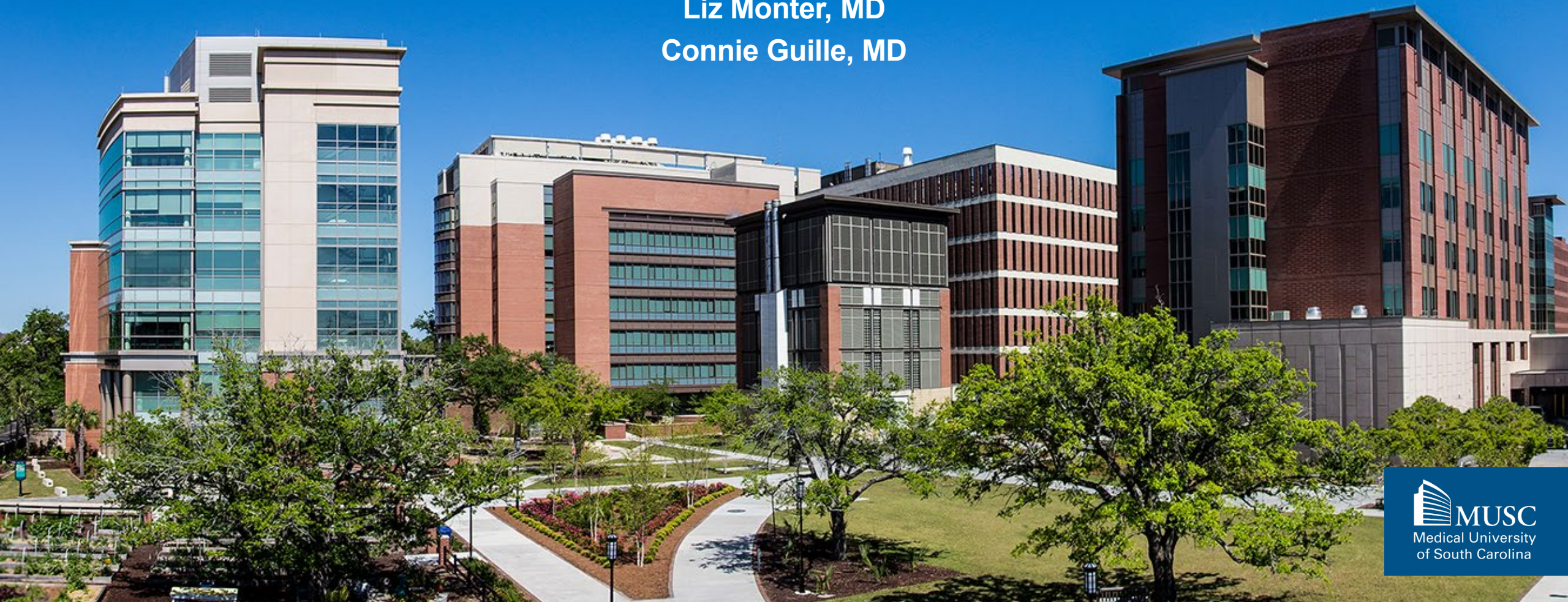


ECHO Pregnancy Wellness: Opioid Use Disorders

Liz Monter, MD
Connie Guille, MD

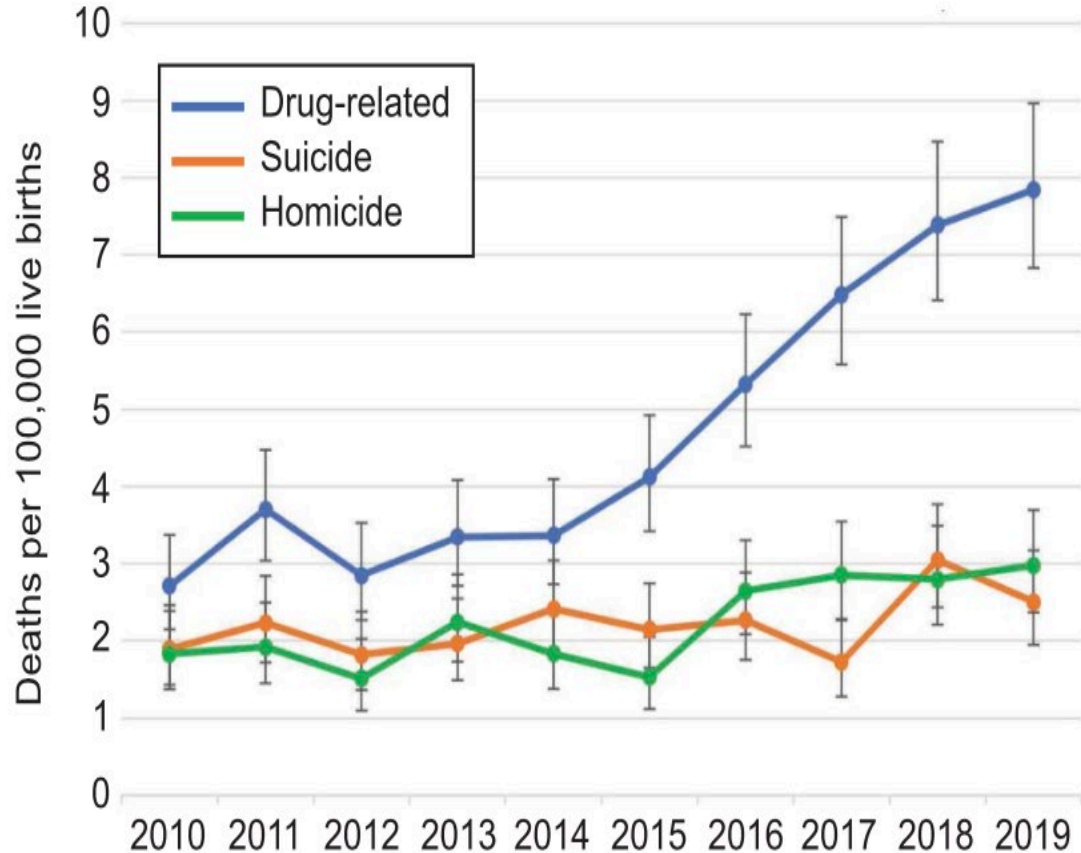


Overview

- Screening Brief Intervention & Referral to Treatment
- Opioid Use Disorders & Medication



Pregnancy-Associated Deaths Due to Drugs, Suicide, and Homicide in the United States, 2010–2019



22.2% of all Maternal Deaths are due to:

- Drugs (11.4%)
- Suicide (5.4%)
- Homicide (5.4%)

2010-2019

- Drug-related deaths increased 190%
- Suicide increased 30%
- Homicide increased 63%

Barriers to Care

Large retrospective cohort study:
Women who used cocaine and opiates were more than **six times** more likely than those not using drugs to have received no prenatal care or only one prenatal care visit.

The fear of being reported to the police or child welfare was strongly associated with lack of prenatal care.



Access to Care

Punitive policies do not reduce substance use. Improved outcomes are associated with public health models that emphasize harm reduction and access to treatment.

Overcoming Barriers to Care



Inform the patient that because substance use is common, all patients are asked the same questions about substance use.

Conduct an empathetic, and nonjudgmental interview.

Screening

Universal Screening:
ACOG, AAP, AMA, CDC



Interview-based or screening tools.

The **4Ps Plus** is validated in the obstetric population and screens for **all substances**

sensitivity of 87% and specificity of 76%.



SBIRT INTEGRATED SCREENING TOOL



* Fax the COMPLETED form to the patient's plan and referral site and keep a copy in patient file.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Absolute Total Care
Fax: 877-285-3226 | <input type="checkbox"/> BlueChoice HealthPlan Medicaid
Fax: 855-380-2810 | <input type="checkbox"/> Molina
Fax: 866-423-3889 | <input type="checkbox"/> Wellcare
Fax: 866-435-6362 |
| <input type="checkbox"/> Advicare
Fax: 888-781-4316 | <input type="checkbox"/> First Choice by Select Health
Fax: 866-333-3493 | <input type="checkbox"/> SCDHHS (Fee-For-Service)
Fax: 803-255-8247 | <input type="checkbox"/> BlueCross BlueShield of South Carolina & BlueChoice HealthPlan
Fax: 803-870-9884 |

PATIENT INFORMATION						
Patient's last name:	First:	Middle:	Language:	Race:	Ethnicity:	Expected due date:
Phone no: ()	Street address:		Member ID no:			

PROVIDER INFORMATION			
Practice name:	Group NPI:	Individual NPI:	Screening provider's name:
			Phone no: ()

PATIENT SCREENING INFORMATION				
Parents Did any of your parents have a problem with alcohol or drug use?	YES			NO
Peers Do any of your friends have a problem with alcohol or other drug use?	YES			NO
Partner Does your partner have a problem with alcohol or other drug use?		YES		NO
Violence Are you feeling at all unsafe in any way in your relationship with your current partner?	YES			NO
Emotional Health Over the last few weeks, has worry, anxiety, depression or sadness made it difficult for you to do your work, get along with people or take care of things at home?			YES	NO
Past In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?		YES		NO
Present In the past month, have you drunk any alcohol or used other drugs? 1. How many days per month do you drink? _____ 2. How many drinks on any given day? _____ 3. How often did you have 4 or more drinks per day in the last month? _____ 4. In the past month have you taken any prescription drugs?		YES		NO
Smoking Have you smoked any cigarettes in the past three months?		YES		NO
Please provide additional details for any "yes" responses:		Review risk	Review domestic violence resources	Review substance use, set healthy goals
				Consider mental evaluation

ADVICE FOR BRIEF INTERVENTION			
	Y	N	N/A
Did you State your medical concern?			
Did you Advise to abstain or reduce use?			
Did you Check patient's reaction?			
Did you Refer for future assessment?			

At Risk Drinking	
Non-Pregnant	Pregnant/Planning Pregnancy
7+ drinks/week 3+ drinks/day	Any Use is Risky Drinking

CONFIDENTIAL SBIRT REFERRAL INFORMATION					
Patient referred to: (Check all that apply)	<input type="checkbox"/> DMH	<input type="checkbox"/> DAODAS	<input type="checkbox"/> DHEC Quitline Fax: 800-483-3114	<input type="checkbox"/> Private provider (Name & NPI)	<input type="checkbox"/> Domestic violence 803-256-2900
Date of referral appointment (DD/MM/YY):	Date screened:	<input type="checkbox"/> Patient refused referral	<input type="checkbox"/> Referral not warranted:	<input type="checkbox"/> Patient requested assistance	

Women's health can be affected by emotional problems, alcohol, tobacco, other drug use and domestic violence. Women's health is also affected when those same problems are presented in people close to us. By "alcohol," we mean beer, wine, wine coolers or liquor.

Physician's Signature: _____

*Adapted from Institute for Health & Recovery, (2015)

Approach- SBIRT



SCREENING quickly assesses the frequency and severity of substance use, identify the appropriate level of treatment.



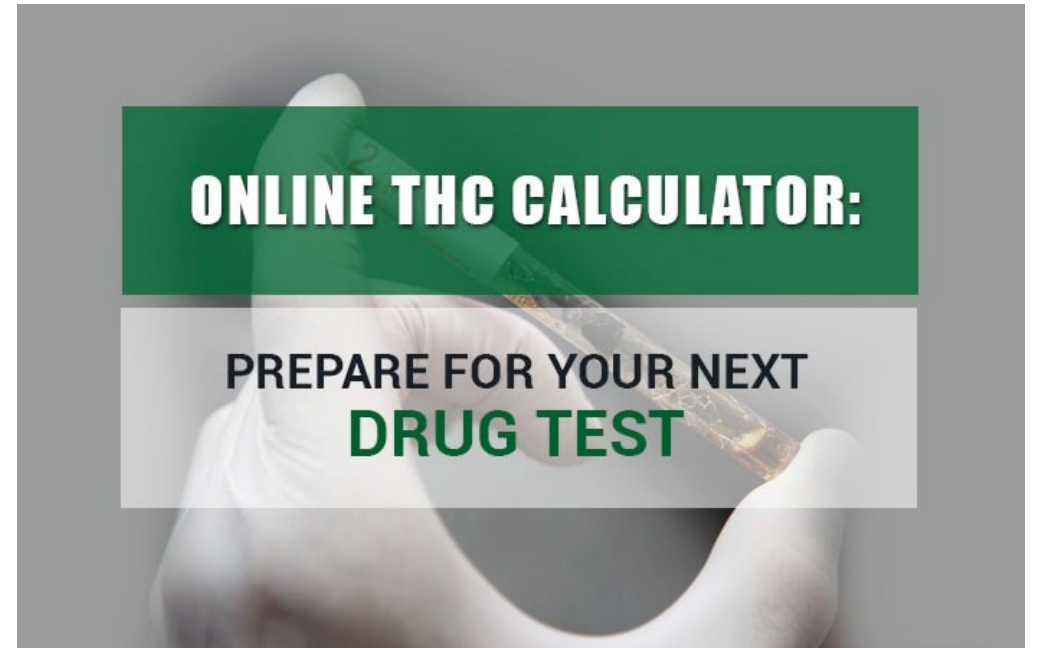
BRIEF INTERVENTION focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.



REFERRAL TO TREATMENT provides those identified as needing more extensive treatment with access to specialty care.

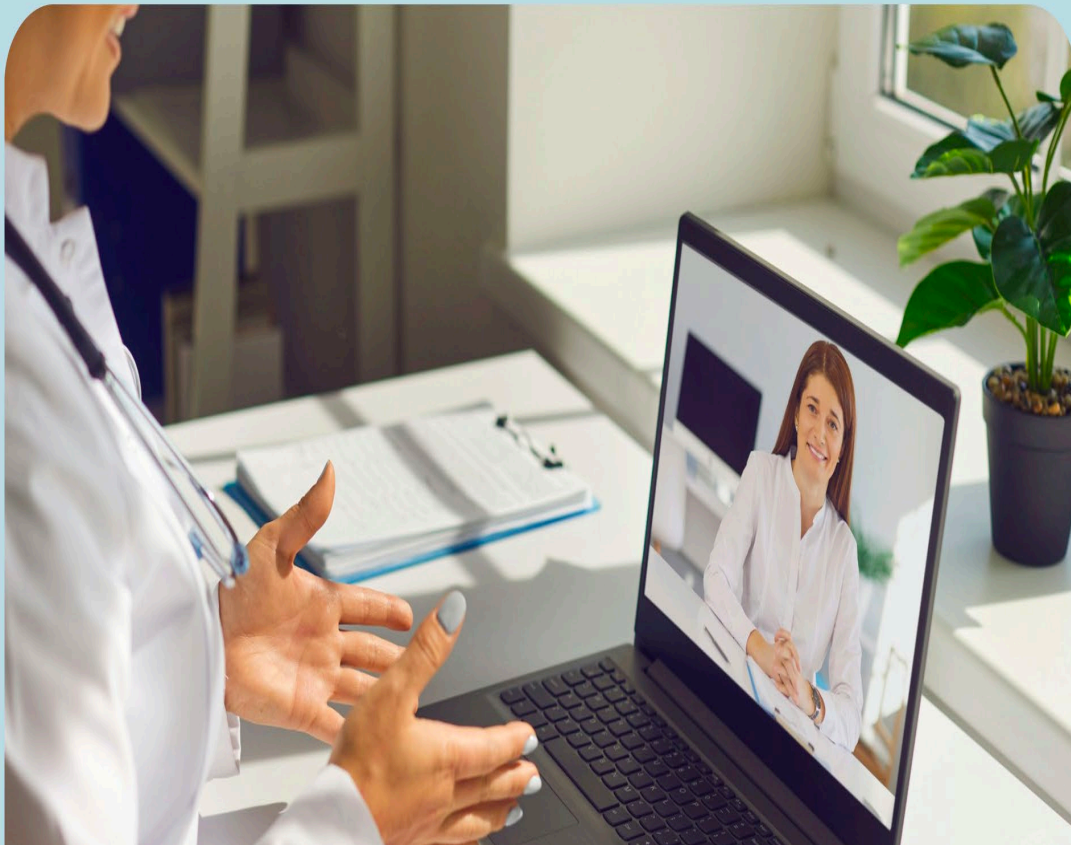
Screening

Drug toxicology is **NOT** recommended for **universal** screening because it has limitations and should only be considered if there is a clinical indication and with consent.



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

For a confidential consultation:

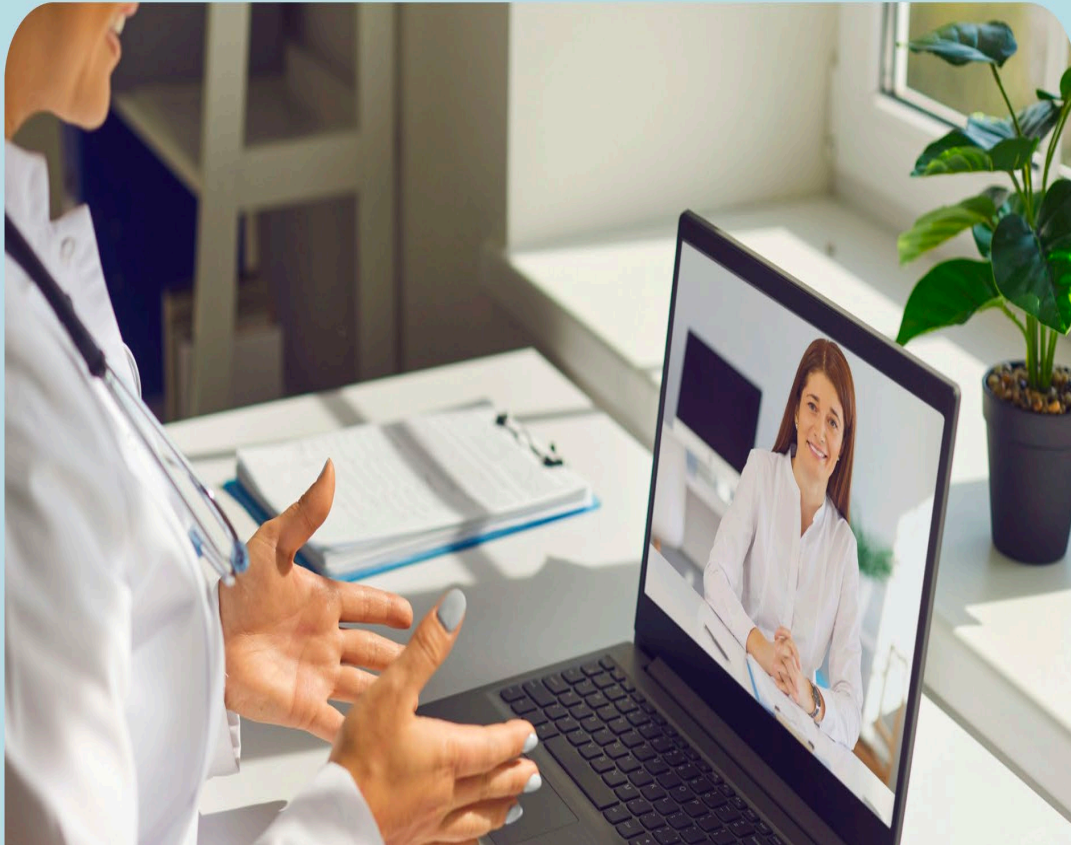
Scan this QR code or call

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



Mom's IMPACTT

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



Assisting providers in developing the confidence and competence to assess and manage mild, and mild-to-moderate mental health problems.

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:

Scan this QR code or call

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





[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.

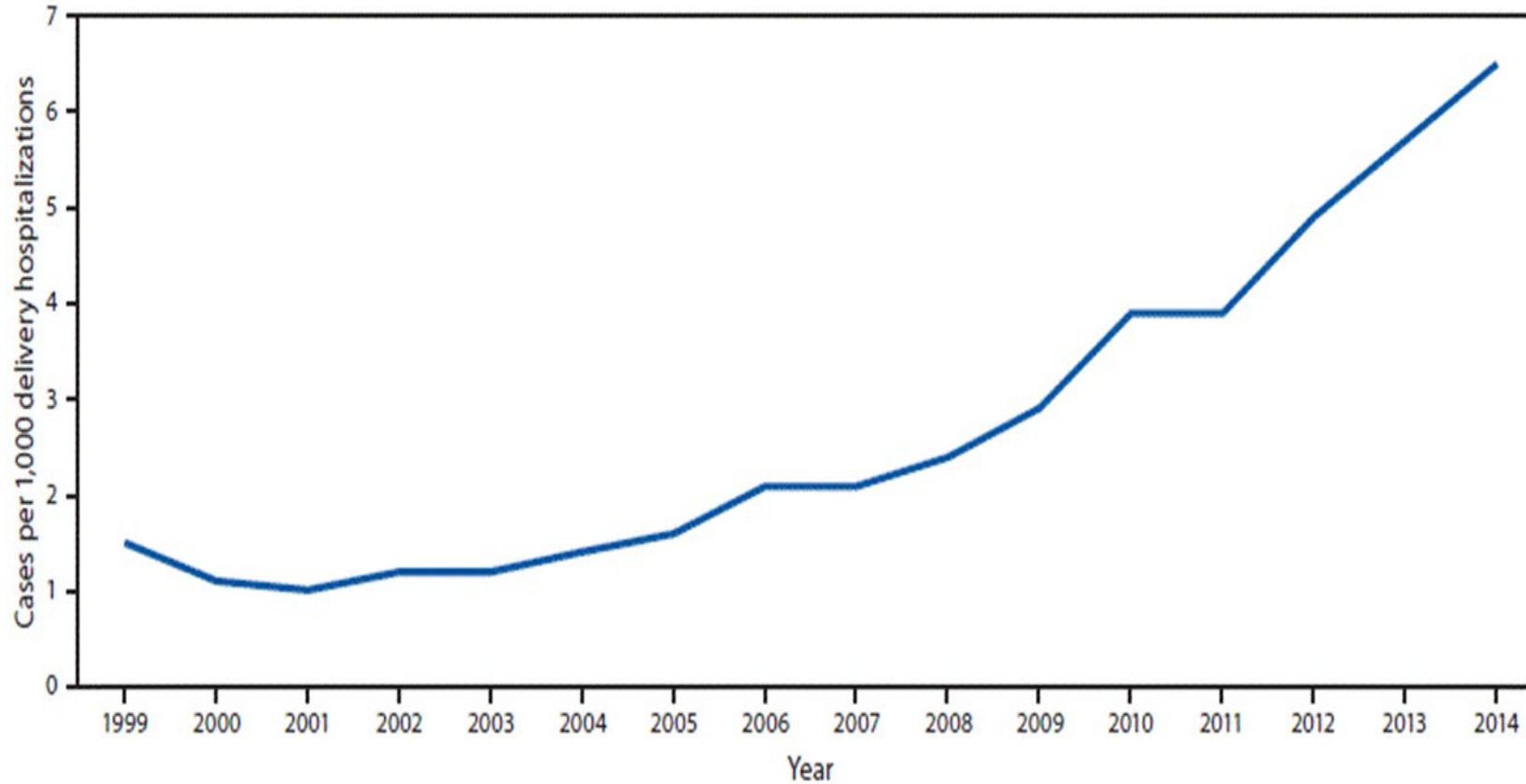
**Connect to
Coordinator**



Prevalence of OUD in Pregnancy



Per 1,000 Delivery Hospitalizations in US 1999-2014



Haight SC, Ko JY, Tong VT, Bohm MK, Callaghan WM. Opioid Use Disorder Documented at Delivery Hospitalization — United States, 1999–2014. MMWR Morb Mortal Wkly Rep 2018;67:845–849.



Perinatal Treatment of Opioid Use Disorder

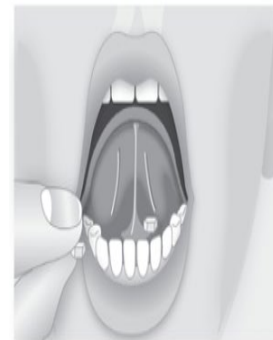


ACOG Committee Opinion No. 524 and 711:
Opioid Abuse, Dependence, and Addiction in Pregnancy (2012)
Opioid Use and Opioid use Disorder in Pregnancy (2017)

Gold Standard of Treatment:

Methadone

Buprenorphine





Methadone and Buprenorphine



DECREASE:

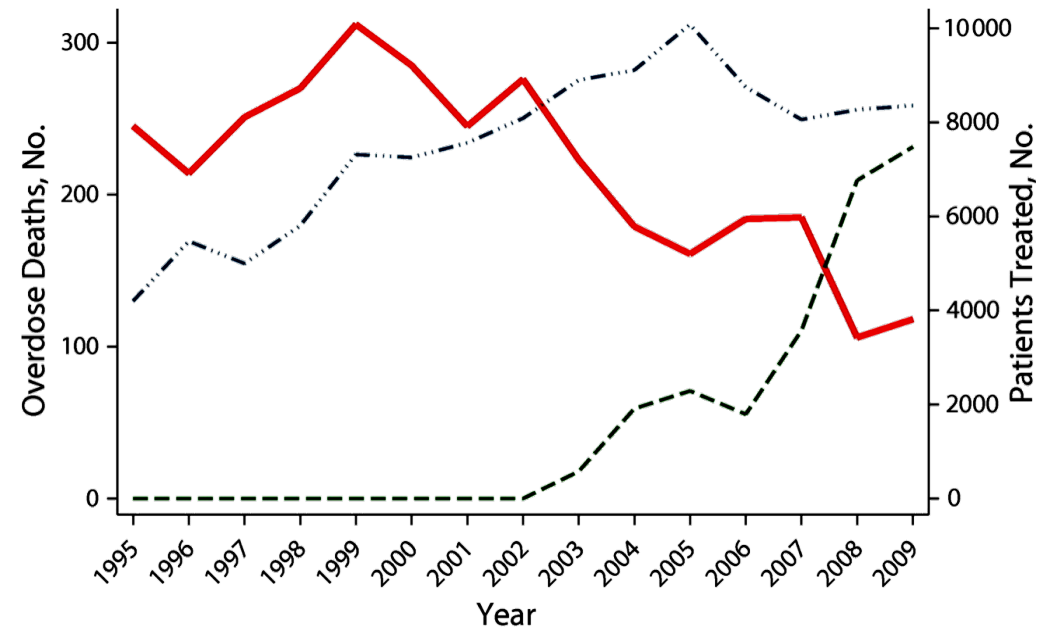
- Opioid use
- Opioid-related overdose
- Opioid mortality
- Criminal activity
- Infectious disease transmission

And INCREASE

- Social functioning
- Employment
- Retention in treatment

Opioid Agonist Treatments Decreased Heroin OD Deaths

*Baltimore, Maryland,
1995-2009*

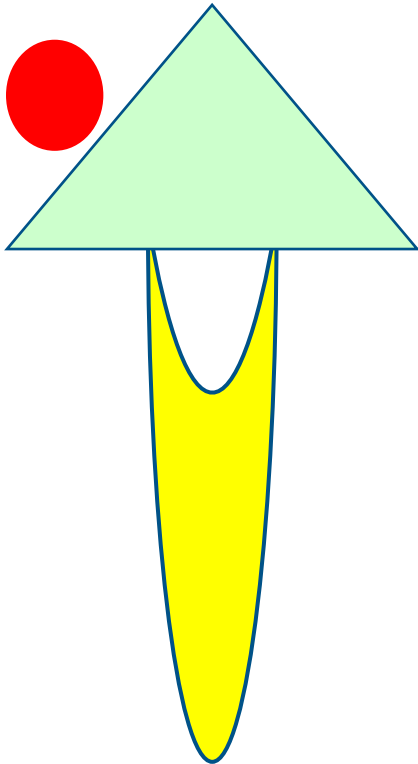


Schwartz RP et al., Am J Public Health 2013.

Medication for Opioid Use Disorder

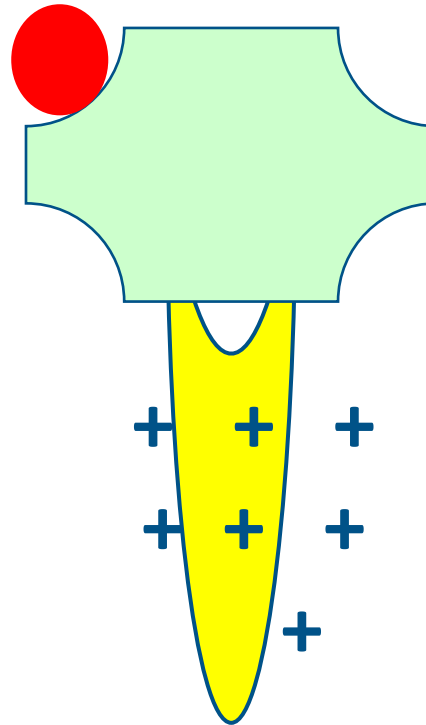
Naltrexone

Antagonist



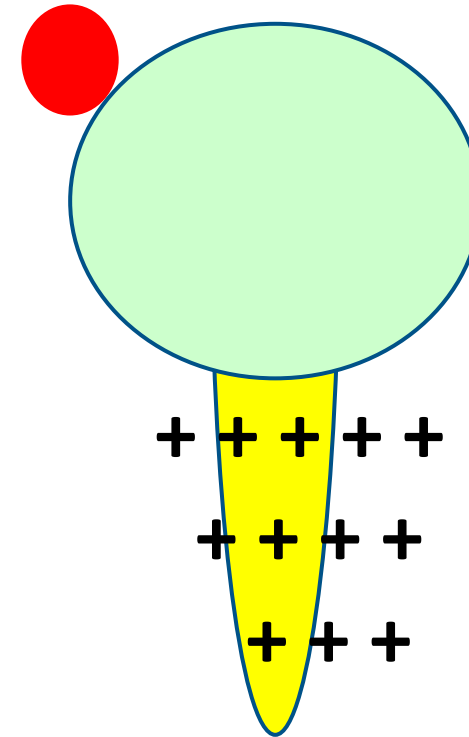
Buprenorphine

Partial Agonist



Methadone

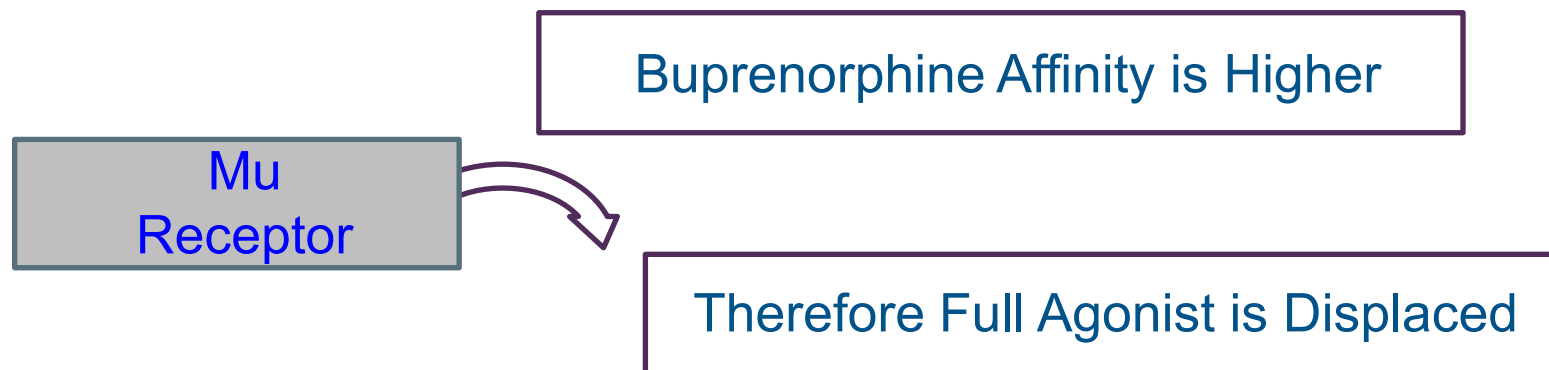
Agonist



How Does Buprenorphine Work?

AFFINITY is the strength with which a drug physically binds to a receptor

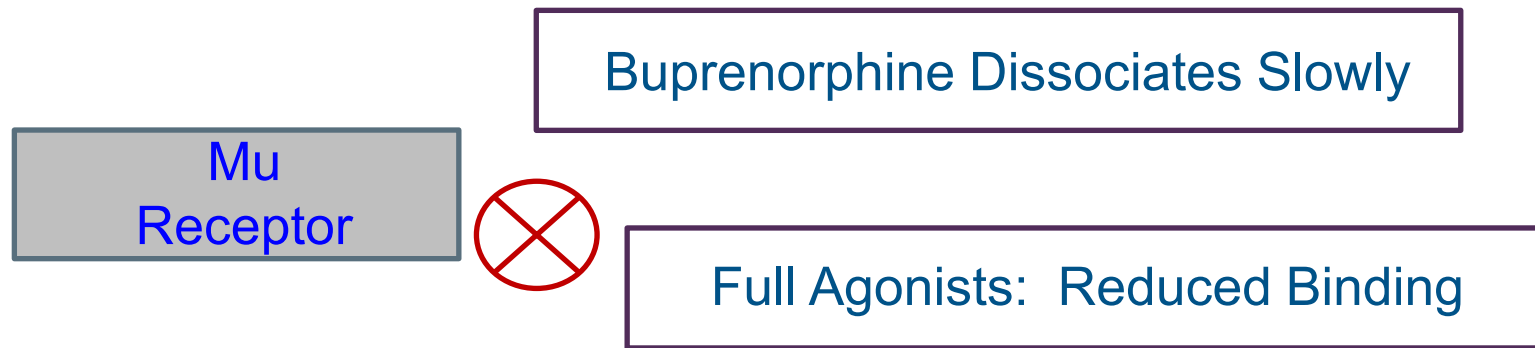
- Buprenorphine has strong affinity; will displace full mu receptor agonists like heroin and methadone
- Receptor binding strength (strong or weak), is NOT the same as receptor activation



How Does Buprenorphine Work?

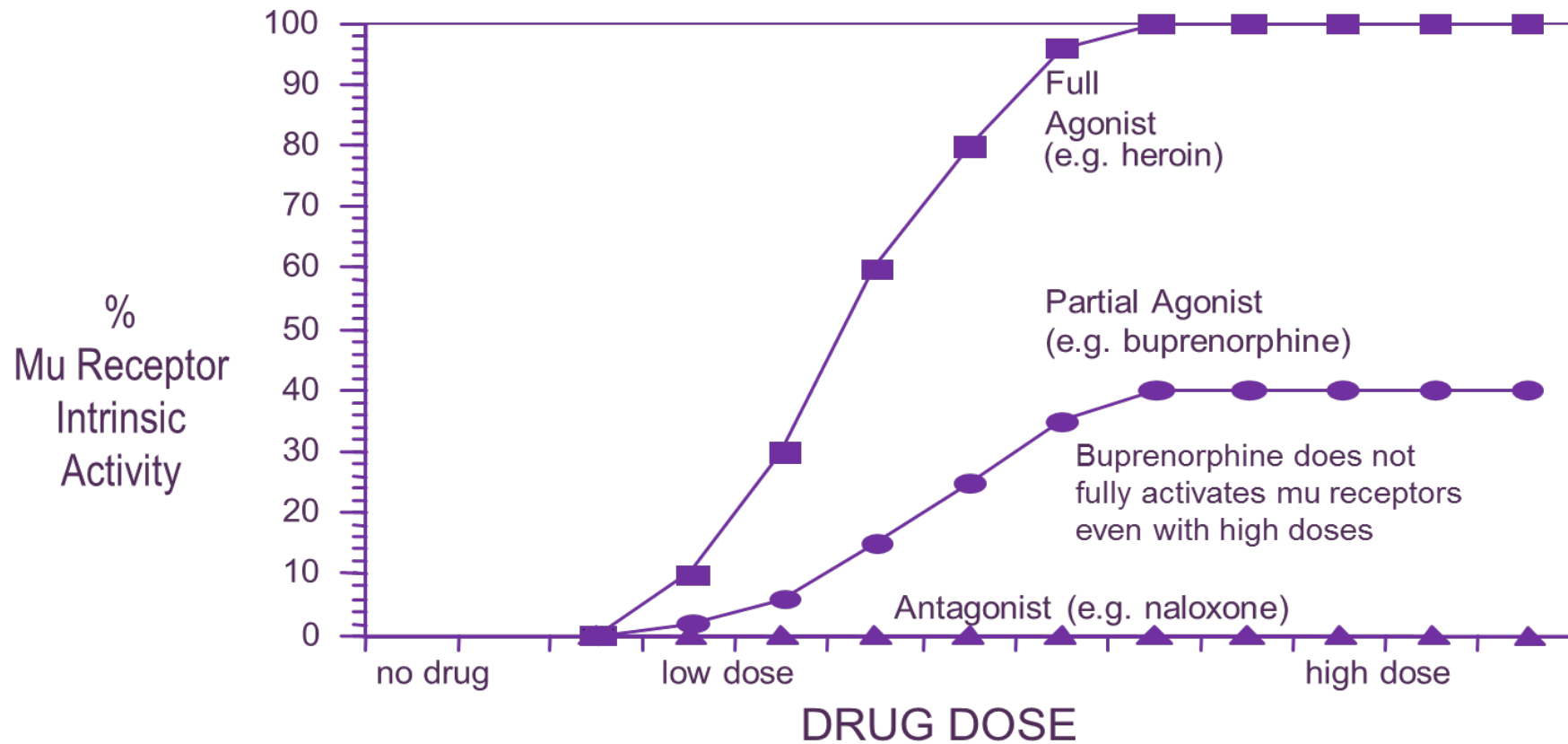
DISSOCIATION is the speed (slow or fast) of disengagement or uncoupling of a drug from the receptor

- Buprenorphine dissociates slowly



- Therefore buprenorphine stays on the receptor a long time and blocks heroin, methadone and other opioids from binding to those receptors

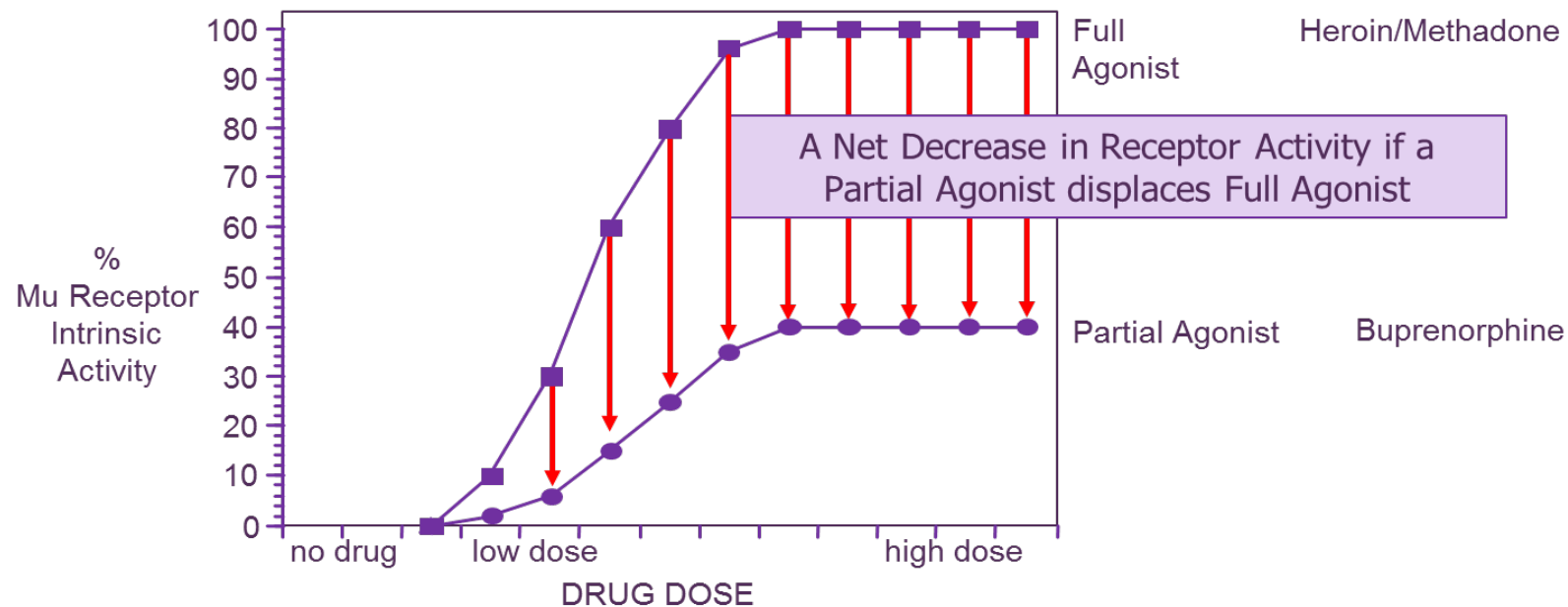
Buprenorphine is a Partial Agonist



Pharmacology of Full vs. Partial Agonists

Buprenorphine can precipitate withdrawal if it displaces a full agonist from the mu receptors

Buprenorphine only partially activates the receptors; therefore, a net decrease in activation occurs and withdrawal develops



How Does Buprenorphine Work?

Buprenorphine may reduce the effects of other opioids taken due to its high affinity for, and slow dissociation from, the mu receptor.

However, buprenorphine is unlikely to block *all* effects from an opioid taken after initiation of buprenorphine treatment.

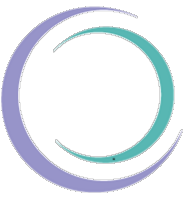
This is because the availability of mu receptors is a dynamic process; while effects may be less, they are not likely to be completely eliminated.

Buprenorphine & Pain Management

Pregnant and Laboring Women on Buprenorphine or Methadone should:

- Stay on same dose of medication during labor and delivery
- Same pain management regime as all other women having a NVD or c-section.
- Split dose of Buprenorphine/ Methadone (BID, TID, QID) can help for pain control.
- Encourage epidural/spinal-epidural, schedule NSAID/Tylenol postpartum
- Avoid nalbuphine [Nubain] or butorphanol [Stadol] – can precipitate withdrawal on buprenorphine
- Can breastfeed while taking Buprenorphine or Methadone (except if active drug use, or HIV)

Pregnant Woman with Opioid Use Disorder



National Institute on Drug Abuse Clinical Trials Network

Lead Node: University of Cincinnati

10 sites across the country

RCT Bup XL vs. Bup SL

Illicit opioid use

less severe NOWS (NAS).

Acknowledgments

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Thank you!



Connie Guille
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November 2, 2022

Perinatal Mood and Anxiety Disorders

Connie Guille, MD and Rubin Aujla, MD

CMEs and CEUs

MUSC designates this live activity for max of 1.0 *AMA PRA Category 1 Credit(s)*[™]MUSC will award 0.1 CEUs for this activity (1 contact hour = 0.1 CEU)

WEBSITE ADDRESS

<https://sctelehealth.org/services/pregnancy-wellness>



- **Mental health conditions are the most frequent underlying causes of pregnancy-related death (22.7%)**
 - **Mental health problems are the most common complication of pregnancy & childbirth (11,400 Pregnant Women in SC Annually)**
- 1) **Assist providers in developing the confidence and competence to screen, assess and manage mild, and mild-to-moderate mental health problems.**
 - 2) **Provide access to mental health and SUD treatment and resources**

Reduce Maternal Morbidity and Mortality

