Navigating Pregnancy and Substance Use with Care and Support

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Dr. Muzik has no relevant financial or nonfinancial relationships to disclose.

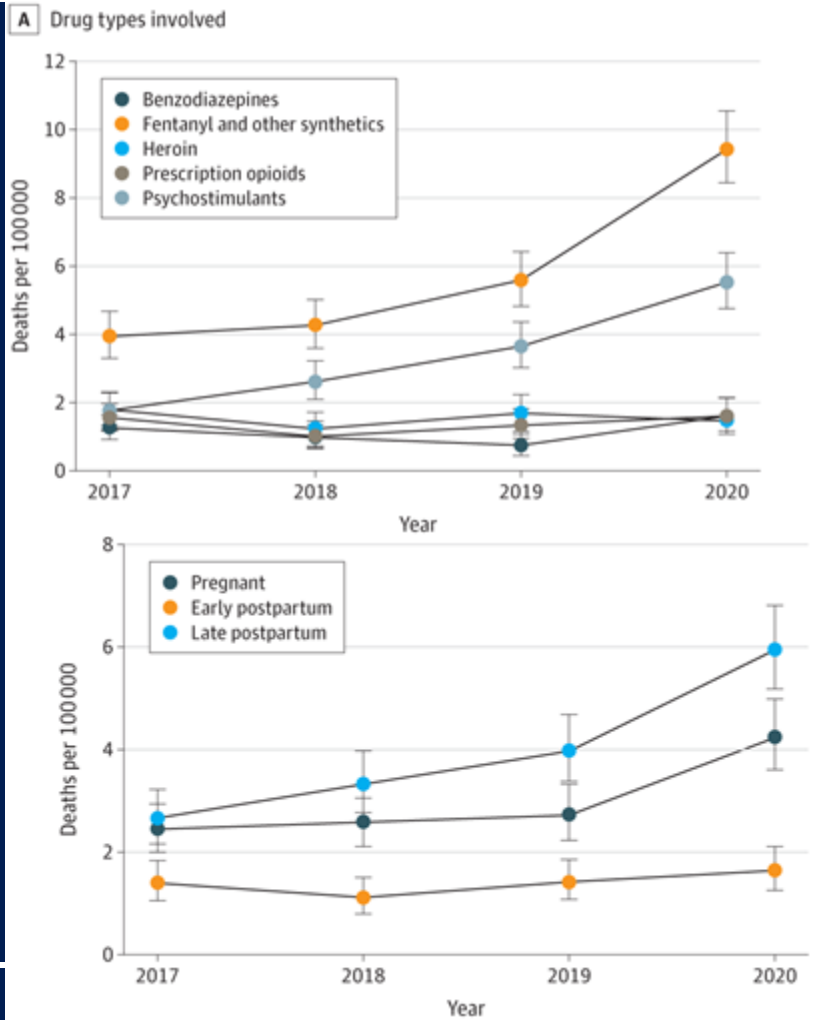
Alison's story

- Alison is late 30s, presents at 20 weeks gestation with 1st pregnancy
- Until 4 years ago she worked full time in a helping profession,
  " it was very stressful job"
- Reports lifetime h/o anxiety, depression, ADHD
- Reports history of multiple abusive relationships, IPV and trauma
- Polysubstance use for about 10 years
  - Initially occasional use of stimulants, cocaine and sedatives
  - in past 4 years escalated to cocaine use disorder, opioid use disorder
  - Overdoses in last year x3 (fentanyl); at last OD pregnancy discovered in ED

Opioid Crisis- Fentanyl

- Fentanyl is a powerful synthetic opioid that is 50x stronger than heroin and 100x stronger than morphine.
- Illicit fentanyl is often disguised and sold as heroin or other prescription opioids

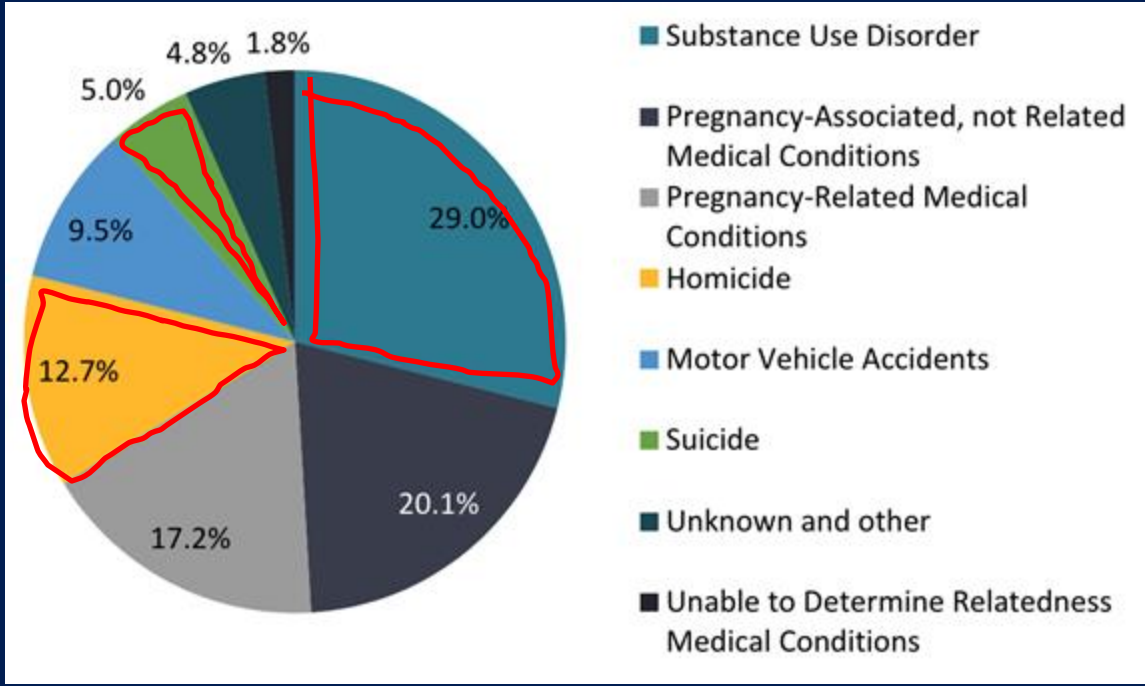
- From 2017 to 2020, large increases in pregnancy associated deaths involving fentanyl and other synthetics and psychostimulants (eg, methamphetamine, cocaine) were observed.



Bruzelius et al JAMA 2022

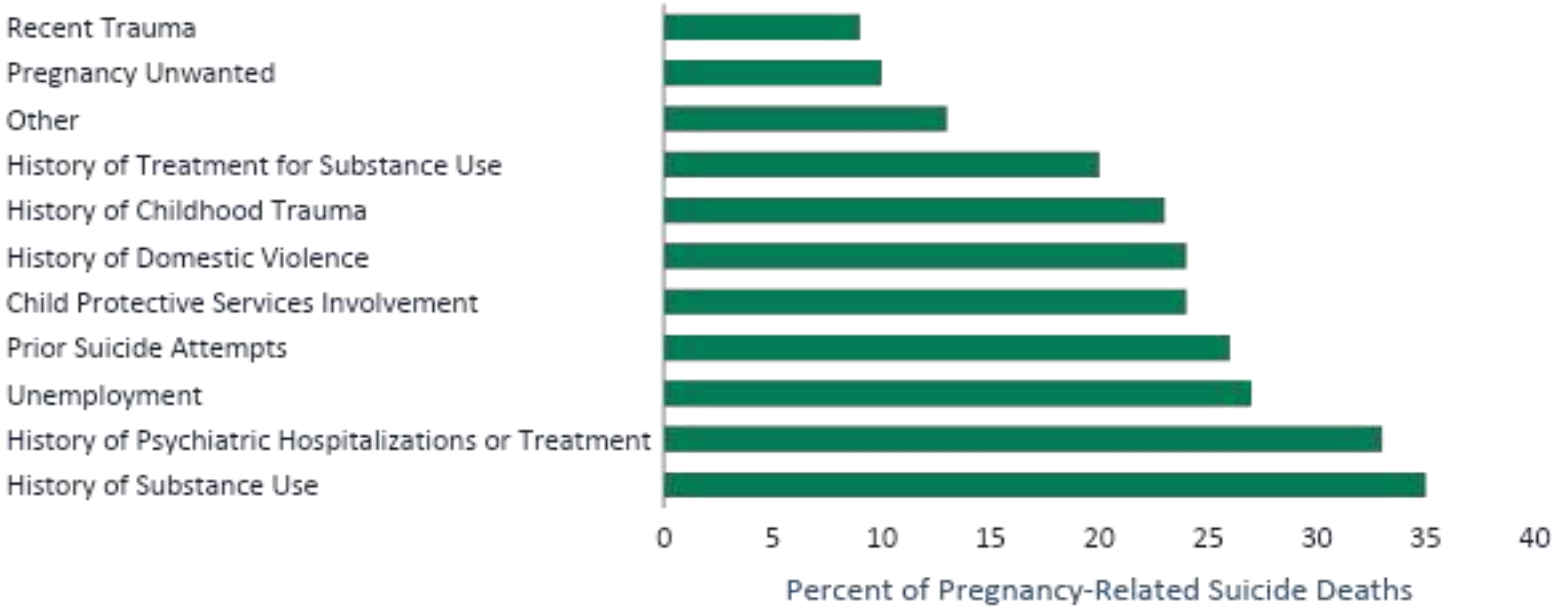
The #1 cause of pregnancy associated mortality

48%



CDC 2021, MDHHS 2023

Connection between suicide deaths and violence, trauma and substance use



66% of pregnancy-related suicide deaths had at least one life stressor/SUD documented

Trost SL, Beauregard JL, Smoots AN, Ko JY, Haight SC, Moore Simas TA, Byatt N, Madni SA, Goodman D. Preventing Pregnancy-Related Mental Health Deaths: Insights From 14 US Maternal Mortality Review Committees, 2008-17. Health Aff (Millwood). 2021 Oct;40(10):1551-1559. doi: 10.1377/hlthaff.2021.00615. PMID: 34606354.

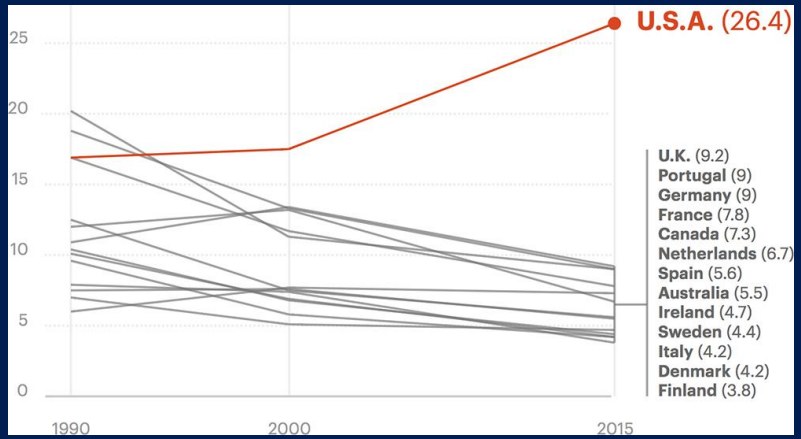
Substance Use

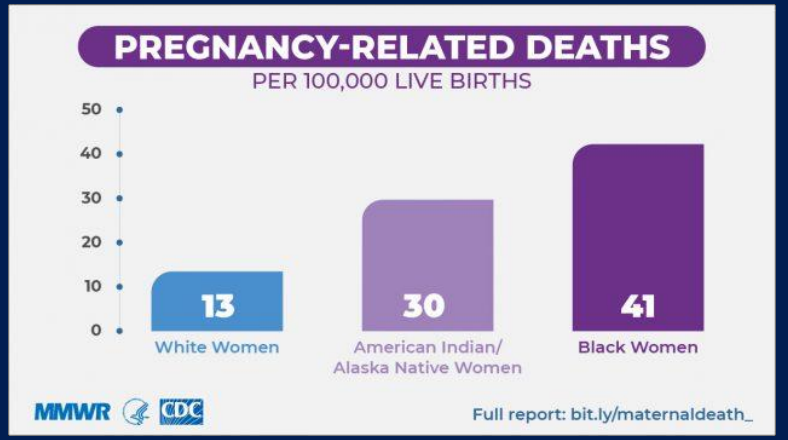
PTSD

Depression Anxiety

Trauma Violence

US Maternal mortality rates





National Vital Statistics System, (NVSS)

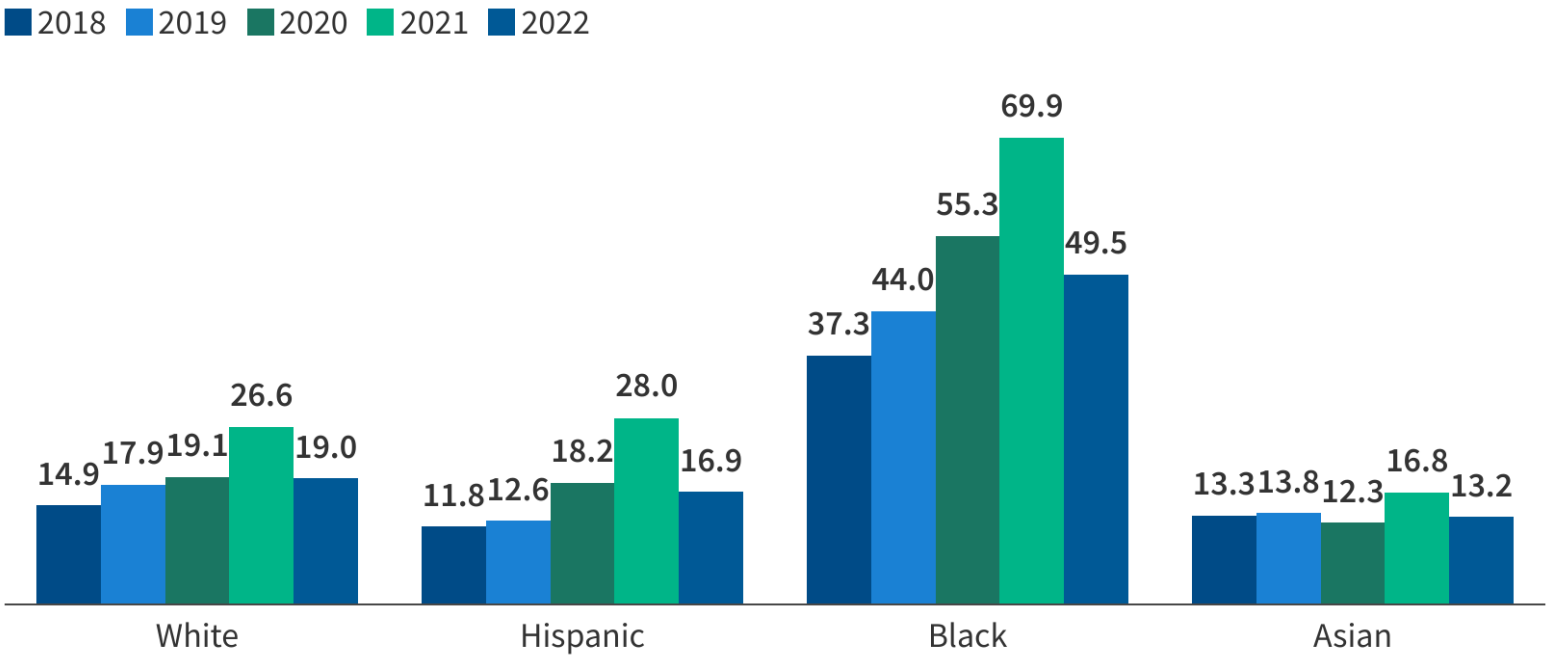
~700 women die each year during pregnancy or first year following pregnancy

U.S. ranks last among industrialized nations in maternal mortality

Women of color die at 3-4x the rate of White women

Figure 2

Maternal Mortality per 100,000 Births by Race and Ethnicity, 2018-2022



Note: Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. Other races are not shown due to small numbers. Maternal deaths are defined as deaths that occur while pregnant or within 42 days of being pregnant.

Source: Hoyert DL. Maternal mortality rates in the United States, 2022. NCHS Health E-Stats. 2024.

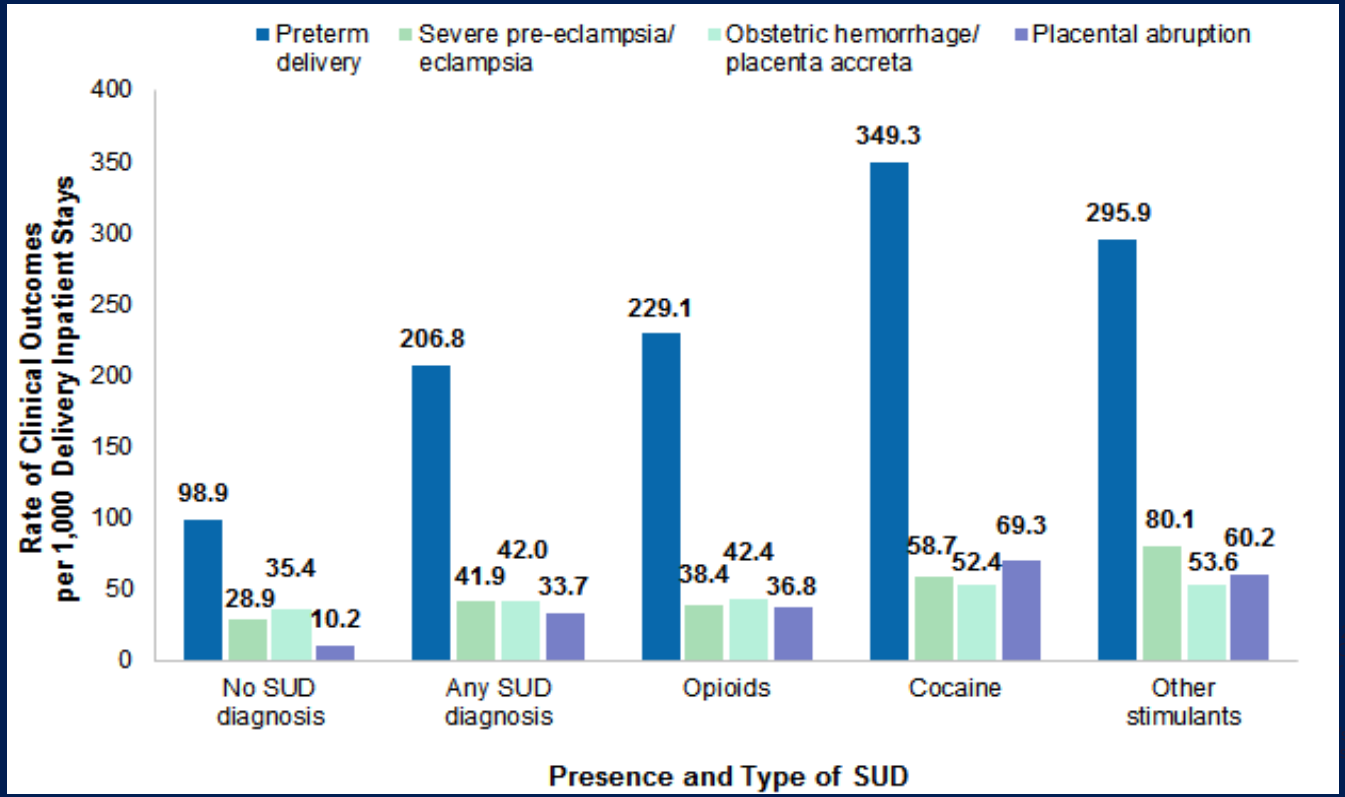
KFF

What are the effects of OUD/SUD on pregnancy?

- Lack of prenatal care
- Structural anomalies (e.g., stimulants, alcohol)
- Fetal growth restriction
- Abruption
- Preterm labor
- Neonatal Withdrawal
- Stillbirth
- Maternal overdose/death
- High-risk activities
- Co-occuring mental health conditions
- Disrupted social networks
- Polysubstance use

Adverse outcomes can be mitigated if care is provided.

Maternal Morbidity with SUD (data from 2016)



What can we do?

- **Engage** at-risk or using women in **welcoming prenatal care** that is shame-free, nurturing and multidisciplinary
- Provide **comprehensive, evidence-based** medical, psychological, social and spiritual care
  - Address **SDOH** needs
  - Support **breastfeeding**, **bonding & parenting**
  - Support healthy and **safe social networks**

Engage

Birthing people with OUD/SUD face unique challenges in the United States.

Criminalization of OUD/SUD

>25 states and Washington DC consider substance abuse in pregnancy child abuse.

Notion of fetal personhood.

Changes in abortion laws further legitimize criminalization of birthing people.

Reinforced stigma

Limits access to diagnosis and treatment in pregnancy.

In MI, clinicians are mandated to report suspected child abuse/neglect for symptoms of/suspicion of alcohol or a controlled substance in the newborn.

CDC 2021, Guttmacher 2023, Gressler 2019, Kavattur 2023

Birthing people with OUD/SUD face unique challenges in the United States.

"Contrary to claims that arresting and prosecuting pregnant people will encourage them to desist from substance use and thus improve maternal and fetal health, **fears of detection and punishment present a significant barrier to care, causing some people to delay or avoid prenatal care altogether. This creates a health risk,** since substance-using pregnant people who do receive prenatal care experience more positive birth outcomes and have more opportunities for other health-promoting interventions than those who do not receive care."

Kavattur 2023

What do you think is the #1 reason for birthing people with OUD/SUD not seeking *prenatal* care?

FEAR

#1 reason for not seeking prenatal care in birthing people using substances.

Schiff 2022

Welcoming Care

Guiding principles to inform care delivery

Words matter

Trauma-informed

Harm Reduction

Social Drivers of Health

The Seven Types of Stigma

TYPE 1	TYPE 2	TYPE 3	TYPE 4	TYPE 5	TYPE 6	TYPE 7
Public Stigma This happens when the public endorses negative stereotypes and prejudices, resulting in discrimination against people with mental health conditions.	**Self Stigma** Self-stigma happens when a person with mental illness or substance-use disorder internalizes public stigma.	**Perceived Stigma** Perceived stigma is the belief that others have negative beliefs about people with mental illness.	**Label Avoidance** This is when a person chooses not to seek mental health treatment to avoid being assigned a stigmatizing label. Label avoidance is one of the most harmful forms of stigma.	**Stigma by Association** Stigma by association occurs when the effects of stigma are extended to someone linked to a person with mental health difficulties. This type of stigma is also known as "courtesy stigma" and "associative stigma."	**Structural Stigma** Institutional policies or other societal structures that result in decreased opportunities for people with mental illness are considered structural stigma.	**Health Practitioner Stigma** This takes place any time a health professional allows stereotypes and prejudices about mental illness to negatively affect a patient's care.

Effects of Stigma

Increased morbidity

Reduced access to care

Poor quality of life

Delayed diagnosis

Words matter

Goal for language to be:

- Person-centered
- Gender neutral
- Treatment is done WITH patients, not TO them.
- Find the positivity!
  - Small wins
  - Tell stories of success and recovery

Motivational Interviewing Techniques-"OARS"

- **Open Questions**
  - How can I help you with ___?
  - Help me understand ___?
  - How would you like things to be different?
  - What do you want to do next?
- **Affirmations**
  - I appreciate that you are willing to meet with me today.
  - You are clearly a very resourceful person.
- **Reflective listening**
  - It sounds like you…
  - You're wondering if…
- **Summary reflections**
  - Let me see if I understand so far…
  - Here is what I've heard. Tell me if I've missed anything.
  - Is there anything you want to add or correct?

https://iod.unh.edu/sites/default/files/media/2021-10/motivational-interviewing-the-basics-oars.pdf

Motivational Interviewing: The Basics, OARS

(Adapted from handouts by David Rosengren and from Miller & Rollnick, Motivational Interviewing, 2nd Edition, *2002)*

TRY THIS

Instead of saying...
Now that you're pregnant you need to stop smoking.

Say... What do you think about your smoking now that you're pregnant?

Instead of saying...
If you loved your children you'd stop using.

Say... I know you love your children. What can we do to help you parent them the way you want to?

See SAMHSA's resources and guide.

Instead of saying...
You'll probably lose custody of this baby too.

Say... What was it like when you lost your child?

Harm reduction: shifts conversation from….

~~Get people to do the "right thing."~~

Get people to come back safely.

Harm Reduction

A practical approach to care for people engaging in behaviors that carry risk in a compassionate and life-saving manner. Harm reduction reduces stigma, promotes community, and supports the autonomy of individuals.

Perinatal Harm Reduction Toolkit; SAMSHA

- Incorporates a spectrum of strategies
- Meets people “where they are” but doesn’t leave them there
- Applies evidence-based interventions to reduce negative consequences:
    - **Medication for opioid use disorder (MOUD)**
    - Naloxone rescue kits
    - Syringe exchange programs
    - PrEP (Pre-exposure prophylaxis for HIV)
    - Fentanyl test strips
    - HEP C testing /HIV testing & education on prevention/treatment
- Works to elicit **ANY POSITIVE CHANGE** based on individual patient’s need, circumstance, and readiness to change

Social drivers of health

80%

Of health outcomes are driven by non-medical factors

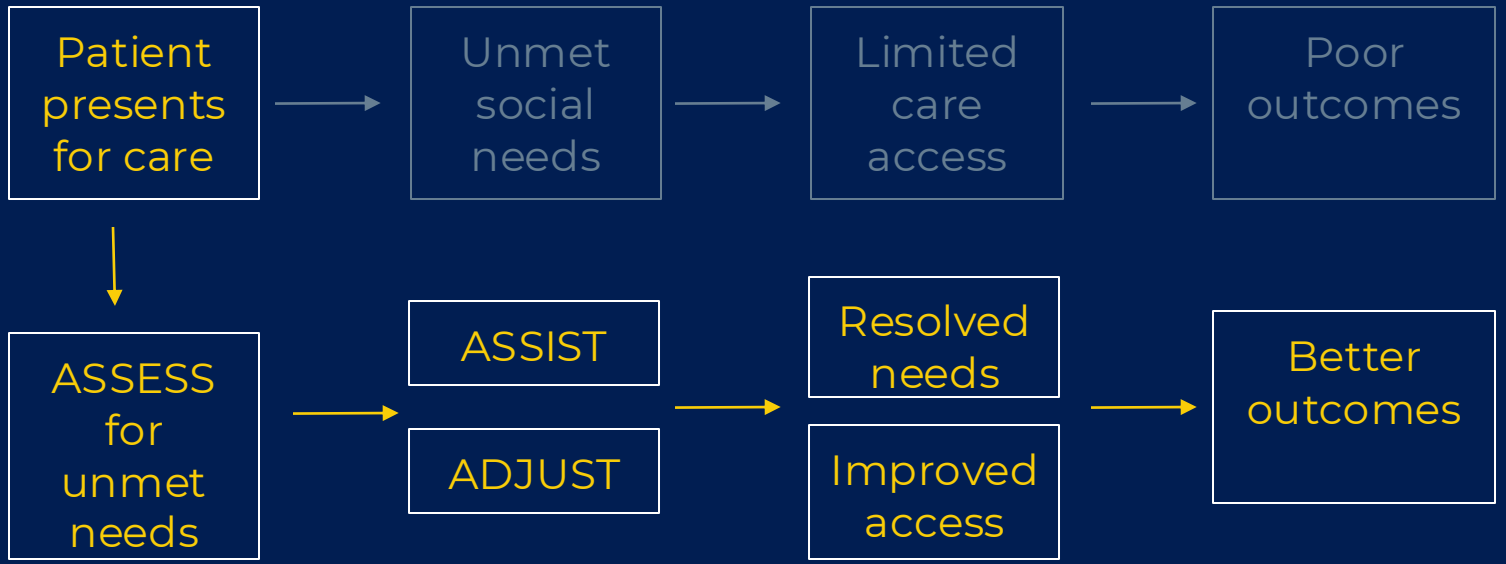
What happens outside of the office/hospital has a greater effect than any clinical care.

Commonwealth Fund, 2023

Social drivers of health

- Economic stability
- Education
- Health Care Access
- Neighborhood/Build Environment Safety
- Social/Community Context Social Support
- Housing
- Emotional Needs

Addressing SDoH improves access & outcomes



Social drivers of health

80%

of women seeking treatment for addiction report a history of physical/sexual assault/trauma

Women with SUD are

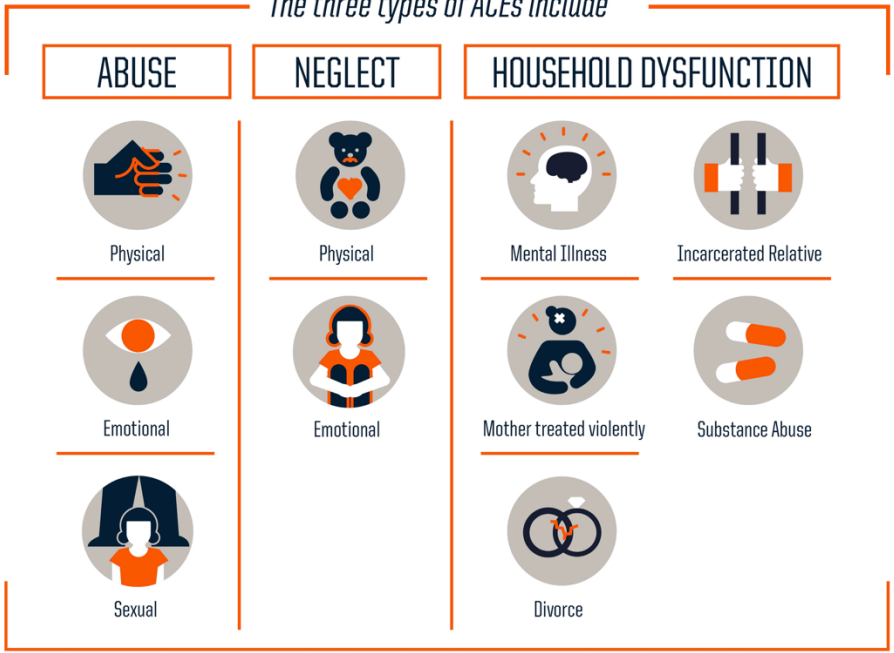
12x more likely

to experience PTSD

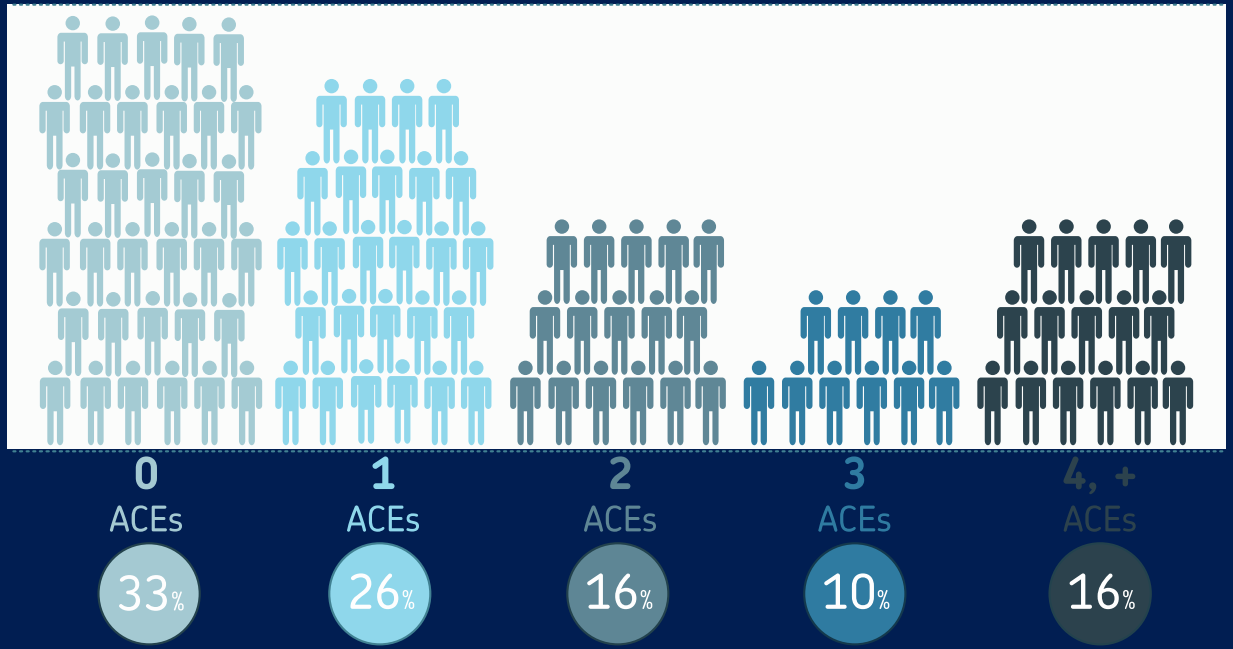
Adverse Childhood Experiences

ACE Study

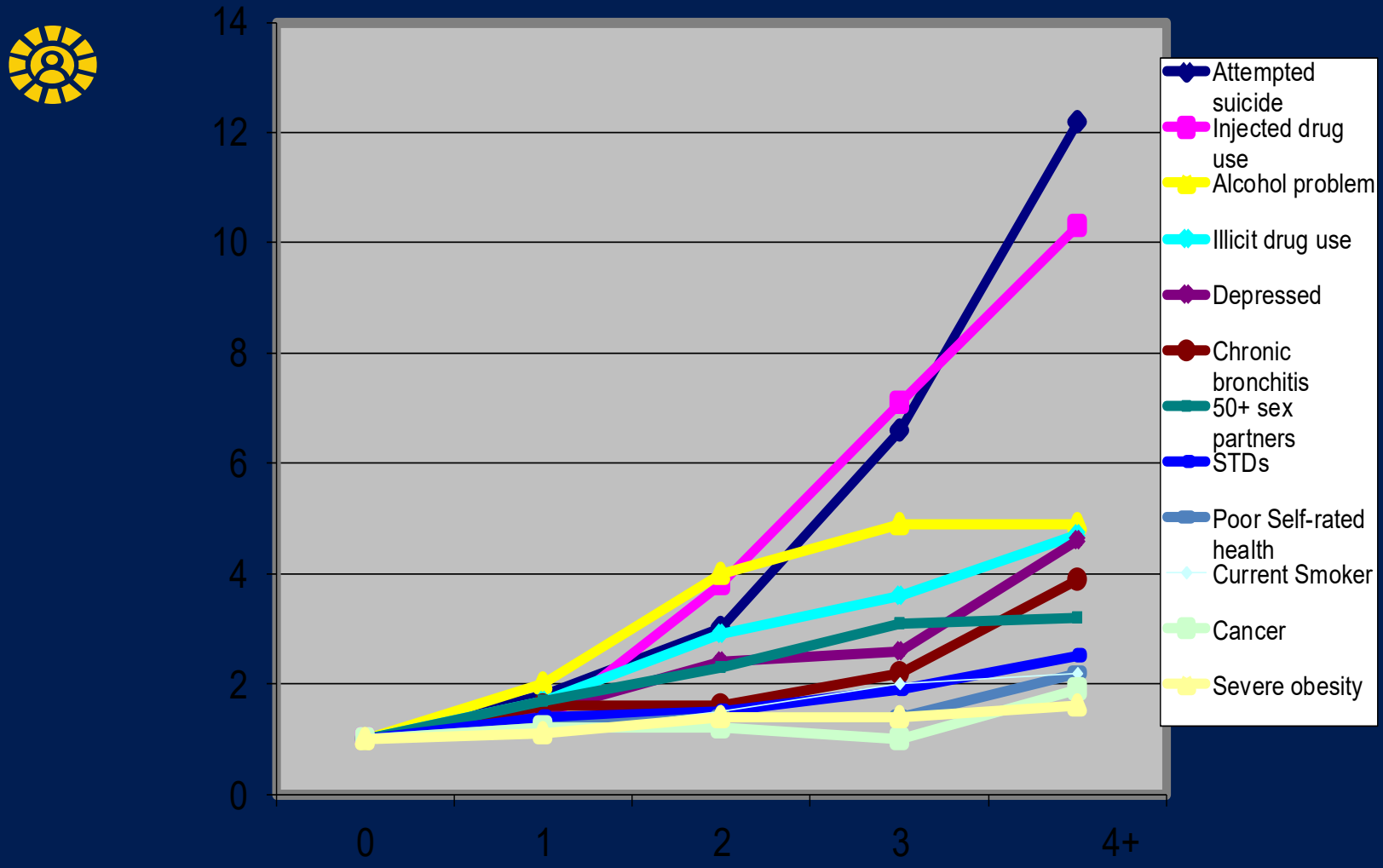
- Dr. Vincent Felliti & Dr. Robert Anda
- Study to examine how childhood events affect adult health
- 17000 participants
  - Middle class
  - Middle aged
  - 75% white
  - 40% with college degrees
  - all with jobs and good health care
- 10 Adverse Childhood Experiences (ACEs)



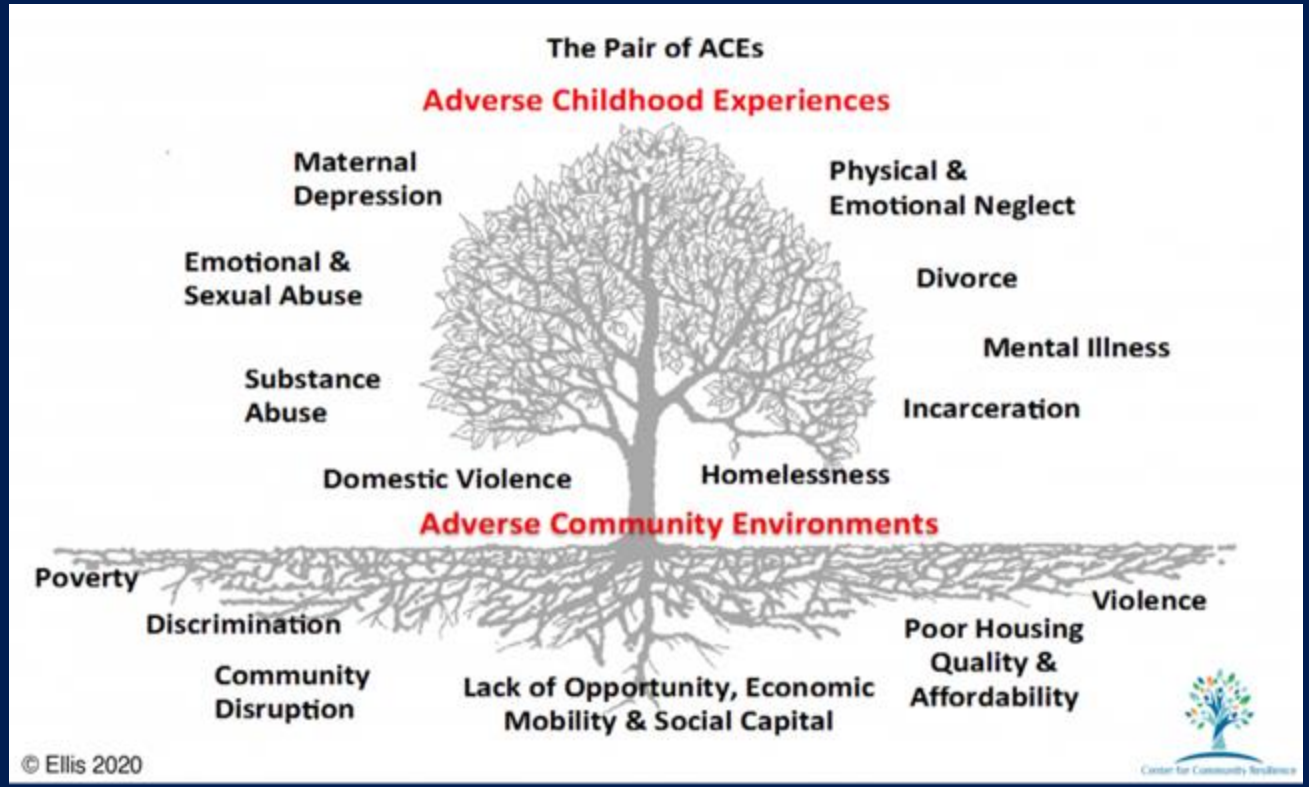
ACE Score = Number of ACE Categories



ACE Scores Reliably Predict Challenges During the Life Course


14
12
10
8
6
4
2
0
0
1
2
3
4+
Attempted suicide
Injected drug use
Alcohol problem
Illicit drug use
Depressed
Chronic bronchitis
50+ sex partners
STDs
Poor Self-rated health
Current Smoker
Cancer
Severe obesity

What are adverse experiences for many patients?

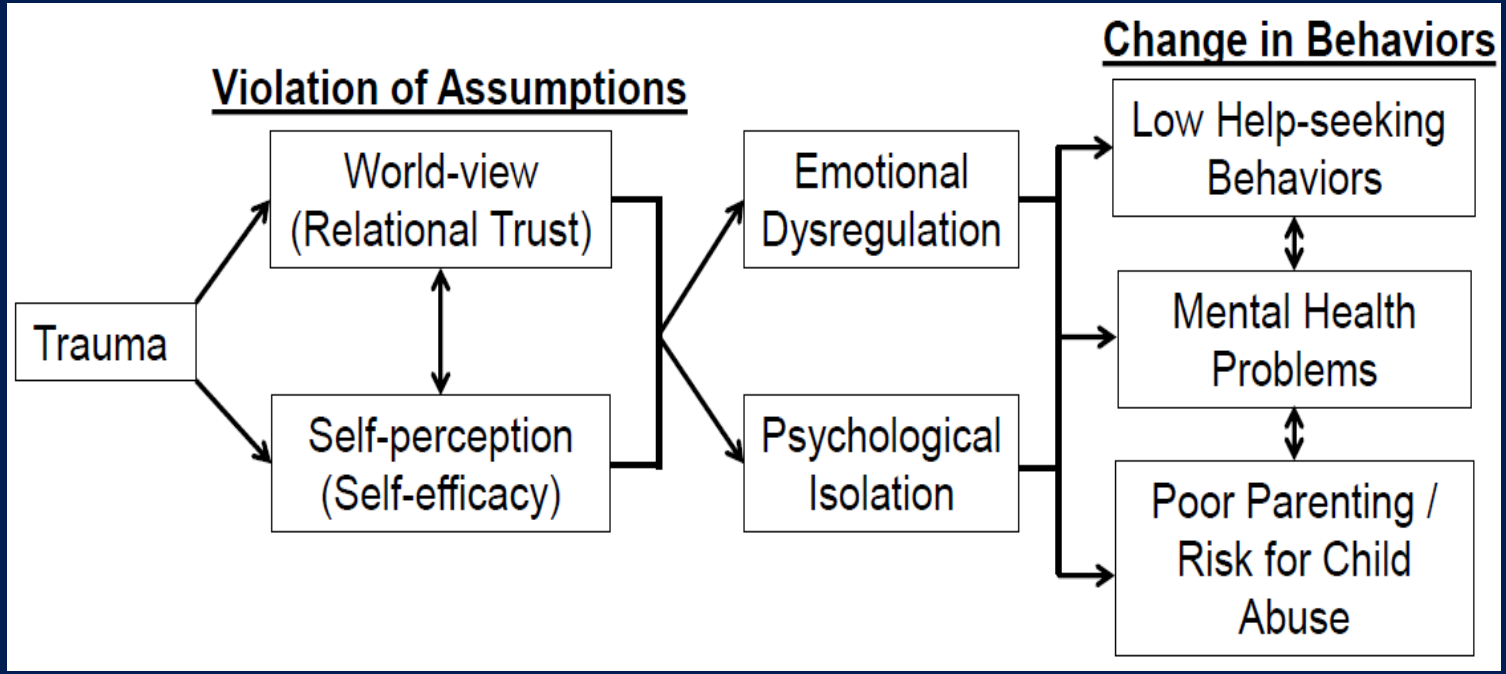


The Root Causes Go Deeper: Atrocious Cultural Experiences – the Original ACEs

"Original A.C.E.s" Atrocious Cultural Exp	Adverse Community Environments	ACEs
• Genocide • Slavery • Colonization • Forced family separations • Sanctioned attacks on individual's bodies • Removal of property/land •Denial of basic human rights	• Ableist policies and practices •Linguistic supremacy •Police violence • Mass incarceration • Disparities in preschool expulsion • Inequities in access to jobs and housing •Inequities in the child welfare system • Poverty	• Abuse Physical/Emotional/ Sexual • Neglect Physical/Emotional • Household dysfunction -Mental Illness -Incarcerated relative -Mother treated violently -Substance abuse - Divorce

(from Ghosh Ippen, C.M., Handbook of Infant Mental Health 4th Ed, 2019)

Trauma changes trust, functioning, and help seeking



Conceptual Framework on trauma and help-seeking
Based on Edna Foa, Mardi Horowitz, John Bowlby &
Liang, Goodman, Tummala-Narra, & Weintraub, 2005

Alison's story

- Reports history of childhood abuse and neglect (parents w/SUD)
- Reports multiple abusive relationships starting adolescence to adulthood
- Current IPV with FOB who is also a user
- Limited social network for support,
- Feels isolated, unstable housing
- Does not trust the system , feels ashamed, and worried about CPS
- prenatal care initiation at 20 weeks

Paradigm Shift
to appreciate the role
of trauma

Trauma Informed Care

Realize	Recognize	Respond	Resist Re- traumatizing
Trauma is widespread and influences recovery paths	Symptoms of trauma in patients and people caring for them	Fully integrate TIC into policy, procedure, and practice	Avoid perpetuating trauma
Staff education Identify traumatizing aspects of care “What happened to you?” NOT “What’s wrong with you?”	Screening (e.g., PTSD, ACEs) Provide staff support Information is not a privilege	Build safe physical environment Display trauma support resources Meet patients on equal footing	Include patients in care planning. Elicit patient concerns Acknowledge resilience

SAMSHA 2014

EB care

Evidence-based pregnancy care

- **Universal substance use screening**
- **IF doing Urine toxicology**
  - Tell pt you are doing it and why!
  - DO NOT "FIRE" patients for "unexpected" results
  - Review laws regarding Child Protective Service referrals
- **Mental health screening and treatment**
- **Infections**
  - Hepatitis C UNIVERSAL screening now recommended
    - Hepatitis A & B → if negative vaccinate!
  - HIV PCR (not just antibody) <u>if active substance use</u>
  - STIs (Gonorrhea/chlamydia)
- **Ultrasound**
  - Consider Detailed*
  - Consider 3T growth ultrasound*
  - Consider Antenatal testing*

Mental health in pregnancy and postpartum

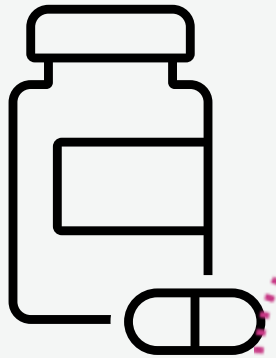
Number of births in US (2020): 3,613,647
https://www.cdc.gov/nchs/fastats/births.htm

common

• **Depression**	**15%-40%**
• **Anxiety**	**10-30%**
• **Postpartum Blues**	**50%-85%**
• **Bipolar/Psychosis**	**1-5%**
• **Trauma**	**20-25%**
• **PTSD**	**3-7%**
• **SUD**	**5%**

Opioid Use Disorder in Pregnancy

- Standard treatment for OUD in pregnancy:
  - **Methadone** – long-acting opioid agonist
  - **Buprenorphine –** partial opioid agonist
  - **Naltrexone**



- Detoxification results in a high risk of relapse increasing the risk of opioid overdose and severe morbidity and maternal death

- 50-90% of opioid exposed pregnancies → Neonatal Opioid Withdrawal Syndrome (**NOWS**)

Harsh Chalana et al. "A Double-Blind, Placebo-Controlled, Randomized Study Comparing Quetiapine with Placebo, along with Oral Naltrexone, in the Treatment of Opioid Dependent Patients" Journal of Evolution of Medical and Dental Sciences 2015; Vol. 4, Issue 53, July 02; Page: 9158-9167, DOI: 10.14260/jemds/2015/1331

Tobacco use and NOWS

- MOUD dose does **NOT** correlate with risk of NOWS
- Light versus heavy smoking **DOES** correlate with risk of NOWS
  - Focus on smoking cessation
  - Not decreasing MOUD dose

Methadone dose and neonatal abstinence syndrome—systematic review and meta-analysis

Brian J. Cleary[1,2,3], Jean Donnelly[1], Judith Strawbridge[2], Paul J. Gallagher[3], Tom Fahey[4], Mike Clarke[5,6] & Deirdre J. Murphy[1,3]

Does Maternal Buprenorphine Dose Affect Severity or Incidence of Neonatal Abstinence Syndrome?

Jacqueline Wong, MD, Barry Saver, MD, MPH, James M. Scanlan, PhD, Louis Paul Gianutsos, MD, MPH, Yachana Bhakta, BS, James Walsh, MD, Abigail Plawman, MD, David Sapienza, MD, and Vania Rudolf, MD, MPH

Prenatal Buprenorphine Versus Methadone Exposure and Neonatal Outcomes: Systematic Review and Meta-Analysis

Susan B. Brogly*, Kelley A. Saia, Alexander Y. Walley, Haomo M. Du, and Paola Sebastiani

Neonatal abstinence syndrome in methadone-exposed infants is altered by level of prenatal tobacco exposure

Robin E. Choo[a], Marilyn A. Huestis[a], Jennifer R. Schroeder[b], Angela S. Shin[a], Hendrée E. Jones[c,d,*]

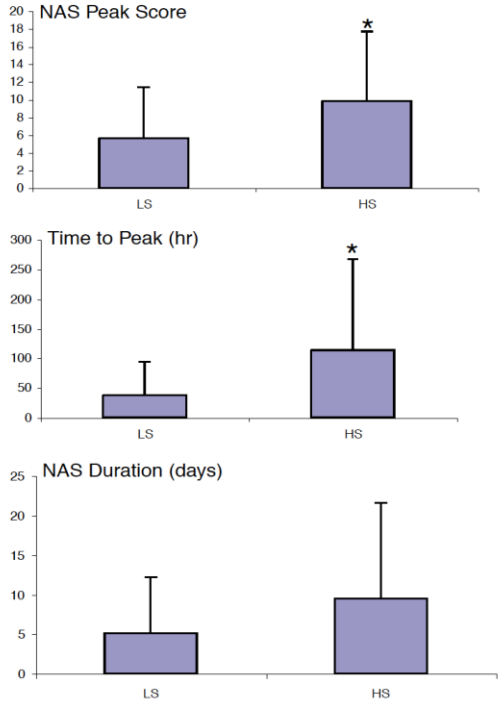


Fig. 1. Neonatal abstinence syndrome (NAS) parameters for neonates of light (LS) and heavy (HS) smokers. The upper panel shows peak scores, the middle panel shows time to peak and the lower panel shows syndrome duration. (*) $P \leq 0.05$.

Resources for Smoking Cessation

- Referral to “Quitt Lines”
- CM
- NRT
- Bupropion
- varenicline

Education about Opioid Overdose

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

Accidental Poisoning or Drug Overdose During Pregnancy

Accidental poisoning or drug overdose is the leading cause of pregnancy-associated death in Michigan. Understanding the risks of drug use during pregnancy and how to prevent overdoses can help prevent these deaths. This handout will:

- Define pregnancy-associated death
- Explain other leading causes of pregnancy-associated death in Michigan
- Explain the rise of opioid-affected births in Michigan and how to prevent opioid overdose during pregnancy

What is pregnancy-associated death?

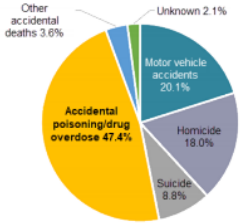
Pregnancy associated death is dying while pregnant or within 1 year of the end of a pregnancy due to a cause unrelated to pregnancy.

What causes pregnancy-associated death?

The most common cause of pregnancy-associated injury deaths in Michigan is accidental poisoning/drug overdose (45 out of 100 or 45%).

What are the other causes of Pregnancy-Associated Deaths in Michigan?

This chart shows the causes of pregnancy-associated deaths in Michigan and their percentages from 2011-2016. Accidental poisoning/drug overdose is the leading cause of death (47 out of 100), followed by motor vehicle accidents (20 out of 100), homicide (18 out of 100) and suicide (9 out of 100).



Opioids and pregnancy

- Opioid-affected births have quadrupled (increased by 4) over the last 10 years, to 6.5 affected out of 1000 births.
- Opioid use in pregnancy increases the risk of maternal death (death of the mother) and increases the risk of life-threatening health issues.

How can an opioid overdose be stopped?

Naloxone (Narcan, *Evzio®) is a drug (nasal spray) that temporarily reverses the dangerous effects of an opioid overdose. It stops an overdose caused by opioid pain medication, methadone, buprenorphine or heroin. It helps a person to breathe again and wakes them up. The images here only show what Naloxone looks like. Visit the resources below to learn how to give Naloxone.

Where can I learn more?

- People at risk for overdose and their families can learn to spot an overdose and save a life. Scan this QR code with a smartphone to view a video on how to give Naloxone during an opioid overdose, or visit: https://tinyurl.com/ukyjj3z.
- A step-by-step guide for giving Narcan can be found here: http://michmed.org/rnw59.

Eat, Sleep, Console (ESC)

https://www.umwomenshealth.org/conditions-treatments/eat-sleep-console-program

Grisham, Lisa M. NNP-BC; Stephen, Meryl M. CCRN; Coykendall, Mary R. RNC-NIC; Kane, Maureen F. NNP-BC; Maurer, Jocelyn A. RNC-NIC; Bader, Mohammed Y. MD Eat, Sleep, Console Approac
Advances in Neonatal Care: April 2019

Partnering for the Future (PFF) Program

Located in Ann Arbor, MI and housed within Michigan Medicine's Von Voigtlander Women's Hospital

It is a clinic specifically designed for pregnant patients with:

- Opioid Use Disorder
- Substance Use Disorder
- Chronic pain with long-term opioid use

PFF offers a safe place for patients to tell their story and help get the best care for individuals and their families during and after their pregnancy.

PFF Care Options:

Our clinic meets patients with OUD/SUD/Chronic Pain where they are through 3 key approaches.

Consultation

Our team works directly with the patient to build a perinatal care plan. We share the plan and supporting materials with you!

Co-Management

Are you an obstetric provider who needs help managing MOUD? An addiction medicine provider looking for prenatal services for patients with OUD/SUD? We can co-manage patients with you!

Referral

PFF can provide comprehensive clinical care for patients during the perinatal period and up to 1 year postpartum.

PFF Clinic

Clinical Care

Research

Education

Engagement

The PFF Comprehensive Care Model

1. **What?** Integrated care for birthing people with OUD/SUD/Chronic Pain
2. **Who?** Multidisciplinary team
3. **Where?** All together in a co-located, integrated clinic
4. **When?** Every week with lots of contact between visits

Our Clinical Team

Core Team

- Ob/Gyn
- Addiction Medicine
- Perinatal Psychiatry
- Social Work- BHC
- Program Coordinator
- Peer Recovery Specialist

Supporting Team

- Anesthesiology
- Physical Therapy
- Pediatrics
- Nursing
- Addiction Consult Team

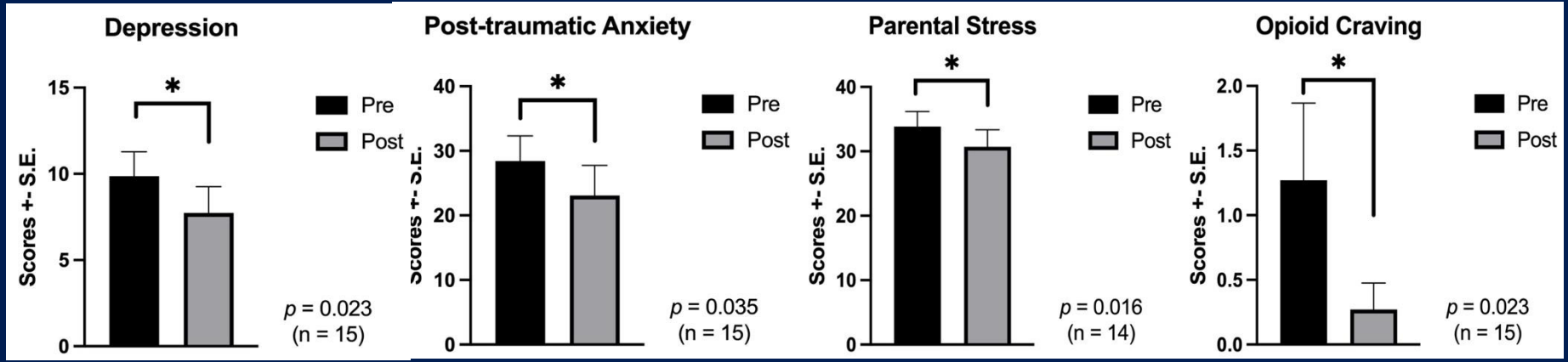
MOM POWER

- EB-intervention for moms with trauma and mental health issues
- Multigenerational therapy that strengthens positive caregiving relationships
- 12-weeks, 13-session theory-driven treatment
- Led by licensed therapist
- Integrated mental health and parenting curriculum

Mom Power is Theory-Driven

- Attachment Theory
- Relationship Focused (Infant Mental Health)
- Diversity Informed Practice
- Trauma Informed Care
- Cognitive Behavioral Theory (CBT)
- Dialectical Behavioral Theory (DBT)
- Motivational Interviewing (MI)
- Interpersonal Psychotherapy
- Using nature metaphors to discuss complex concepts – ***"The Tree"***
- Goal is to enhance Reflective Capacity & Empathy

MP-OUD reduces depression, PTSD, parenting stress, and craving



NIDA DA053688
Postpartum Intervention for Mothers with Opioid Use Disorders - Brain-Behavior Mechanisms

Recovery is a

PROCESS

not a singular event

Be Trauma Informed !

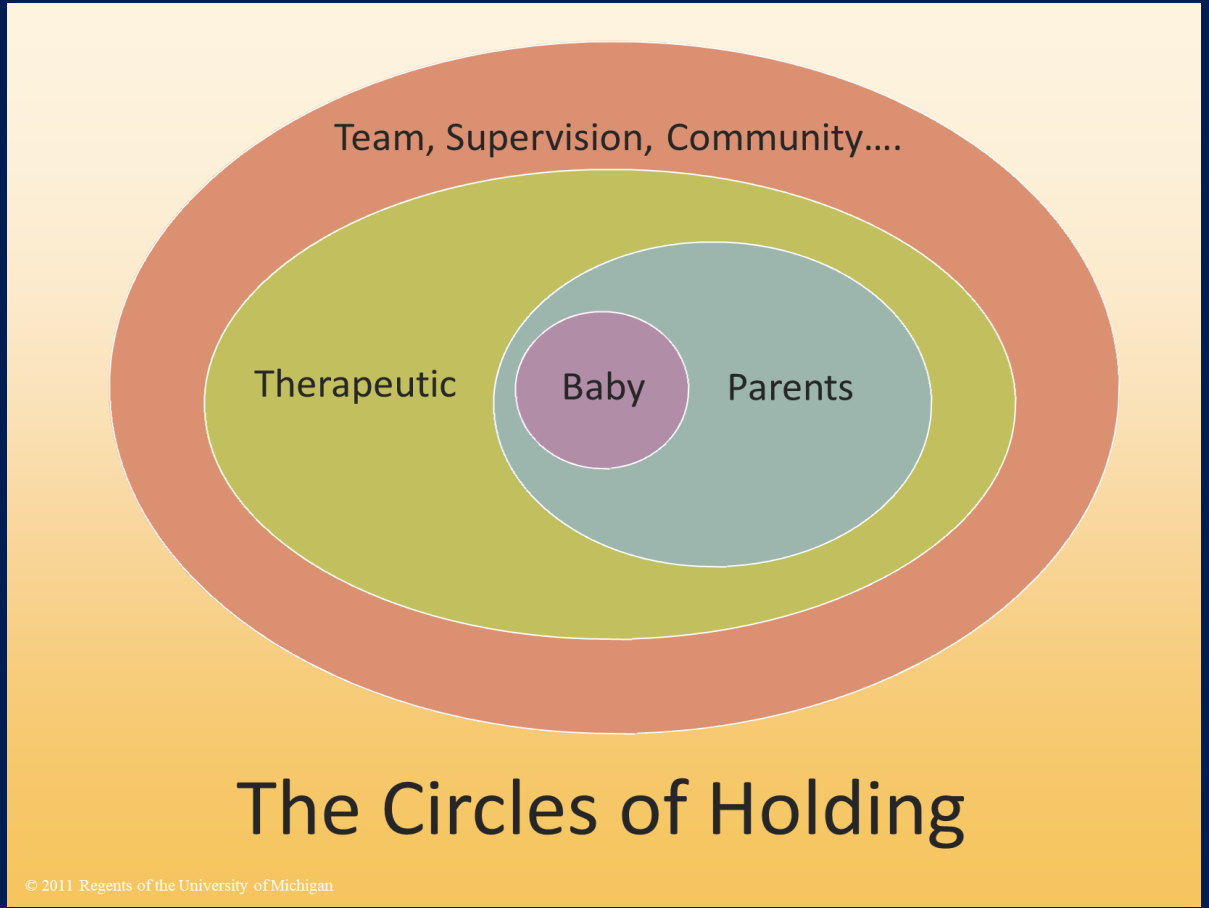
- Understand Trauma is common
- Create Safety
- Trustworthiness and Dependability
- Collaboration and Empowerment
- Compassion & Empathy
- Self-care to prevent burn-out

Be....

- Kind
- Respectful
- Supportive
- Caring
- Empathetic

"Do unto others as you would have others do unto others."

Jeree H. Pawl
1986



Thank you.

Questions?

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