and originally meant a burn, tattoo or other mark inflicted on another person to signify their disgrace.

stigma means labeling, stereotyping and discrimination - Negative attitudes and beliefs create prejudice

Three Major Types:

- **Public stigma:** negative attitudes and fears that isolate those with addiction
- **Structural stigma:** excluding those with addiction from opportunities and resources
- **Self-stigma:** believing negative stereotypes about oneself

"The social and civil penalties for being a pregnant or postpartum woman living with SUD can be powerful enough to keep a woman away from the healthcare system altogether, putting both her and her infant's health at risk"

“I overheard the nurses call my baby the NAS baby. They never used her name, and it was a stab in the heart, and I felt so embarrassed. It was very demeaning.”

"I found out that I was pregnant in the middle of a relapse, and I thought I could not keep the baby. I did not feel motivated to keep the baby. I also felt shame and mortified in trying to get prenatal or drug treatment help—I knew they would judge me. They would also judge me if I lost the pregnancy. **There was no way out**. The thought of walking into a hospital and saying I am using was terrifying. To tell somebody what you have been doing is scary and the hardest thing to do because you don't know how they are going to react."

Stigma & Discrimination can impact a person's health and well-being in numerous ways.

Examples:

- **Offensive terms (addict, junkie, crack head, meth head, addicted baby, criminal)**
- **Labeling someone a "drug seeker"**
  - **people with a SUD are deserving of pain management as a collaborative & compassionate approach**
- **Refusing to touch or care for someone with active SUD**
- **Making generalizations about people with SUD**
- **View SUD as "bad people" and people who "deserve to die"**
- **Isolating the individual**
- **Limited opportunities**
- **Neglecting a person's needs or making assumptions**

Impacts of Stigma & Discrimination:

- Directly results in delayed or no care at all
  - Feeling unsafe to ask for or seek help
  - Limiting treatment options, access, & availability
- Increases risk for overdose
  - & the risk for being denied Narcan/Naloxone (touching Fentanyl stigma)
- Reinforces the cycle of addiction/Prevents recovery
  - Reinforces feelings of hopelessness & unworthiness
  - feeling “less than”
- Increasing shame and isolation from family, friends, and community
- Recommending *a “one size fits all”* approach
  - Limiting treatment covered by health insurance
- Creating social and structural barriers to recovery
  - such as difficulty getting & keeping a job or staying employed based on hx
- Supports or reinforces community barriers/obstacles
  - community may view population as unworthy of multiple chances

How Can YOU Help Impact Change?

- Learn the facts about addiction
  - Choice, Morals, Strength have *nothing* to do with SUD
  - Check your bias
- Speak out when you hear something stigmatizing, and question people's misunderstandings and stereotypes
  - your patients are paying attention - be the “safe person”
  - it is our job as healthcare professionals to create safe spaces
- Talk about substance use and addiction using respectful language
  - your patients can hear you, even when you think they can’t
- Respect the dignity and humanity of all people, including people experiencing addiction; see the whole person
  - “Humanize” people with a SUD
  - this is someone’s daughter, son, sister, brother, mother, father
- Listen with Compassion
  - Seek understanding using a compassionate approach
  - Compassion can have profound effects - it’s empowering!

Language Matters

Stigmatizing language

- Abuser / User
- Alcoholic
- Drug Addict
- Drunk / Junkie / Crack Head
- Addicted baby/born addicted
- Drug habit
- Abuse
- Problem
- Substitution / replacement therapy
- Medication Assisted treatment
- Relapsed
- Clean/dirty

Non-Stigmatizing Language

- Person w a substance use disorder
- Baby born w opioid dependency
- Substance use disorder or addiction
- Use, misuse
- Risky, unhealthy, heavy alcohol use
- Person living in recovery
- Abstinent
- Not drinking / taking drugs
- Treatment or medication for SUD
- Medication for OUD or alcohol use disorder
- Recurrence of use
- Positive, negative, unexpected finding

The Real Stigma of Substance Use Disorders

In a study by the Recovery Research Institute, participants were asked how they felt about two people *"actively using drugs and alcohol."*

One person was referred to as a "substance abuser"

The other person as "having a substance use disorder"

No further information was given about these hypothetical individuals.

THE STUDY DISCOVERED THAT PARTICIPANTS FELT THE "SUBSTANCE ABUSER" WAS:

- less likely to benefit from treatment
- more likely to benefit from punishment
- more likely to be socially threatening
- more likely to be blamed for their substance related difficulties and less likely that their problem was the result of an innate dysfunction over which they had no control
- they were more able to control their substance use without help

(Kelly & Westerhoff, 2010)

Tips For Screening for Substance Use:

Ensure body language, tone of voice, & language is patient centered, compassionate, and open

- Reassure individuals that the answers are confidential (common concern is that if individuals say yes, the police and/or CYS will *automatically* be contacted)
- Reassure individuals that there is no judgement, that SUD is difficult to navigate alone & there are services that will advocate & support them

- ☑ Speak & ask questions compassionately
- ☑ "Hi, can you share with me more about your history of using drugs and alcohol?"
- ☑ Can you share with me more about how drugs and alcohol have impacted your life?"
- ☑ Can you share with me what substances you are currently using? How much & how often do you use (insert substance here)?

🚫 Avoid: So, do you use drugs? - Are you an IV drug user? - How long have you been an addict? - Do you not care about your baby?

Most individuals will report feeling like a "bad person" because they use substances - judgement or stigma during this stage will cause that person to shut down completely. Compassion does not equal "condoning".

Screening vs Testing

- Validated verbal screening are the preferred method
- Early screen at initial visit using SBIRT process
  - **S**creening for risky substance use: NIDA / TAPS
  - **B**rief **I**ntervention – engage in conversation showing risky behaviors and provide feedback / advice
  - **R**eferral to **T**reatment --> for our patient population refer to PWRC
- Universal urine drug testing is not performed at UPMC
  - Testing is done only with adult patients written permission after a discussion
  - If positive result for illicit substance, this will lead to mandatory reporting to Childline
- Infant toxicology testing of urine and/or meconium should be considered to direct clinical management / observation

Harm reduction

- This is public health approach to managing high-risk behaviors -
  - Bike helmets, seat belts, speed limits, sunscreen, designated driver, face masks…
- Concept of providing evidence-based interventions focused on reducing harm to people who use substances and meeting them "where they are"
  - Access to naloxone (Narcan), fentanyl / xylazine testing strips, syringe exchange
  - Wound care, testing for sexually transmitted diseases – Hep A, B, C – HIV –Tb
  - Providing birth control, mental health services, drug & alcohol treatment
  - Improving job skills, access to food & housing
  - Peer support
  - MOUD services

Harm Reduction in Pregnancy

opioid-involved pregnancies may include as many as 6% of childbirths

ASAM strongly supports reforms to reverse the punitive approach

- Helps improve & increase engagement in healthcare services
- Provides an opportunity for crucial and important education
- Helps to decrease risk for infectious disease, STIs, and overdose
- Reduce poor obstetrical outcomes and parental mortality
- Eliminate disparities in SUD care during pregnancy & postpartum (esp. POC)

- pregnancy tests
- contraception
- take-home naloxone
- syringe access
- “pump and dump” strategies
- unconditional support

MOUD in Pregnancy

Is it safe? YES! and recommended.

> ACOG recommends Buprenorphine and Methadone as first-line treatment options for pregnant people with OUD.

ACOG
The American College of Obstetricians and Gynecologists

- Methadone ✓
- Buprenorphine ✓

Naltrexone and medically supervised opioid withdrawal are not first-line treatments and are less frequently used during pregnancy

MOUD in Pregnancy

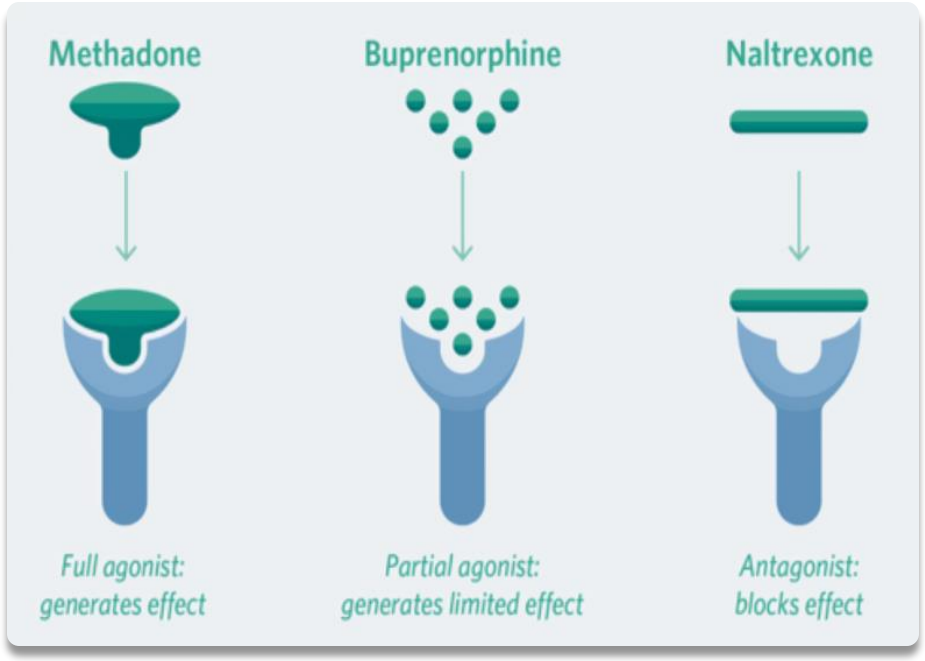
- Stabilizes opiate serum levels
- Protects fetus from in-utero withdrawal
- Decrease illicit opioid craving and use
- Improves maternal physical and mental health
- Improves compliance with prenatal care and nutrition
- Better access to resources
- Improves chances of stable postnatal environment for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

Medications for Opiate Use Disorder (MOUD)

- Methadone
- Synthetic full opioid agonist
  - Higher potential for misuse
  - Higher potential of overdose
- Requires daily to weekly presentation to Methadone clinic for dosing

- Buprenorphine
- Synthetic partial opioid agonist
  - Ceiling effect – less risk of misuse
  - Potential for precipitated withdrawal
  - Decreased risk of diversion
- Requires weekly to monthly presentation at a Buprenorphine clinic for dosing

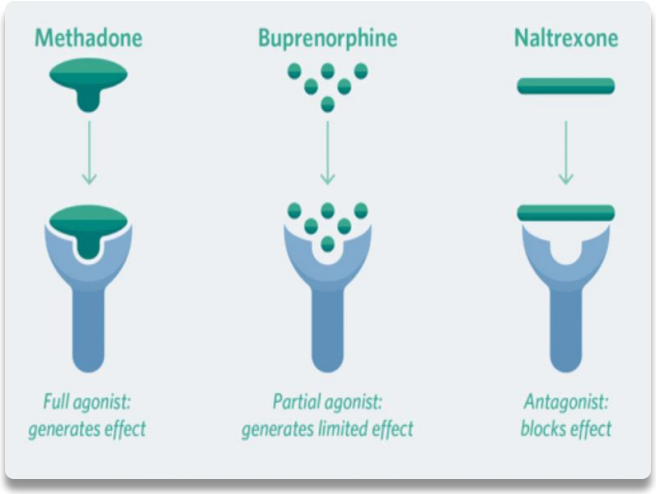
How Methadone Works in Our Bodies



- Methadone fully binds to the opiate receptors that are naturally occurring in our brains, resulting in:
  - A decrease in physical symptoms of withdrawal
  - A decrease in cravings for other opiates
- When it begins to work:
  - Starts taking effect 30 minutes after ingestion; peak is 3 hours after ingestion
  - Half- life initially lasts 15 hours – but with repeated dosing lasts 24 hours
  - It takes up to10 days to feel the full affect and stabilization of the daily dose
- Methadone may require increase to and/or split dosing during 3rd trimester to avoid withdrawal symptoms
- No benefit to "lowest dose possible" in regard to NOWS

How Buprenorphine Works in Our Bodies

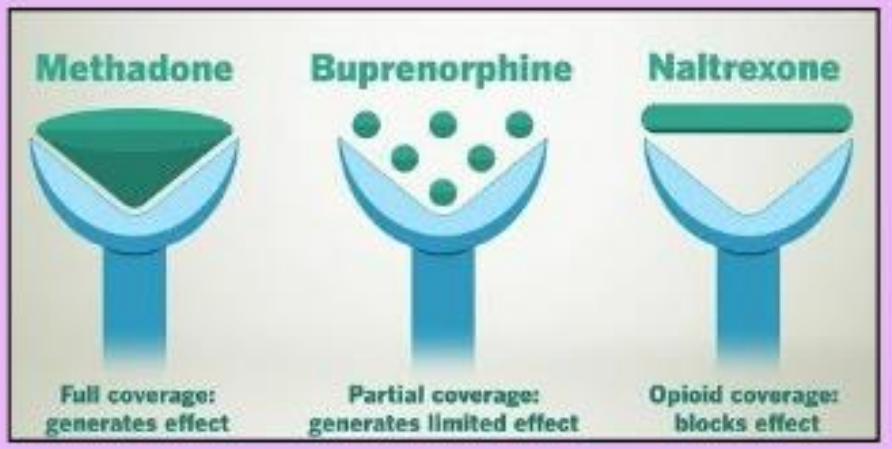
- Buprenorphine ***partially*** binds to the opiate receptors that are naturally occurring in our brains, resulting in:
  - A decrease in physical symptoms of withdrawal
  - A decrease in cravings for other opiates
  - Less likely to have overdose
  - Increase safety with overdose
  - Lower potential for misuse
- When it begins to work:
  - Slow onset of action – peaks at 3-4hr after ingestion
  - Long half- life for 24 to 42 hours
  - Best given sublingual to avoid 1st past metabolism
  - High affinity binding to receptor giving milder withdrawal symptoms
  - Dosing can be attained in 2-4 days
- Across pregnancy may have to increase dosing and further split medication – to avoid withdrawal symptoms and cravings



Medications for Opioid Use Disorder

Recommendations from American College of Obstetricians & Gynecologists

- Buprenorphine - Partial Opioid Agonist*
  - Suboxone (bupe / naloxone)- tab / film
  - Subutex - (bupe only) tab / film
  - Zubsolv - (bupe / naloxone) tab
  - Sublocade - (bupe only) injection subcutaneous
  - Brixadi - (bupe only) injection subcutaneous
- Methadone - Full Opioid Agonist
- Naltrexone - Opioid Antagonist*
  - ReVia - tablets
  - Vivitrol - injection intramuscular



MOUD During Pregnancy

There is no Food and Drug Administration (FDA) approved medication for stimulant use disorder.

Studies show:

- Improves adherence to prenatal care and addiction treatment programs
- Reduce the risk of obstetric complications

Naltrexone and medically supervised opioid withdrawal are not recommended/less frequently used during pregnancy

59-90%

Risk for recurrence with abstinence to at least one substance within first 6 months

Overdose - Death - Communicable disease transmission - Obstetric complications - Lack of prenatal care

Understanding the Current Drug Supply

Xylazine: a veterinary tranquilizer typically added to illicit opioids to intensify the effects

- Non-Opioid
- Adulterant found in the illicit supply
- CNS Depressant
  - increases risk of overdose
- Associated with unique withdrawal symptom profile
- Associated with soft tissue injury/wounds

ALWAYS administer Narcan for suspected opioid overdose

Why prevent overdose

- Opioids when bound to the opioid receptors change how brain perceives pain and gives feel of euphoria; it also slows heart rate and breathing via the central nervous system.
- They are considered depressants or "downers"
- With too much opioid or overdose, results in decreased rate of breathing, slowing heart rate and loss of consciousness leading to coma or death – the body forgets to breath…
- Now without breathing, there is less oxygen and this lack of oxygen to the brain creates damage leading to hypoxic and anoxic brain injury

Toxic Brain Injury

- Brain damage from substance use causes
  - Disruption of nutrients to brain cells
  - Direct damage, injury and / or death of the cells / receptors of the brain
  - Alterations to brain chemistry for the neurotransmitters and hormones
  - Lack of oxygen
- Overuse or overdose leads to toxic brain injury – this should also be addressed for people who use substances

What does toxic brain injury look like

- Fatigue
- Cognitive fatigue from the extra work to recall / think
- Tasks require much more concentration
- Can not stay focused or on task
- Headache
- Mood changes – irritability, depression
- Confusion / poor memory recall
- More prone to substance use

Narcan

- Naloxone (Narcan) is used to prevent an opioid overdose by reversing the effects of the respiratory depression, sedation and hypotension by competing for the same receptor sites as the opioid.
- It does NOT require a prescription / it may be free
- It is Safe
- It may need to be dose again with long-acting opioids
- *It may precipitate acute opioid withdrawal symptoms

- **Call 911**
- **Person may need rescue breathing until spontaneous breathing resumes**

"Although induced withdrawal may possibly contribute to fetal stress, naloxone should be used in pregnant women in the case of maternal overdose in order to save the woman's life."

-American College of Obstetricians & Gynecologists (ACOG)

Neonatal Opiate Withdrawal Syndrome (NOWS)

- A group of symptoms that occur in newborns that are exposed to chronic opioid use during pregnancy
- Newborns are NOT born *addicted* – they are born *affected*
- Not determined by the dose of medication or length of time in treatment
- Within the PWRC population, who are on buprenorphine products, peak Finnegan score for NAS is day 3
  - Newborns exposed to methadone have a peak score on day 5
- All newborns exposed to an opioid during pregnancy (prescribed or illicit) are observed for 5-7 days
- UPMC Northwest has opt to use the Eat, Sleep, Console process over the Finnegan scoring

Eat Sleep Console

- Eat – is infant able to eat 1 or more ounces per feeding
- Sleep – is infant able to sleep for an hour or more undisturbed
- Console – is infant able to be consoled in 10 minutes or less
- If yes, then infant is considered well managed and no further interventions are needed
- If no, then nonpharmacologic interventions increased
  - Feeding on demand - Low stimulation environment
  - Swaddling - Parental presence
- If still not improving: start treatment w morphine

Encouragement, Empowerment, & Engagement

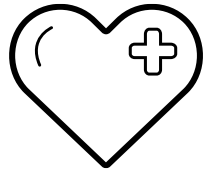
Addressing unspoken questions:

Do I feel welcome here?

Can this person/program help me?

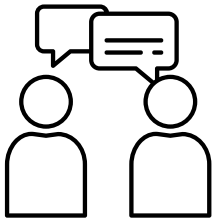
Do I feel heard and respected?

Will I want to come back?



Treatment Retention

Decreases client resistance, increases adherence, and improves client outcomes

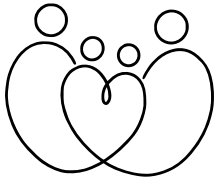


First Impressions

The first interaction with a patient will set the overall tone

Creating an Alliance

Collaborative working relationship



Whole Family Approach

Person-centered

UMPC Magee-Womens Pregnancy and Women's Recovery Center – Franklin

PWRC provides comprehensive and compassionate care for women who are struggling with a substance use disorder, especially those who are pregnant or postpartum.

- Program is available to residence of Venango, Clarion, and Crawford Counties
- Services can include:
  - Buprenorphine treatment
  - Counseling services and Social support with UPMC Western Behavioral Health at Safe Harbor
  - Case Management/Care Coordination
  - Education surrounding SUD, obstetric, and neonatal care
  - New doula program in conjunction with MWH
- Located at 1310 Liberty Street, Franklin, PA 16323
- Telephone 814-518-2054
- Sam Hartle, BSN CARN FIAN CRS - Nurse Navigator cell 814-449-7363 & Hanna Witherell MSW cell 412-935-7496
- Providers: Michelle Wright DO and Chelsea Vataruk CRNP
- *Opened March 2021*

UMPC Magee-Womens Pregnancy and Women's Recovery Center – Hermitage

PWRC provides comprehensive and compassionate care for women who are struggling with a substance use disorder, especially those who are pregnant or postpartum.

- Program is available to residence of Mercer and Lawerence Counties
- Services can include:
  - Buprenorphine treatment
  - Case Management/Care Coordination including counseling and social support services
  - Education surrounding SUD, obstetric, and neonatal care
  - New doula program in conjunction w MWH
- Located at 875 N. Hermitage Rd, Hermitage PA 16148
- Telephone 412-641-1211 (main line at Magee Women's program)
- Michele Albaugh, BSN - Nurse Navigator cell 814-547-3895
- Providers: Chelsea Vataruk CRNP w support from the Oakland campus providers
- *Opened May 2024*

PACES

Perinatal
Addiction
Consultation and
Education
Service

- Available 24/7 for any patients with a history of substance use disorder admitted in the hospital
- Same team of individuals with PWRC along with providers from MWH Oakland campus
- Consultative Services:
  - Assist in appropriately directing MOUD treatment for inpatients
  - Recovery support
  - Consultation available for pain management during pregnancy, delivery, and postpartum

What our patients have to say about the program

from patient satisfaction survey done Aug 2024

Oh my where do I begin. They have always been a phone call no matter what. They have helped reach or point me in the correct way to reach/help any goals. They have done so much and appreciate everything they have help and have been there for. Sam and Doctor Wright went above and beyond during my last pregnancy especially at the hospital. I will forever be grateful for everything they have done. My favorite part. Is they don't make me feel judged or unheard like most companies.

I've maintained sober and the workers are great expecially Sam !!!

They're amazing people and awesome supporters. The dr delivered my child. And the staff is all just amazing they don't look down on you and is there to help you move forward and help with your recovery.

I could never been happier with ANY doctors office or facility than I have been to. Not only are they all extremely helpful and accommodating, they don't make you feel uncomfortable or bad about the situation you are in. In fact, they make you feel very welcome and like you can talk to or tell them anything. They also keep everything very confidential and will help in anyway they can. After having suffered through a very bad situation, with the help of Dr Wright, they made sure that I would not be in that situation. Keeping my fingers crossed that when this new baby comes, Dr Wright is there to deliver.

The progress and path of the program has been flexible to my specific needs, beginning with detox from alcohol to medication needs to continue shifting with my personal goals and my relationship with alcohol. The staff are extremely professional and also personable. I feel like my care, health, and health overall wellbeing matter. I truly believe if it were not for this program there I a real likely hood I would not be here today. I definitely be in the improved position I am right now.

You guys have helped me so much. I don't even know where to begin. You've definitely saved me.

Resources

- American College of Obstetricians and Gynecologists. Committee Opinion. No. 711 (Aug 2017). *Opioid use and opioid use disorder in pregnancy.*
- *I'm Still a Person: The Stigma of Substance Use & Power of Respect*. Dr Audrey Begun, MSW, PhD. FamiliesAgainstNarcotics.org. Book available via download.
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- The Solution to Opioids is Treatment. Brain Injury Assocation of American. Opioid Overdose and Brain Injury | Brain Injury Association of America (biausa.org)
- Lessons Learned: The Truth About Harm Reduction. https://www.safeproject.us/resource/the-truth-about-harm-reduction/

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