Opioid Use Disorder in the Perinatal Population: Reviewing Evidence-Based Care Models and Best Practices

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Camden, New Jersey
Disclosure Information

◆ Presenter 1: Kaitlan Baston
  No Disclosures

◆ Presenter 2: Valerie Ganetsky
  No Disclosures

◆ Presenter 3: Iris Jones
  No Disclosures

◆ Presenter 4: Lindsay Wilson
  No Disclosures
Non-Clinical Disclosures

◆ Land Acknowledgment: Being a virtual conference we are all on stolen land of many tribes. The speakers are presenting from original land of the Lenape tribe. - https://native-land.ca/

◆ Gender - transmen/gender non-binary/gender fluid folks can become pregnant
Learning Objectives

1. Describe best practices for treatment of substance use disorder (SUD) during the perinatal period.

2. Describe lessons learned from a comprehensive program for perinatal substance use.

1. Describe existing disparities in perinatal substance use screening and treatment and ways to mitigate disparities.

2. Conduct a systems-based analysis of each participant's own health care system to identify strengths and barriers for creating a successful comprehensive perinatal substance use treatment program.
Workshop Outline

1. Introductions

1. Rapid fire informational component (Pecha Kucha method)
   a. Overview of current best practice models for perinatal SUD treatment
   b. Addressing disparities in care
   c. Review of Cooper EMPOWR Program model
   d. Lessons learned

1. Interactive interdisciplinary panel discussion

1. Small group SWOT analysis activity
Introductions

Who we are

What we do

Cooper Center for Healing

EMPOWR Program
Empowering Mothers to Parent & Overcome with Resilience

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Best Practice Models

Valerie Ganetsky, PharmD, MSc

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Current state of perinatal substance use treatment

50% of pregnant women with OUD receive medication\textsuperscript{1,2}

25-30% of facilities offer programs for pregnant/parenting women\textsuperscript{3,4}

What does comprehensive care look like?

- Interdisciplinary team
  - Addiction provider, OB/GYN, pediatrics, social work, mental health providers
- Medications for opioid use disorder (MOUD)
- Mental health treatment and support
- Family planning services
- Parenting education and support
- Trauma-informed care
- Linkage to social services
- Prenatal and postpartum care
  - Neonatal opioid withdrawal syndrome counseling, breastfeeding support

Models of care for perinatal substance use: Overview

Office-based opioid treatment
Integrated prenatal care & MOUD
Coordinated care
One-stop-shop
Patient navigation

# Models of care for perinatal substance use: Best practices\(^5,6\)

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<th>Care coordination</th>
<th>Quality of care</th>
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<td>Co-location of services (OB/GYN, pediatrics, mental healthcare)</td>
<td>Interprofessional collaboration</td>
<td>Group visits</td>
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<td>Providing transportation, childcare</td>
<td>Referrals to health and social services</td>
<td>Non-judgemental care</td>
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<td>Education on pregnancy &amp; parenting</td>
<td>Communication about patients’ medical/social needs and priorities</td>
<td>Trusting patient-provider relationships</td>
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Models of care for perinatal substance use: Outcomes$^{6-8}$

- Higher retention rates
- Decreased substance use
- Improved perinatal/birth outcomes
- Increased patient satisfaction

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Understanding Racial Disparities

Iris Jones, LPC, LCADC, NCC, CCS

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Racial Disparities Exist

Significant racial disparities exist in access, treatment retention, screening, testing and reporting to child welfare.
Ferguson vs. City of Charleston\(^9\)

Medical University of South Carolina

- Testing women *suspected* of cocaine use.
- Reporting the results to law enforcement officials.
- 30 women were arrested, 29 were black.
- Later, the policy was amended so those patients who tested positive were given a choice between being arrested and receiving drug treatment.

Disparities in Treatment Access\textsuperscript{10,11}

White Americans are 35x more likely to be prescribed buprenorphine than Black Americans.

The dominant use of buprenorphine to treat whites occurred at the same time opioid overdose deaths were rising faster for blacks than for whites.


There are racial and ethnic disparities in the use of MOUD during pregnancy.

Large population-level sample cohort study of 5247 women with OUD who delivered a live infant — black non-Hispanic and Hispanic women were significantly less likely to receive MOUD.
A 2007 study of 8,487 women found that African American women and their newborns were 1.5x more likely than others to be tested for substances, even though they were no more likely to have a positive result.

Researchers found that 15.4% of white women and 14.1% of African American women used drugs during pregnancy, but African American women were 10x more likely to be reported to the authorities.

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LAST WEEK in this city, Greater Southeast Community Hospital released a 7-week-old baby to her homeless, drug-addicted mother even though the child was at severe risk of pulmonary arrest. The hospital’s explanation: “Because [the mother] demanded that the baby be released.”

The hospital provided the mother with an apnea monitor to warn her if the baby stopped breathing while asleep, and trained her in CPR. But on the very first night, the mother went out drinking and left the child at a friend’s house—without the monitor. Within seven hours, the baby was dead. Like Dooney Waters, the 60-year-old living in his mother’s drug den, whose shocking story was reported in The Washington Post last week, this child was all but abandoned by the authorities.

Cooper EMPOWR Program

Kaitlan Baston, MD MSc DFASAM
Lindsay Wilson, LPN

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• 635 bed tertiary care, level 1 trauma center
• Academic teaching health system:
  GME: 350 residents
  UME: Cooper Medical School of Rowan University
• ED >82,000 visits annually
• 5-15 overdoses a day
• Approximately 64 endocarditis cases per quarter
• >2000 deliveries per year
EMPOWR: Perinatal SUD Program

The Cooper Center for Healing EMPOWR Program
Empowering Mothers to Parent and Overcome with Resilience

- Addiction Care
- Mother & Infant Medical Treatment
- Medication Coverage
- Emergency Housing
- Behavioral Health
- Collaborative Care
- Transportation
- Essential Baby Items
- Innovative Neonatal Withdrawal Treatment

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Group Medical Visit Model

Once Weekly 2 Hour Group with Medical Visits:

- Up to 20 women + children
- Therapist led psychoeducation
- Peer Support
- Navigator, Nurse, Pharmacist support
- 26-week education curriculum
- Physician medical visits
- Med Ed: fellows, residents, students
- Baby items, clothes, food available

Low Barrier Access

Low Barrier: Walk-In Access, Expanded Hours, Community Center Philosophy

Integrated Behavioral Health: Group therapy, family therapy, trauma therapy, EMDR

Group Medical Visits

Nurse Care & Protocols

Medical Assistant Visits

Creative Wellness Initiative

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Social Determinants of Health

Services Offered

- Comprehensive Medical Care
- Medication for Addiction Treatment
- Individual, Group, & Family Therapy
- Medication Cost Coverage
- Emergency Housing Support
- Transportation Assistance
- Care Coordination
- Peer Recovery Support
- Essential Baby Items

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Results of Our Program

High retention rates: 78 % - 6 months, 66% - 1 year, 48 % - 2 years

Nearly 90% of all urine tox results were negative for non-prescribed opioids

Those enrolled after initiation of comprehensive wraparound services = lower hazard of program disengagement

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Final Takeaways/Summary/Lessons Learned

- Universal screening and standardized policies combat bias and racial disparities in testing and reporting
- Pregnant/parenting women need comprehensive treatment services to match the complexity and unique challenges of treating SUD in this population
- Integrated Behavioral, Addiction, and Perinatal Medical Care is ideal
- Addressing SDOH and minimizing gaps in care improves outcomes
- Evidence-based comprehensive models increase retention rates, decrease substance use, improve perinatal/birth outcomes and increase patient satisfaction
References

4. Hadland SE, Jent VA, Alinsky RH, Marshall BDL, Mauro PM, Cerda M. Substance use disorder treatment facilities with programs for special populations. Subst Abuse Treat. 2020;110:9-17