

ECHO Pregnancy Wellness Perinatal Substance Use Disorders

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Overview

- Mom's IMPACTT Program:
IMProving **A**ccess to Maternal Mental Health
and Substance Use Disorder
Care Through **T**elemedicine and
Tele-Mentoring
- Reporting Requirements
- MOUD Pain Management
- Role of Peer Recovery Support Specialists

James B. Duke

THE DUKE ENDOWMENT



Moms IMPACTT

2 Program Components

1. Direct Patient Access- Pregnant & Postpartum (12 months after birth)

- Patients receive care coordination and referrals to accessible and available maternal mental health treatment and/or resources for social determinants of health.
- Anyone can refer or patients can self-refer to the program

2. Building “All Provider” Capacity

- Increase provider confidence and competence in addressing and managing mild to moderate perinatal mental health disorders
 - Trainings (webinar, or in-person)
 - Consultation (one on one phone call with reproductive psychiatrist)
- All Provider Types & Staff Working with Pregnant and Postpartum People
 - Community Health Worker, Case Manager, Doula,
 - Obstetrics, Pediatrics, Family Medicine, Mental Health, Social Work

How Mom's **IMPACTT** Works [Direct Patient Access]



Pregnant



0-12 Months Postpartum

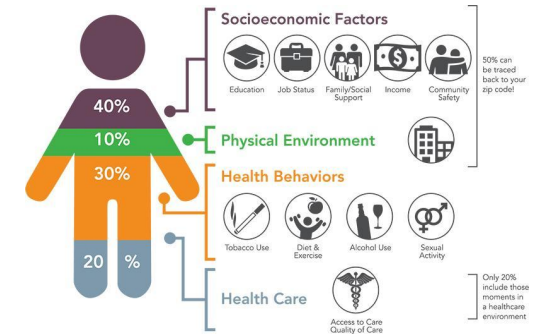
843-792-MOMS
(843)-792-6667



- Assessment
- Permission to Communicate with Provider for Care Coordination



Patient-Provider Treatment



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2016)

- Referrals to Resources

How Mom's **IMPACTT** Works [Building Provider Capacity: **TRAINING**]

Practices, Hospitals,
Organizations



Douglas
Midwives
Obstetricians
Pediatricians
Psychiatrists
Community Health Workers
Advance Practice Providers
Primary Care/Family Practice
Birthing Hospital Staff

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Scheduled Trainings
Tailored for Practice
Setting and Provider Type



Provider Trainings
In-Person or
Virtual

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In-Person or Virtual Training Topics Based on Group Need:

- Establishing effective screening and referral practices in any setting
 - Listening to Women and Pregnant and Postpartum People (text/phone-based screening, and care coordination)
 - Screening tools to use, when and how
 - How to handle positive screens and symptoms including suicidal ideation
 - How and who to refer to therapy and/or therapy and medications
 - When to refer to which level of care (outpatient, ED, inpatient)
 - Local treatment and resource referral options
- Identification and initial management of mild/moderate symptoms
 - Depression and anxiety (e.g., sleep hygiene, stress management, social supports medication)
- Identify and refer
 - Bipolar Disorder, Obsessive Compulsive Disorder, Postpartum Psychosis

How Mom's **IMPACTT** Works

[Building Provider Capacity: Consultation]

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Doulas
Midwives
Obstetricians
Pediatricians
Psychiatrists

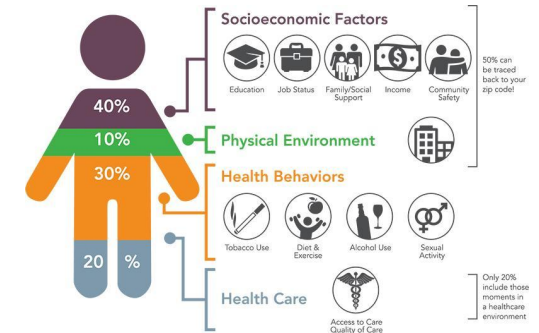
Community Health Workers
Advance Practice Providers
Primary Care/Family Practice



- Assessment
- Referrals & Resources
- Care Coordination



Provider-Provider Consultation



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2016)

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Moms IMPACTT

Provider-to-Provider Consultations:

- Patient screens positive and/or has mental health signs/symptoms
 - How to handle positive screens and/or symptoms
 - Referrals for therapy, medication, and/or resources
 - How to address issues with sleep or other stressors that are affecting mental health
 - How and when to start/stop medications, especially while pregnant or breastfeeding
- Patient has significant psychiatric history
 - What to do with current medications
 - What to do when patients stop medications
 - When/if should start or restart medications
 - How to identify postpartum psychosis, bipolar disorder, obsessive compulsive disorder and appropriately refer

**Every
Mother
Deserves
Support.**



Mom's IMPACTT

On-demand mental health treatment for pregnant and postpartum people.

Get connected to resources and treatment
Monday - Friday | 8 am - 5 pm

- Substance Use
- Anxiety
- Trauma
- Depression
- Grief & Loss
- Stressful Life Events

For more information visit our website:

mushealth.org/momsimpactt

For a confidential consultation:

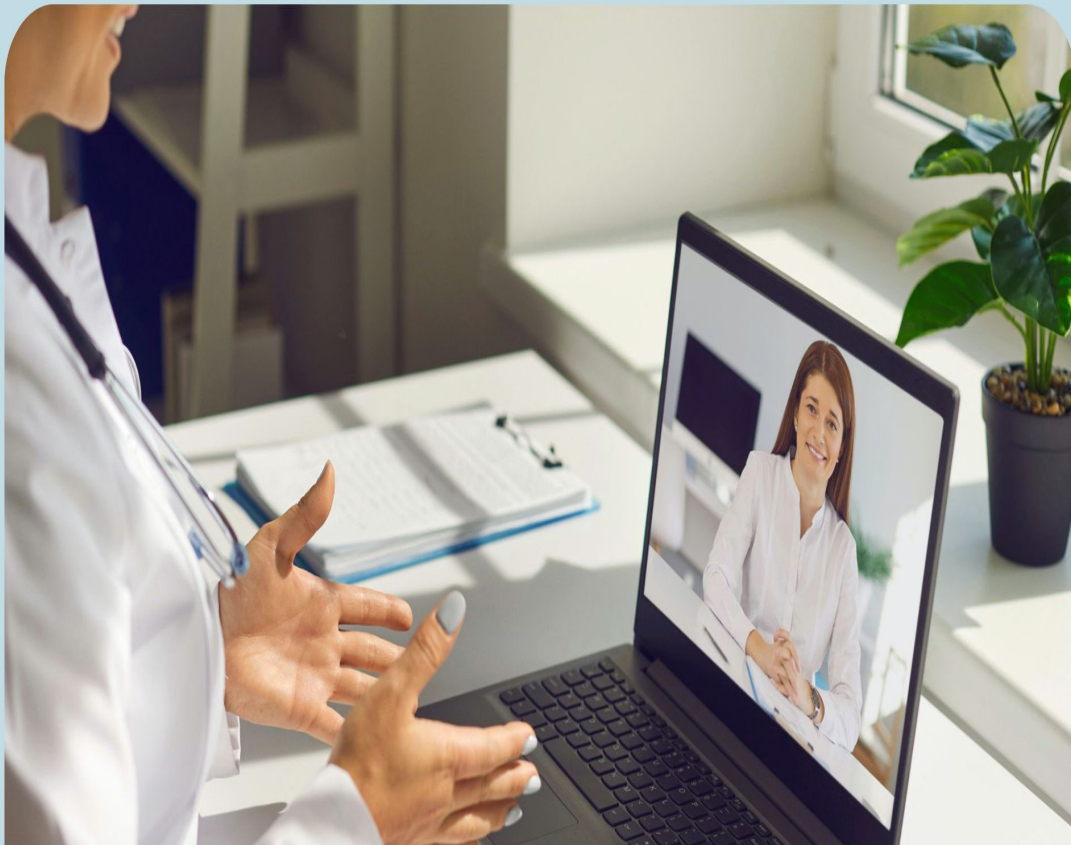
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Mom's IMPACTT

IMProving Access to Maternal Mental Health and Substance Use Disorder Care Through Telemedicine and Tele-Mentoring



Mom's IMPACTT provides real-time perinatal psychiatric consultation to obstetric, pediatric, primary care, psychiatric and community health providers to effectively identify and manage maternal mental health and substance use concerns among pregnant and postpartum people living in South Carolina.

Mom's IMPACTT has 4 components:

- Real-time psychiatric consultation for providers serving pregnant and postpartum people.
- Linkage to community-based resources, treatment, and support groups.
- Trainings for providers and staff on mental health and substance use screening, discussion of screening results, treatment options and referral, risks and benefits of medications.
- Psychiatric consultation for pregnant and postpartum people with mental health and substance use concerns.

For more information visit our website:

muschealth.org/momsimpactt

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[Health](#) > ... > [Women's Health](#) > [Reproductive Behavioral Health](#) > Mom's IMPACTT

Reproductive Behavioral Health

Mom's IMPACTT



Disorders



Home Video Visits

Resources

Testimonials

Mom's IMPACTT

Get Care Now

Mom's IMPACTT provides on-demand mental health treatment and resources for pregnant and postpartum people and real-time psychiatric consultations for providers.

**Connect to
Coordinator**

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Medications for Opioid Use Disorder (MOUD)

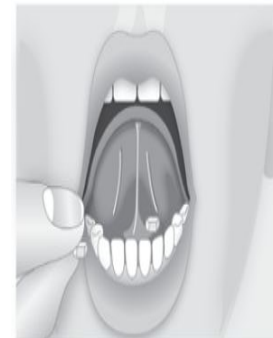
ACOG Committee Opinion No. 524 and 711:

Opioid Abuse, Dependence, and Addiction in Pregnancy (2012)

Opioid Use and Opioid use Disorder in Pregnancy (2017)

Gold Standard of Treatment:

- Methadone
- Buprenorphine



Opioid Antagonist – Narcan

Prescribe Narcan for your patients with OUD

- OTC is FDA approved (3/2023), but most pharmacies are not currently carrying this medication, and we do not have a generic brand that is FDA approved (yet)

DHEC clinics/site in 46 counties in SC have Overdose reversal kits

- Narcan, Fentanyl Test Strips and education

Narcan distribution sites (free Narcan)



Opioid Overdose Reversal

xylazine — known by street names like “tranq,” “tranq dope” and “zombie drug”



- › Non-opioid veterinary tranquilizer
 - › Not reversable with Narcan
- › CNS depressant
 - › Drowsiness, amnesia, blackout
 - › Slow breathing, heart rate, low blood pressure
 - › Eschar – anywhere in body leading to amputation



SC Department of Social Services

Reporting Requirements

If a person at 24 weeks gestation or greater, or at delivery tests positive for an **illicit** substance via **blood, or urine**, professionals are required to make a report to the Department of Social Services.

If you are going to report do this in collaboration with the patient!!

- Discuss reporting requirements and why you are making this report
- Have a plan for SUD treatment and childcare
- Discuss support needs that DSS could assist with
- Call and make the report to DSS together

Pain Management for L&D



SMFM Special Report

[smfm.org](https://www.smfm.org)

Substance use disorders in pregnancy:
clinical, ethical, and research imperatives
of the opioid epidemic: a report of a joint
workshop of the Society for Maternal-Fetal
Medicine, American College of Obstetricians
and Gynecologists, and American Society of
Addiction Medicine



Jeffrey Ecker, MD; Alfred Abuhamad, MD; Washington Hill, MD; Jennifer Bailit, MD; Brian T. Bateman, MD;
Vincenzo Berghella, MD; Tiffany Blake-Lamb, MD; Constance Guille, MD; Ruth Landau, MD; Howard Minkoff, MD;
Malavika Prabhu, MD; Emily Rosenthal, MD; Mishka Terplan, MD; Tricia E. Wright, MD; Kimberly A. Yonkers, MD

Pain Management for L&D Women with Opioid Use Disorder (OUD)

- Women with OUD
 - >80% will have a history of trauma
Childhood, interpersonal violence
 - Child welfare agency/custody
 - Newborn withdrawal
 - Risk of relapse

Women with OUD

Vaginal or Cesarean Delivery

- Remain on same total dose of methadone or buprenorphine throughout L&D
- Can divide dose 2-3 per day
- Encourage epidural/spinal-epidural
- Avoid nitrous oxide
- Avoid nalbuphine [Nubain] or butorphanol [Stadol]
- Opioids used as-needed (and how typically prescribed for vaginal or c/s)

If taking Methadone or Buprenorphine Vaginal Delivery

Opioid-sparing multimodal approach

Ice pack, heating pad, hydrocortisone, and local anesthetic

Scheduled:

- Acetaminophen 975mg q8h PO, or
Acetaminophen 650mg q6h PO; and
- Ibuprofen 600mg q6h PO

Pain Assessment

Functional Pain Score

Is pain interfering with?

- Mobility
- Self Care
- Newborn Care
- Breastfeeding
- Coping

If taking Methadone or Buprenorphine

Vaginal Delivery

Opioid-sparing multimodal approach

Opioids used as-needed based on functional impairment, but not first line

- At the very least, prescribe what you prescribe for opioid-naïve women with vaginal delivery
- Short course of oxycodone 5mg (reassess!)
- Consider: Full opioid agonist with strong affinity for the mu receptor (e.g. fentanyl, hydromorphone).

If taking Methadone or Buprenorphine Cesarean Delivery

Pre-operatively

- ▶ Pain consultation
- ▶ Plan for handling prescribed opioids

Inter-operatively

- ▶ Epidural, spinal or general
- ▶ Acetaminophen, either IV or PO
- ▶ Ketorolac 10mg

If taking Methadone or Buprenorphine Cesarean Delivery

Post-operatively

- ▶ Opioid-sparing multimodal approach
- ▶ Acetaminophen 975mg PO q8hrs standing
- ▶ Ketorolac 30mg IV q6 hours standing for 24 hours, followed by ibuprofen 600mg PO q6 hours
- ▶ Opioid...

If taking Methadone or Buprenorphine Unplanned C/S

Post-operatively

- ▶ At the very least, prescribe what you prescribe for opioid-naïve women w c/s
 - ▶ Oxycodone: Max daily dose of 30mg – or 6 tablets of 5mg as needed, if pain is poorly controlled based on functional score
 - ▶ Consider: Full opioid agonist with strong affinity for the mu receptor (e.g. fentanyl or hydromorphone)

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What are peer recovery support services?

Certified Peer Support Specialists (CPSS) are individuals who bring the lived experience of successful recovery, combined with training and supervision, to assistance others in becoming *and staying engaged in the recovery process through shared understanding*

A peer support worker complements, but does not duplicate or replace the roles of therapists, case managers, and other members of a treatment team

May help break down barriers of experience and understanding, as well as power dynamics that may get in the way of working with other members of the treatment team.

Peer Support in Clinical Care

Peer Recovery Coaches provide many different types of support, including:

Emotional support; share lived experience and knowledge

Informational support; help identify and connect to tools and resources

Support in identifying goals and creating a roadmap for getting there

Knowledge of stage appropriate pathways in recovery support

Basic knowledge of crisis intervention

Contact Peer Support in SC

County Behavioral Health*

Faces and Voices of Recovery

- › Chapters: Greenville, Piedmont, Midlands, Pee Dee, Grand Strand, Low Country

SC SHARE

The Courage Center

**Patient and Provider Referrals to Moms IMPACTT
May 2, 2022 –May 22, 2023**

Month	2022	Jan	Feb	Mar	April	May	Total
Patient							
Patients Referred	396	71	108	115	96	97	883
Self-Referral	227	52	64	44	48	48	533
Provider Referral	113	19	40	62	46	47	160
Patients Scheduled	276	55	85	90	75	64	645
Provider							
Consult Requested & Completed	11	2	4	5	3	2	27

Mom's **IMPACTT** Outcome Reach

Key Stakeholder, including those working in rural communities

- SC Birth Outcomes Initiative
 - Behavioral Health & Birth Equity Work Groups
- SC Office of Rural Health- Family Solutions
- Nurse Family Partnership
- Healthy Start
- Federally Qualified Health Centers
- SC Department of Mental Health
- SC Department of Alcohol and Other Drug Abuse Services
- Department of Social Services
- Regional Perinatal Directors
- Bureau of Maternal and Child Health, Department of Health and Environmental Control
- Center for Community Health Alignment, USC School of Public Health
- Department of Health and Human Services
- Blue Cross Blue Shield
- 3 State Project ECHOs [SC Pregnancy Wellness, Opioid Use Disorder, Peer Recovery for SUDs]
- Maternal and Child Health Local and Regional Professional Conferences
- Peer Organizations
- Social Media (MUSC, SC Mom's Group)



Residence

- 22.5% Rural Counties
- 88.9% Medically Underserved Areas

Health Insurance

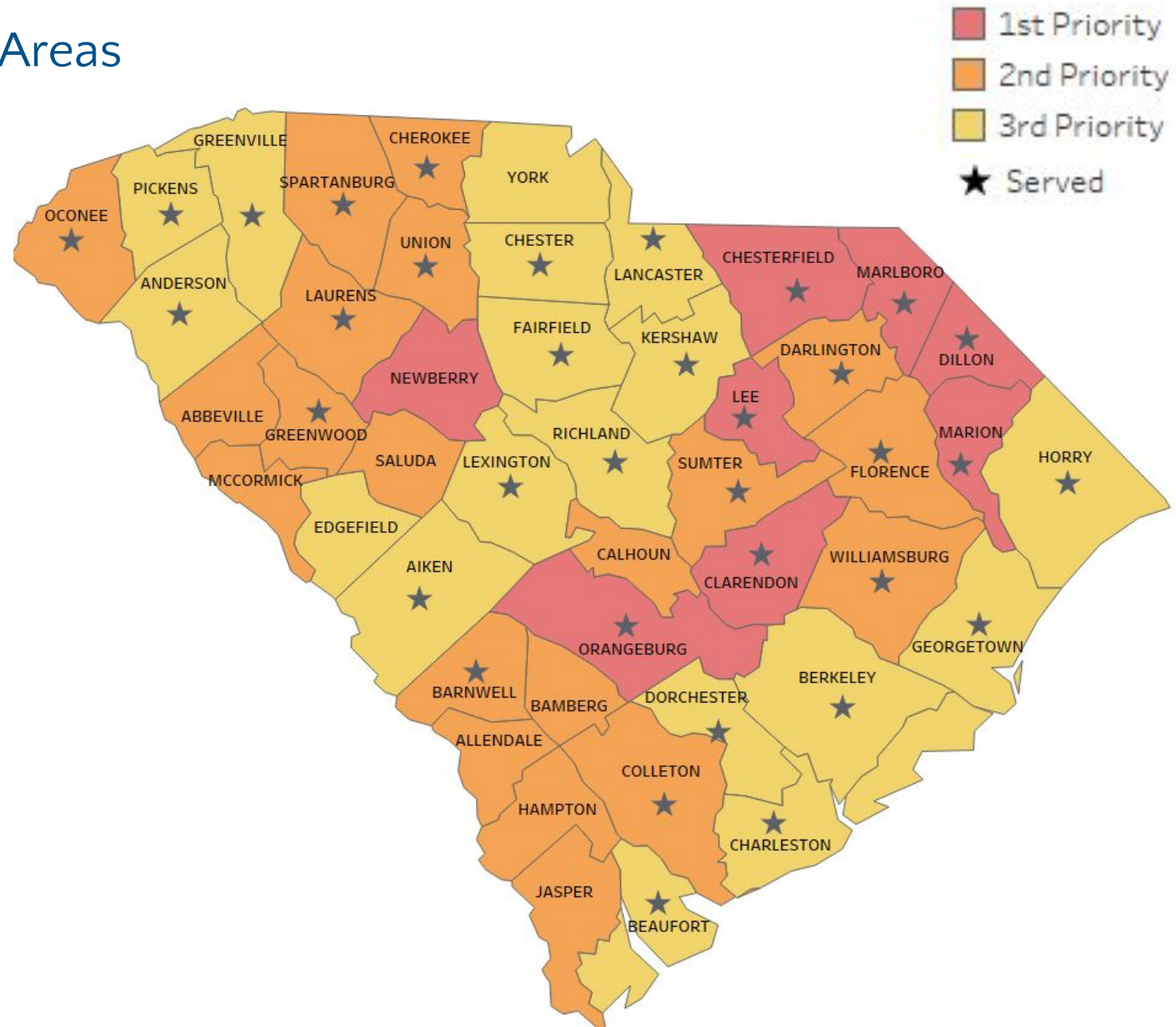
- 59% Medicaid
- 29.0% Private Insurance
- 4.0% Uninsured

Race

- 62.8% White
- 31.0% Black
- 1% Asian/Asian American
- 1% Native American
- 5.5% Other/Mixed

Ethnicity

- 7.8% Hispanic or Latino



Patient status when contacting the program

MOM's IMPACTT

- Preconception (1.0%)
- Pregnant (42.7%)
- Postpartum (52.7%)
- Post-adoption (0.5%)
- Perinatal Loss (3.5%)

Reason for contacting the program

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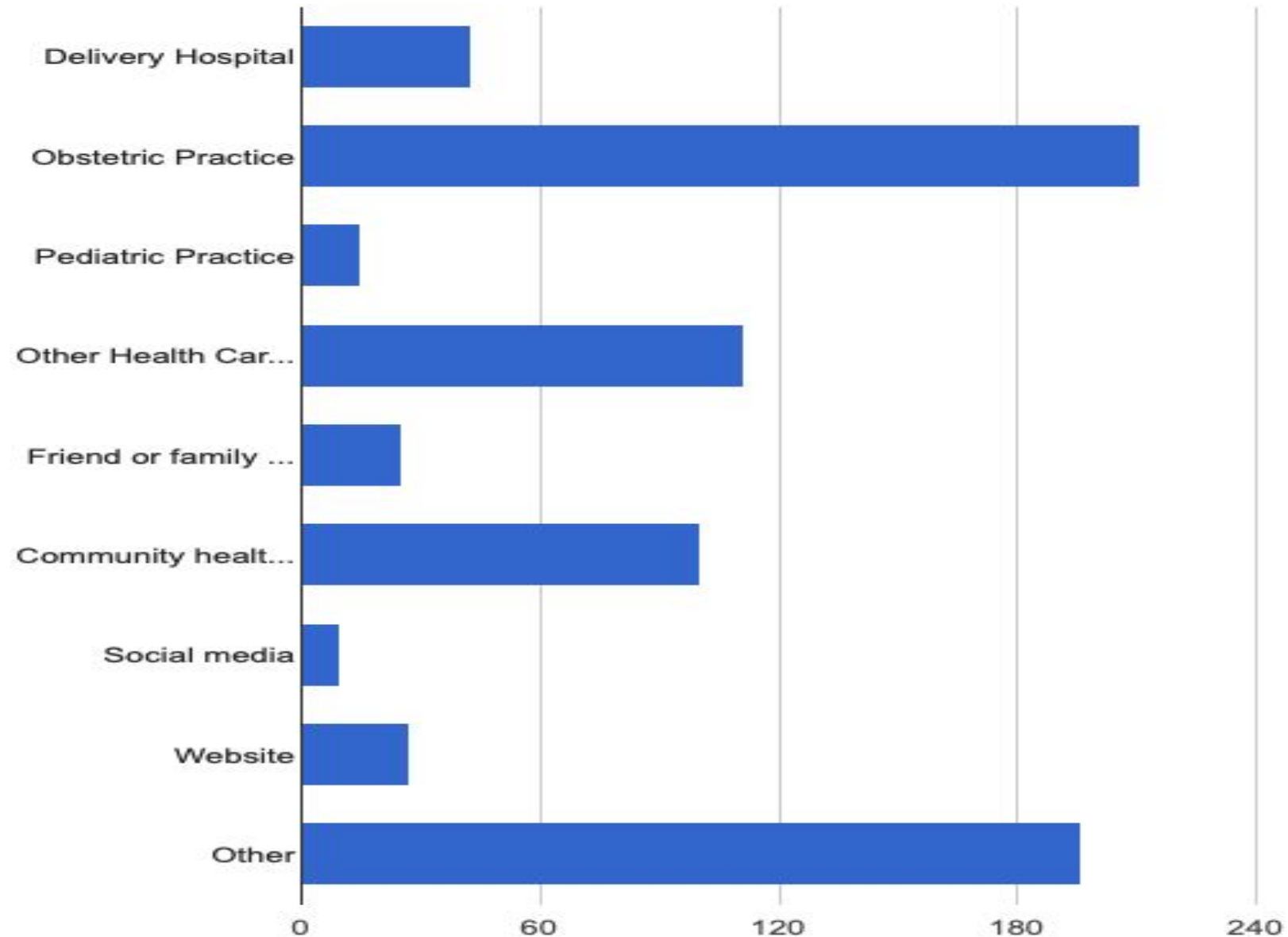
- Mental Health concerns (97%)
- Substance Use Disorder concerns (5%)
- Intimate Partner Violence/ Safety concerns (4%)
- Medication questions (30%)
- Resources for therapy (4%)
- Resources for Social Determinants of Health (4.0%)
- Resources for peer and/or community support (65%)

Most Common Diagnoses

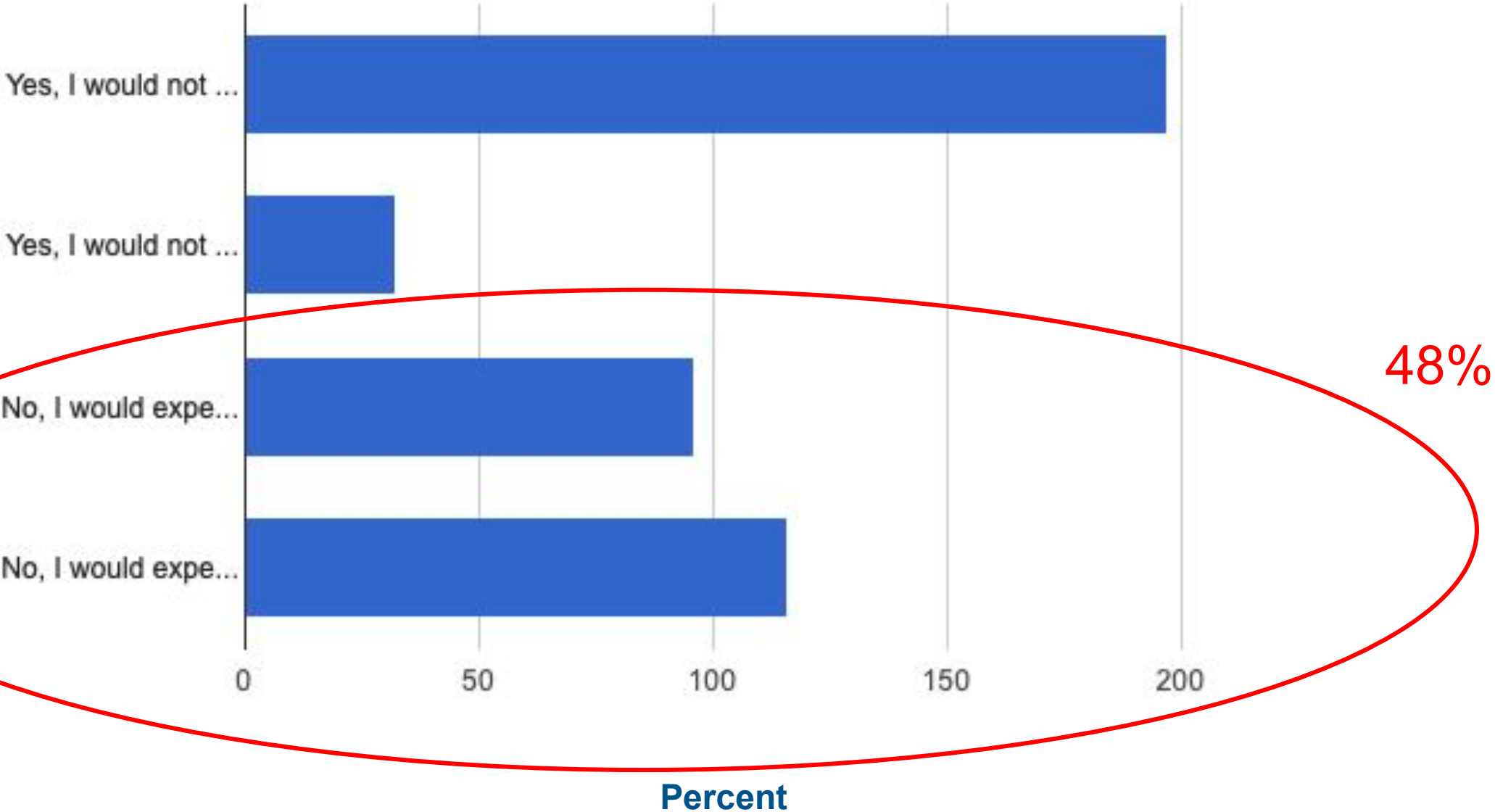
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- Mood Disorders (62.4%)
- Anxiety Disorders (58.3%)
- Trauma and Stressor Related Disorders (36.3%)
- Substance Use Disorders (14.5%)
- ADHD (6.6%)
- Other (BPD, Psychotic Disorders; 5.7%)

How did the patient hear about MOM's IMPACTT?



Does the complexity of the patient's clinical presentation warrant evaluation by a Reproductive Psychiatrist?



Provider-to-Provider Consultations

Consultations Requests by Professional Degree

- Advanced Practice Registered Nurse (APRN, CNM): 29%
- Physician (MD, DO): 12%
- Registered Nurse (RN, LPN or equivalent): 18%
- Social Worker (MSW): 30%
- Other (LISW, Case Manager, Peer Support, CHW): 10%

Consultations Requests by Professional Affiliation

- Obstetrics 42.4%
- Pediatrics 2.2%
- Mental Health 15%
- Multiple Affiliations 17.3%
- Other 22.6%