

**The Webinar will begin promptly at 12 pm**

Due to the number of participants, you will be automatically placed on mute as you join to ensure good quality sound. If you would like to comment or ask a question, please use the “chat feature”

Send your questions to the host via the chat window in the Zoom meeting.

Q+A will open at the end of the presentation.

**Follow-up questions?**

**Contact**



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# PERINATAL SUBSTANCE USE: EVERYTHING YOU WANTED TO KNOW



## **PRESENTED BY:**

**Helen M. DuPlessis, MD, MPH (HMA)**

**Shannon Robinson, MD (HMA)**

**Juanita DeShazior, PhD-ABD, NCC,  
LCPC-S (Samaritan Inns)**

**Tuesday,  
April 5, 2022**

**12 pm – 1 pm EST**

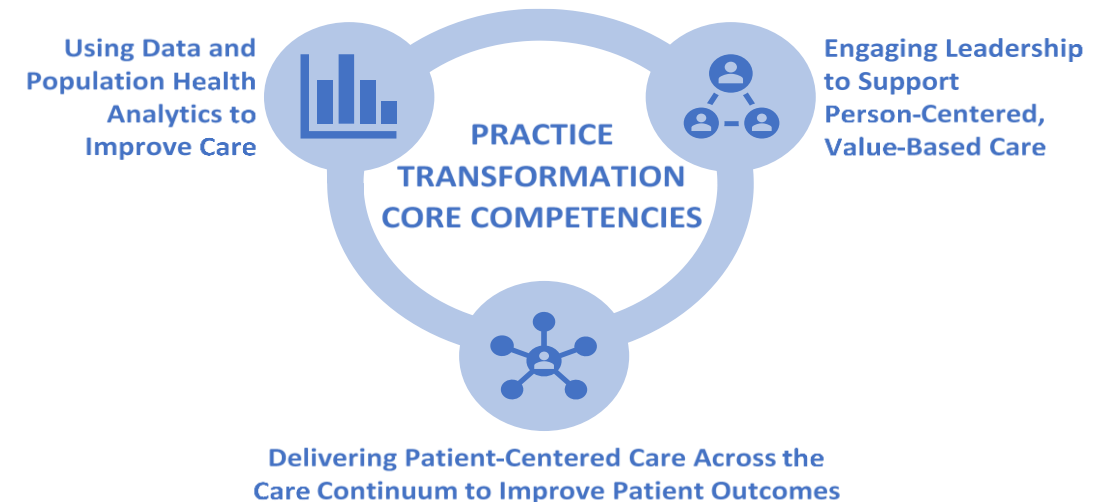
Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$4,616,075.00 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, or an endorsement by, CMS/HHS, or the U.S. Government.

# WHAT IS INTEGRATED CARE DC?



- >> Integrated Care DC is a five-year program aimed to enhance Medicaid providers' capacity and core competencies to deliver whole person care for physical, behavioral health, SUD and social needs of beneficiaries.
- >> Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). Health Management Associates will provide the training and technical assistance.

The goal is to improve care and Medicaid beneficiary outcomes within three practice transformation core competencies:



- » The program offers several components of coaching and training. Material is presented in various formats. The content is created and delivered by HMA subject matter experts with provider spotlights.
- » All material is available on the project website: [Integratedcaredc.com](https://integratedcaredc.com)
- » Educational credit is offered at no cost to attendees for select elements.



## >> Are you receiving our Integrated Care DC Newsletters?

**Check your inbox** at the beginning of the month for the Monthly Newsletter and around the 15th for the Mid-Month Update.



## >> Got ideas?

**Take this short survey** to share suggestions and requests for trainings.

<https://www.integratedcaredc.com/survey/>



# PRESENTERS



**Helen DuPlessis, MD, MPH**  
*Principal*  
Health Management Associates

**Shannon Robinson, MD**  
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**Juanita DeShazor**  
*Clinical Director, Women with  
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<b>Company</b>	Blue Shield Health Plan of California (BSC)	No financial disclosures	No Financial Disclosures	No financial disclosures	No financial disclosures
<b>Nature of relationship</b>	BSC Board Member	N/A	N/A	N/A	N/A

HMA discloses all relevant financial relationships with companies whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients.

- ❖ Health Management Associates, #1780, 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 as ACE providers. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. Health Management Associates maintains responsibility for this course. ACE provider approval period: 09/22/2021 – 09/22/2022. Social workers completing this course receive 1 continuing education credits. To earn CE credit, social workers must log in at the scheduled time, attend the entire course and complete an online course evaluation.
- ❖ Application for CME credit has been filed with the American Academy of Family Physicians. This session is approved by AAFP for up to 1 AMA Level 1 CME credit.
- ❖ **If you would like to receive CE/CME credit, the online evaluation will need to be completed.** You will receive a link to the evaluation shortly after this webinar.
- ❖ Certificates of completion will be emailed within 10-12 business days of course completion.

## Perinatal Substance Use: Everything You Wanted to Know

- >> Welcome and Program Announcements
- >> Overview
  - Epidemiology of SUD and OUD
  - High-level effects of substance use during pregnancy
  - Screening for perinatal SUD
- >> Medications for Addiction Treatment or Opioid Use Disorder (MAT/MOUD) during pregnancy
- >> Breastfeeding, SUD and MOUD
- >> Supporting the dyad
- >> Voices from the Field
- >> Closing Remarks/Q&A



# OBJECTIVES

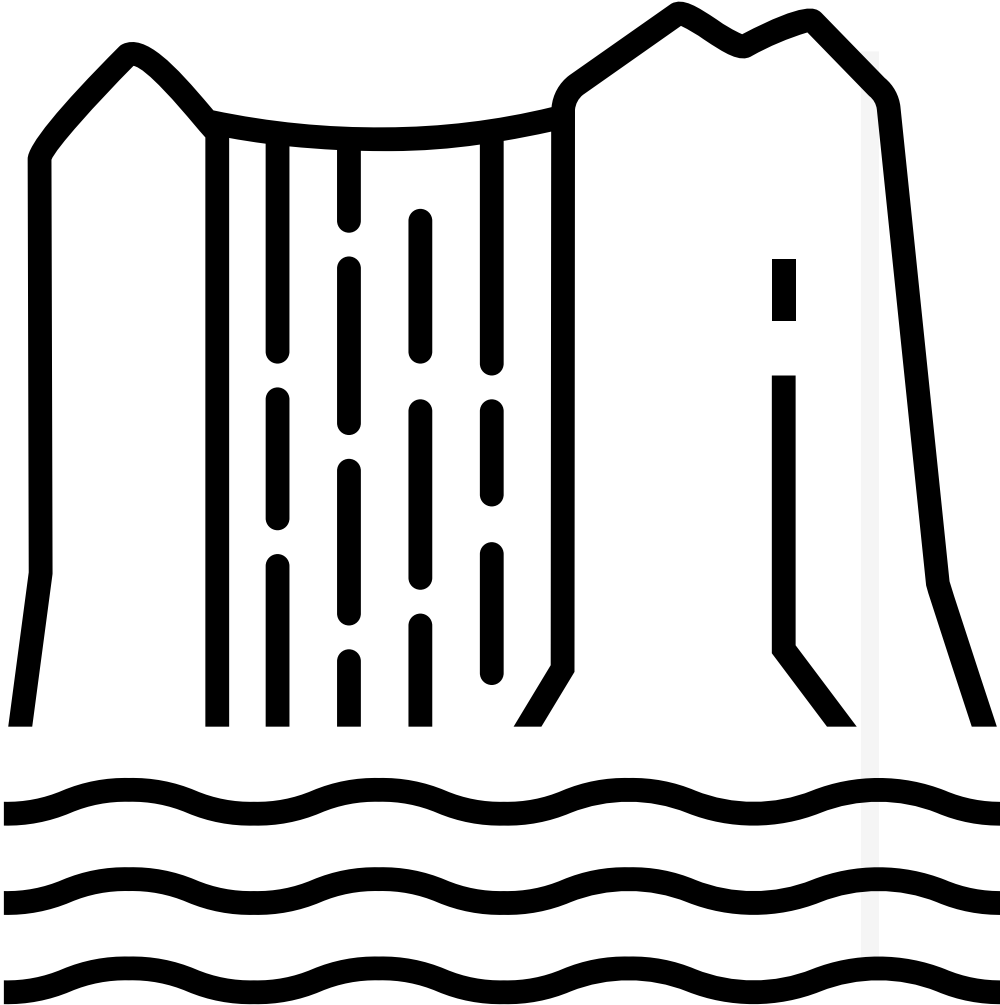
1. Identify at least 1 validated screening tool for identifying perinatal SUD
2. List the main FDA medications approved for treating AUD and OUD in pregnant persons and considerations when prescribing
3. Identify at least 3 short term risks or effects of perinatal SUD and OUD exposure
4. Describe at least 3 key factors to consider to engage and maintain pregnant and parenting persons on a recovery path



Image permitted by DC Department of Health Care Finance

# PERINATAL SUD, MAT AND OTHER CONSIDERATIONS

*In this presentation, the terms mother, maternal, she or her may be used in reference to the birthing person. Although there are few teen births to non-CIS gender youth, we recognize that not all birthing people identify as mothers or women and believe all birthing people are equally deserving of care that helps them attain their full potential and live authentic, healthy lives.*



*What information do you need to better prepare you to care for pregnant/parenting persons with OUD/SUD and their affected children?*

Type a brief sentence about how your thinking may have changed.

>> Wait to press enter



- >> SAMHSA data: Each year, > 400,000 infants are exposed to alcohol and other potential substance of abuse during pregnancy
- >> Number of pregnant women with OUD increased from 1.5/1000 → 8.2/1000 live births (1999-2017)
- >> Twenty-seven of pregnant women with SUD (27%) percent reported they wanted to cut down or stop using but didn't not know how
- >> Eight percent (8%) of women with OUD/SUD receive needed treatment (most are never screened)

Sources: SAMHSA and National Survey on Drug use and Health, 2019

# WE CAN'T TREAT WHAT WE DON'T FIND: VALIDATED SCREENING TOOLS



- + Screening tools are validated for use in specific populations including pregnant women
- + Screening for co-morbid conditions and suicide is also critical

General Population	Pregnant Women	Youth
<ul style="list-style-type: none"><li>+ National Institute for Drug Addiction (NIDA) – Quick Screen</li><li>+ Tobacco, Alcohol, Prescription, and other Substances (TAPS)</li><li>+ AUDIT (Alcohol only)</li><li>+ <i>Patient History Questionnaire (PHQ-9)</i></li><li>+ <i>General Anxiety Disorder (GAD-7)</i></li><li>+ <i>PTSD Checklist (PCL-5)</i></li><li>+ <i>Columbia Suicide Severity Rating Scale (C-CCRS)</i></li></ul>	<ul style="list-style-type: none"><li>+ NIDA – Quick Screen</li><li>+ 4 P's plus (license fee)</li><li>+ Substance Use Risk Profile – Pregnancy (SURP)</li><li>+ CRAFFT – for 12 -26 yo women (Car, Relax, Alone, Forget, Friend/Family, Trouble)</li><li>+ <i>Perinatal Mood and Anxiety Disorder (PMAD) – Edinburgh, PHQ-9</i></li></ul>	<ul style="list-style-type: none"><li>+ Brief Screener for Alcohol, Tobacco and other Drugs (BSTAD) (12-17yo)</li><li>+ Screening to Brief Intervention (S2BI) (12-17yo)</li><li>+ Problem oriented screening instrument for Teens (POSIT)</li><li>+ CRAFFT</li><li>+ <i>PHQ-9-adapted, Center for Epidemiologic Studies Depression Scale (CESDS)</i></li></ul>



- » Detoxification during pregnancy results in higher risk of relapse (59-90%), overdose, death
- » Methadone and Buprenorphine are standard of care
  - Safe for use during pregnancy
  - MOUD tapering during pregnancy or immediate post-partum period is contraindicated
  - Doses may need to be adjusted upward during pregnancy
- » MOUD should not be considered replacement therapy
  - For persons with OUD, it treats the dysregulation that defines OUD as a chronic disease
  - Pain management in the peripartum period for women with OUD or on MOUD should be coordinated with the medical team

MOUD	OD Deaths	Retention in Treatment	Pregnancy Outcomes	NAS
Detox/ Withdrawal				
Methadone				
Buprenorphine (Mono)				
Buprenorphine/ Naloxone				
Naltrexone				

# METHADONE: WHAT AND FOR WHOM?



- » Mu agonist without a “ceiling effect”
- » Reaching a therapeutic dose (60-120mg) takes time
  - <60 mg/d is not therapeutic
  - Increased frequency and daily dose required during pregnancy
- » Despite having the “best outcomes,” it has the highest level of stigma



Photo from Unsplash

Patients with a more severe OUD (> 1 year or persons who inject drugs)

Patients who would benefit from the services available in an Outpatient Treatment Program (OTP)

Patients who were not successful with other MOUD

- Partial Mu agonist with ceiling effect
  - Available alone or in combination w/naloxone
  - Combination formulation averts diversion
- Many ways to do initiation (protocols needed)
  - <8 mg/d is not therapeutic (typical dose is 16 mg/d)
  - Increased frequency and daily dose required during pregnancy

### Clients to Consider

Positive DSM-5 with a score of 2 or greater

Patient wants agonist treatment



## DEA X-Waiver update: Federal Register 4/28/21

- To prescribe buprenorphine for OUD to  $\leq 30$  patients
  - Send Notice of Intent to SAMHSA
  - SAMHSA approves request & notifies DEA
  - DEA issues X-waiver
- To prescribe to  $> 30$  patients
  - Complete 8 /24 h training
  - Apply for, get approval for & receive x waiver
  - Provide or refer for counseling & ancillary services
- Qualified practitioners can apply to have prescription limit increased to 100 in first year

# NALTREXONE: WHAT AND FOR WHOM?

- » Mu opioid antagonist
- » Does NOT treat withdrawal or underlying dopamine depletion
- » Client must be opioid free 5-7 days before starting
- » Outcome studies to date are mixed and controversial
- » Use for detox in OUD not recommended
- » Use of naltrexone for treatment of Alcohol Use Disorder (AUD) in pregnant women should be considered (NO to disulfiram)

Source: Larochelle, et al. Medication for opioid use disorder after nonfatal opioid overdose and association with mortality. A cohort study. Annals of Internal Medicine. 169:3 (2018) 137-45.



Photo from Unsplash

A photograph of a woman with long, wavy hair holding a baby. The image is overlaid with a dark, semi-transparent purple filter. The woman is looking down at the baby, and the baby is looking up at her. The text is centered over the image.

# **WHAT ABOUT BREASTFEEDING, SUD AND MAT?**

## GENERAL BENEFITS

- » Reduced respiratory infections and otitis media
- » Reduced gastrointestinal infections
- » Lowered risk of sudden infant death syndrome
- » Protection against allergic disease
- » Reduced risk of Celiac disease, inflammatory bowel disease
- » Lower incidence of obesity, diabetes (types 1 and 2)
- » Better neurodevelopmental outcomes

## BENEFITS TO WOMEN AND IN PERINATAL SUD

- » Reduced risk of breast and ovarian cancer
- » Improved maternal-infant bonding
- » Reduced risk of child abuse
- » Breastfed infants less likely to require pharmacological intervention for NAS
- » Reduced symptoms of NAS
- » Shorter length of stay for NAS
- » Shorter duration of pharmacologic treatment when needed for NAS



# FACTORS RELEVANT TO BREASTFEEDING DECISIONS: SHARED MEDICAL DECISION-MAKING



Relevant Factors	Specific Conditions	
Medical Contraindications	Mother	Infant
	<ul style="list-style-type: none"><li>• Communicable diseases</li><li>• Some psychotropic medications</li></ul>	<ul style="list-style-type: none"><li>• Genetic conditions affecting metabolism</li><li>• Mechanical (e.g., neurologic, severe cleft lip and palate)</li></ul>
Maternal conditions: Expressed milk only (avoid close contact)	<ul style="list-style-type: none"><li>• Communicable through close contact (respiratory)</li></ul>	
Maternal Conditions: Pump and Dump	<ul style="list-style-type: none"><li>• Communicable through bloodborne contact</li></ul>	
Special situations: Tailored recommendations	<ul style="list-style-type: none"><li>• Women with SUD NOT stable in treatment</li><li>• Heavy alcohol consumption or AUD</li><li>• Cannabis use (controversial)</li></ul>	

**MOUD is NOT a contraindication to breastfeeding**  
**Women don't want to hurt their babies**

# SUPPORTIVE STRATEGIES FOR BREASTFEEDING FOR PERSONS WITH OUD/SUD



- >> Formulate prenatal care plan that addresses breastfeeding on MAT
- >> Education and training for PROFESSIONALS on breastfeeding
- >> Stigma abatement
  - Recognize biases among staff
  - Model and train
- >> Establish rational policies and procedures as a guide

- Communication and “informed consent”
  - Mothers should know contraindications and relative contraindications
  - Considerations for breastfeeding while on other psychotropic medications
  - Relapse and risky behaviors
- Trauma informed approaches

**“Maternal substance abuse is not a categorical contraindication to breastfeeding. Adequately nourished narcotic dependent mothers ... stable methadone or buprenorphine maintained women should be encouraged to breastfeed”... as long as there is no other contraindication to breastfeeding.**  
*American Academy of Pediatrics & Academy of Breastfeeding Medicine*

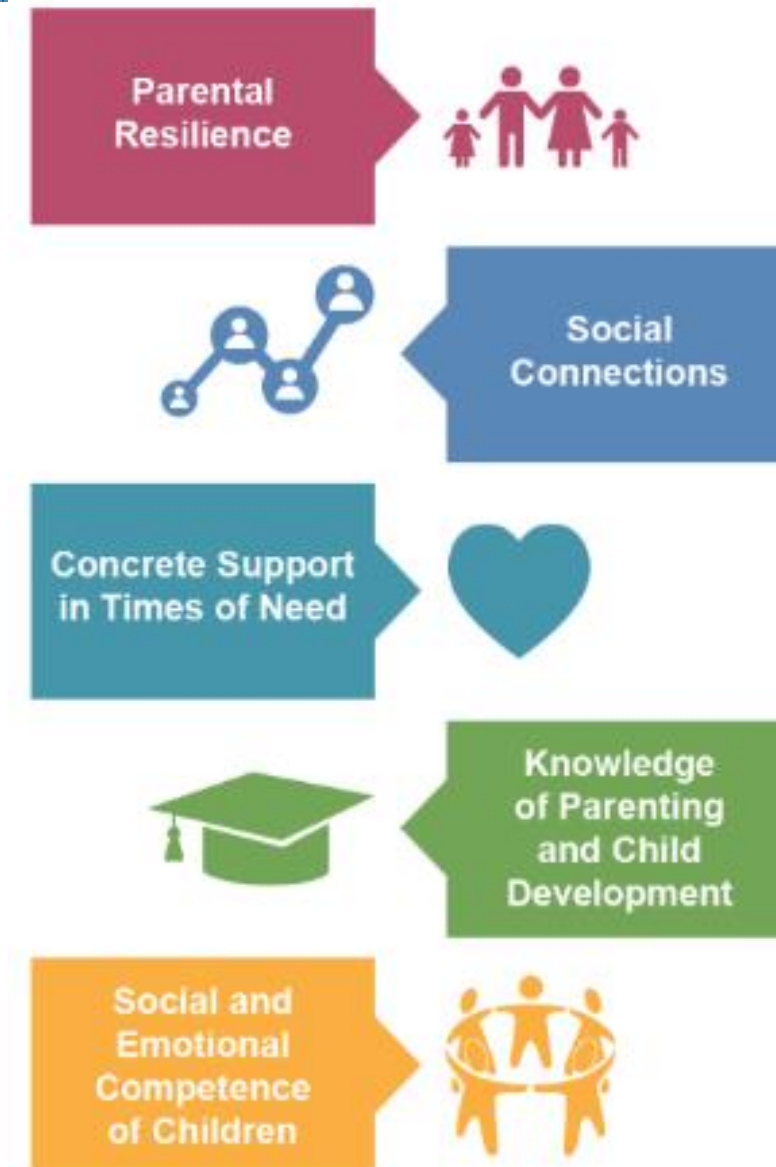


# SUPPORTIVE STRATEGIES AND POST-DISCHARGE CARE FOR PREGNANT MOMS

- » Find or build stable, experienced recovery program opportunities for pregnant persons
  - Address and support basic parenting and personal growth
  - Use trauma informed approaches
  - Provide skills development to address stigma and build confidence
- » Formulate (shared) Plan of Safe Care (POSC) and/or prenatal care plan that addresses all phases of pregnancy and breastfeeding (on MOUD)
- » Ensure health services for post-partum persons (including ongoing MOUD and therapy)
- » Medical and neuro-developmental monitoring for Baby
  - Monitoring for additional symptoms
  - Basic health care supervision for infants
- » Protective Factors for Parenting

HMA

INTEGRATED CARE DC

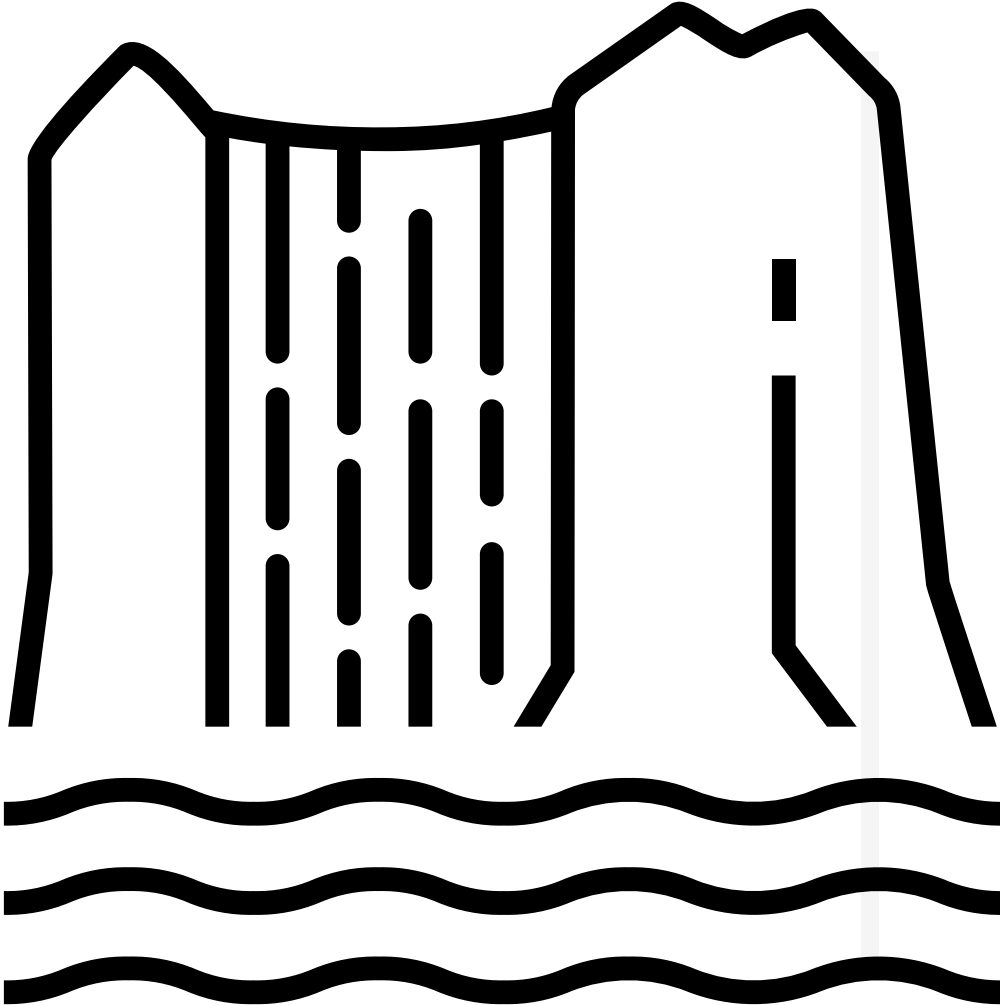


**JUANITA DESHAZIOR**

Clinical Director,  
Women with Children  
Treatment Program







***Think about a pregnant person you know who has struggled with addiction.***

***Reflecting on what you have heard so far today, how has your thinking about their behavior or related to SUD or their SUD treatment changed?***

Type a brief sentence about how your thinking may have changed.

>> **Wait to press enter**

# Q&A

## CONTACT US



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Which of the following statements is **FALSE**?

- a. The doses of both methadone and buprenorphine should be increased during the course of a pregnancy.
- b. Treatment with buprenorphine is NOT a contraindication to breastfeeding.
- c. There is a significant risk of relapse for pregnant women who are detoxed during their pregnancy.
- d. Infants born to women on agonist treatment for OUD (i.e., methadone or buprenorphine) for less than six weeks will NOT have NAS.
- e. The use of validated, verbal screening tests is generally as sensitive as toxicology tests in detecting perinatal SUD.

- >> Please complete the online evaluation! **If you would like to receive CME or CE credit, the evaluation will need to be completed.** You will receive a link to the evaluation shortly after this webinar.
  
- >> The webinar recording will be available within a few days at:  
<https://www.integratedcaredc.com/learning/>
  
- >> **Upcoming Webinar:**
  - >> ***Harm Reduction Series Session 1: Harm Reduction Strategies***, April 13, 12:30pm-1:30pm EST
  - >> ***The Primary Care Behavioral Health (PCBH) Model of Integrated Care***, April 26, 12pm-1pm EST
  
- >> For more information about Integrated Care DC, please visit:  
<https://www.integratedcaredc.com/>



Picture from Unsplash.

- » NAS Toolkit – 39 best practices, guidelines and protocols on perinatal SUD  
nastoolkit.org
  - » Breastfeeding: Best Practice 9
  - » NAS: Best Practices 16-24
  - » Outcomes of exposed infants: Best Practices 28-33
  - » Neurobiology of SUD: Best Practice 7, 8, 10, 13, 14, 37
- » SAMHSA: SAMHSA's National Helpline  
<https://www.samhsa.gov/find-help/national-helpline>

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- \*There is an updated website for LactMed from what is listed in the Protocol – Drugs and Lactation Database (LactMed) can be accessed at <https://www.ncbi.nlm.nih.gov/books/NBK501922/>
- SAMHSA Has a compendium of recommendations and guidelines in their publication, “Clinical Guidance for Treating Pregnant and Parenting Women with OUD and Their Infants,” Factsheet #11 addresses breastfeeding. The publication can be accessed at [https://www.samhsa.gov/sites/default/files/topics/alcohol\\_tobacco\\_drugs/healthy\\_pregnancy\\_healthy\\_baby\\_flyer.pdf](https://www.samhsa.gov/sites/default/files/topics/alcohol_tobacco_drugs/healthy_pregnancy_healthy_baby_flyer.pdf)
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## RESOURCES

### The Clearinghouses for Evidence-based Practices

- >> The California Evidence-based Clearinghouse for Child Welfare. <https://www.cebc4cw.org/>
- >> Title IV-E Prevention and Services Clearinghouse. <https://preventionservices.abtsites.com/>

### Home Visiting

- >> Maternal Infant and Early Childhood Home Visiting. <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview>
- >> California Home Visiting Program. <https://www.cdph.ca.gov/Programs/CFH/DMCAH/CHVP/Pages/default.aspx>
- >> Evidence-based Practices and Resource Center (formerly National Center for Evidence-based Practices). <https://www.samhsa.gov/ebp-resource-center>
- >> Child Welfare Information Gateway. Strengthen Families and Education to Prevent Maltreatment. <https://www.childwelfare.gov/pubpdfs/parented.pdf>

CDC Opioid Prescribing Guidelines <https://www.cdc.gov/opioids/providers/prescribing/index.html>