

# Tackling Opiate Addiction through Collaborative Care

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# OhioHealth Physician Group Heritage College Obstetrics and Gynecology

- 1 of 2 OB/GYN practices in Athens, Ohio
- Serve a five-county region with a diverse patient population
- 8 provider group
  - 5 physicians and 1 CNP care for pregnant women
- 700 deliveries at year at OhioHealth O’Bleness Hospital
- Pediatric support limited to a level 1 nursery





# *Emergence of a Problem*

# National Data

- 2010 National Survey on Drug Use and Health
  - An estimated 4.4% of pregnant women reported illicit drug use in the past 30 days<sup>1</sup>
- 0.1% of pregnant women were estimated to have used heroin in the past 30 days<sup>2</sup>
- 1% reported nonmedical use of opioid-containing pain medication<sup>2</sup>

1. Substance Abuse and Mental Health Services Administration. Results from the 2010 National Survey on Drug Use and Health: summary of national findings. NSDUH Series H-41, HHS Publication No. (SMA) 11-4658. Rockville (MD): SAHMSA; 2011.

2. Azadi A, Dildy GA 3rd. Universal screening for substance abuse at the time of parturition. Am J Obstet Gynecol 2008; 198:e30-2.



Those babies  
spent an  
average of  
**16 days**  
in the hospital



of the babies  
are on  
**Medicaid**

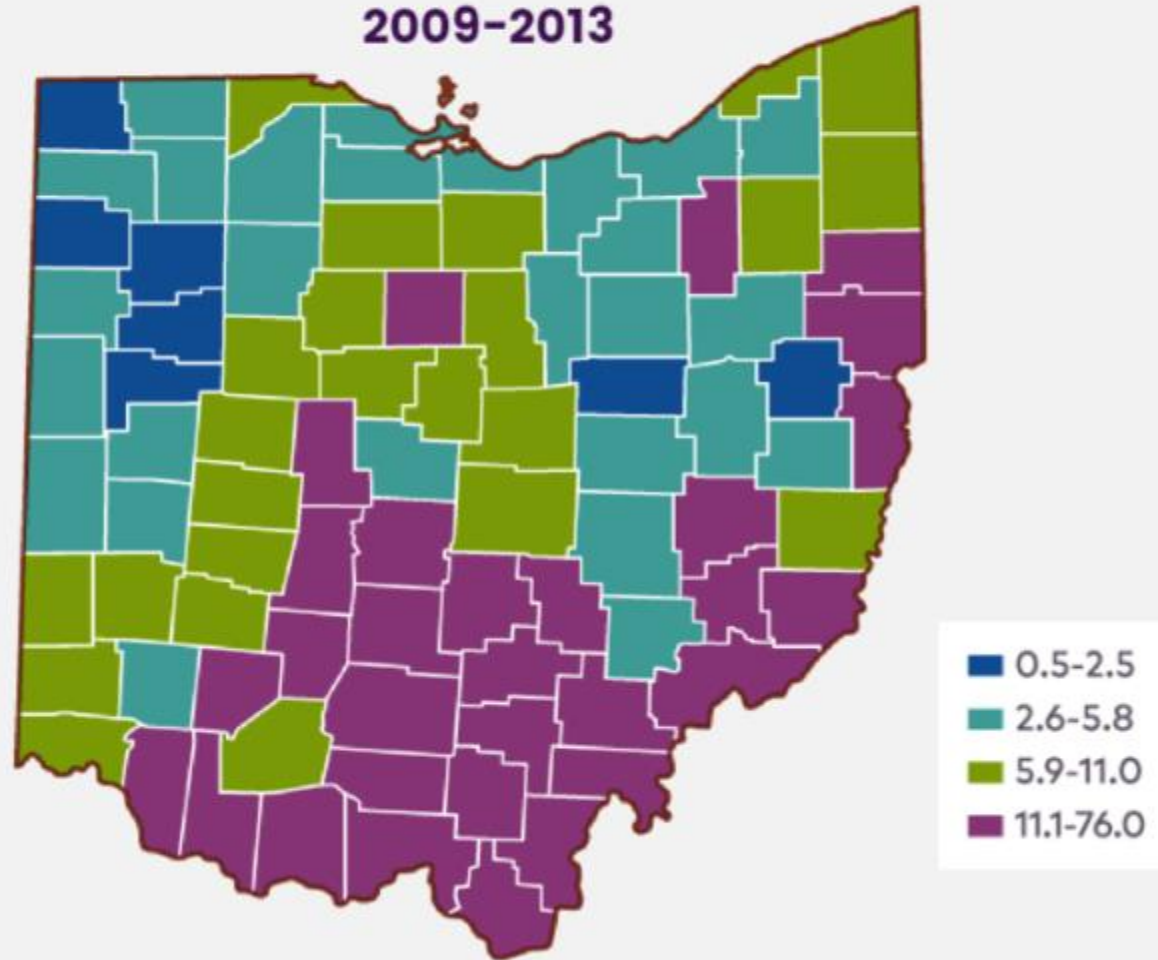


And they cost the  
health system,  
on average,  
**\$56K+**  
each

# Discharge rates for neonatal abstinence syndrome per 1,000 live births

(Five-year weighted average)

2009-2013



SOURCE: Ohio Mental Health and Addiction Services



*Routine Prenatal Care Recommendations*

# Screening for Drug Use

- Recommend screening at initial visit and periodically through pregnancy
- Screening Tools
- Objective Screening





# Evaluate for Physical Signs of Drug Abuse

- Dermatologic
- Eyes, ear, nose, and throat
- Mouth
- Cardiovascular
- Respiratory
- Musculoskeletal & extremities
- Chest/breasts
- Pelvic Exam



# Risk Factors for Substance Abuse

- Young, unmarried, lower educational achievement
- Late initiation of care
- Multiple missed prenatal visits
- Impaired work or school or work performance
- Sudden behavior change
- High risk sexual behaviors
- Encounters with law enforcement
- Partner that is a substance abuser
- Relational problems, unstable home environment
- Past poor obstetrical history
- Involvement of CPS
- Health problems associated with drug use
- Poor dentition
- Poor weight gain
- Diagnosis of mental health disorder
- Family history of substance abuse



# Risk Factors of Opioid Abuse

- Placenta abruption
- Fetal death
- Uterine infection
- Fetal growth restriction
- Preeclampsia
- Premature delivery
- Premature rupture of membranes
- Poor placental function
- Miscarriage
- Postpartum hemorrhage



# General Principles of Prenatal Care

- Combining treatment of substance abuse with comprehensive prenatal care may reduce risks of complications
  - Counsel about risks
  - Encourage opioid-substitution therapies
  - Identify complicating factors



# Prenatal Care

- Assess for fetal growth restriction
- Perform antepartum surveillance for routine indications
- Plan for pain management
- Encourage breastfeeding



# Opioid-Substitution Therapy

- Methadone or buprenorphine?



# Benefits of Methadone

- Reduces illegal use
- Removes from drug-seeking environment
- Decreases illegal behaviors
- Prevents fluctuation of drug level
- Reduces maternal morbidity & mortality
- Improvement in nutrition/birth weight
- Enhances home stability
- Reduced frequency of obstetric complications

Alcohol and other drug treatment guidelines for pregnant, substance-using women. In: Treatment Improvement Protocol Series 2: Pregnant, Substance - abusing Women, Mitchell JL (Ed), Center for Substance Abuse Treatment, Rockville, MD 1995.



# Advantages of Buprenorphine

- Lower risk of overdose
- Fewer drug interactions
- Outpatient treatment
- Less severe neonatal withdrawal
- Fewer side effects
- May lead to lower risk of poor pregnancy outcomes





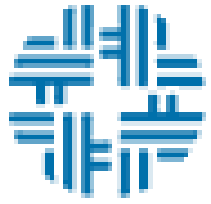
# Misconceptions in Treatment of Pain

- Maintenance buprenorphine provides analgesia
- Use of opioids for analgesia may result in relapse
- Complaints of pain are drug seeking behaviors





*Identification of a Crisis*



**OhioHealth**  
BELIEVE IN WE™



**University  
Medical  
Associates**



**OHIO**  
UNIVERSITY



**Heritage  
College of  
Osteopathic  
Medicine**



*Health Recovery Services*

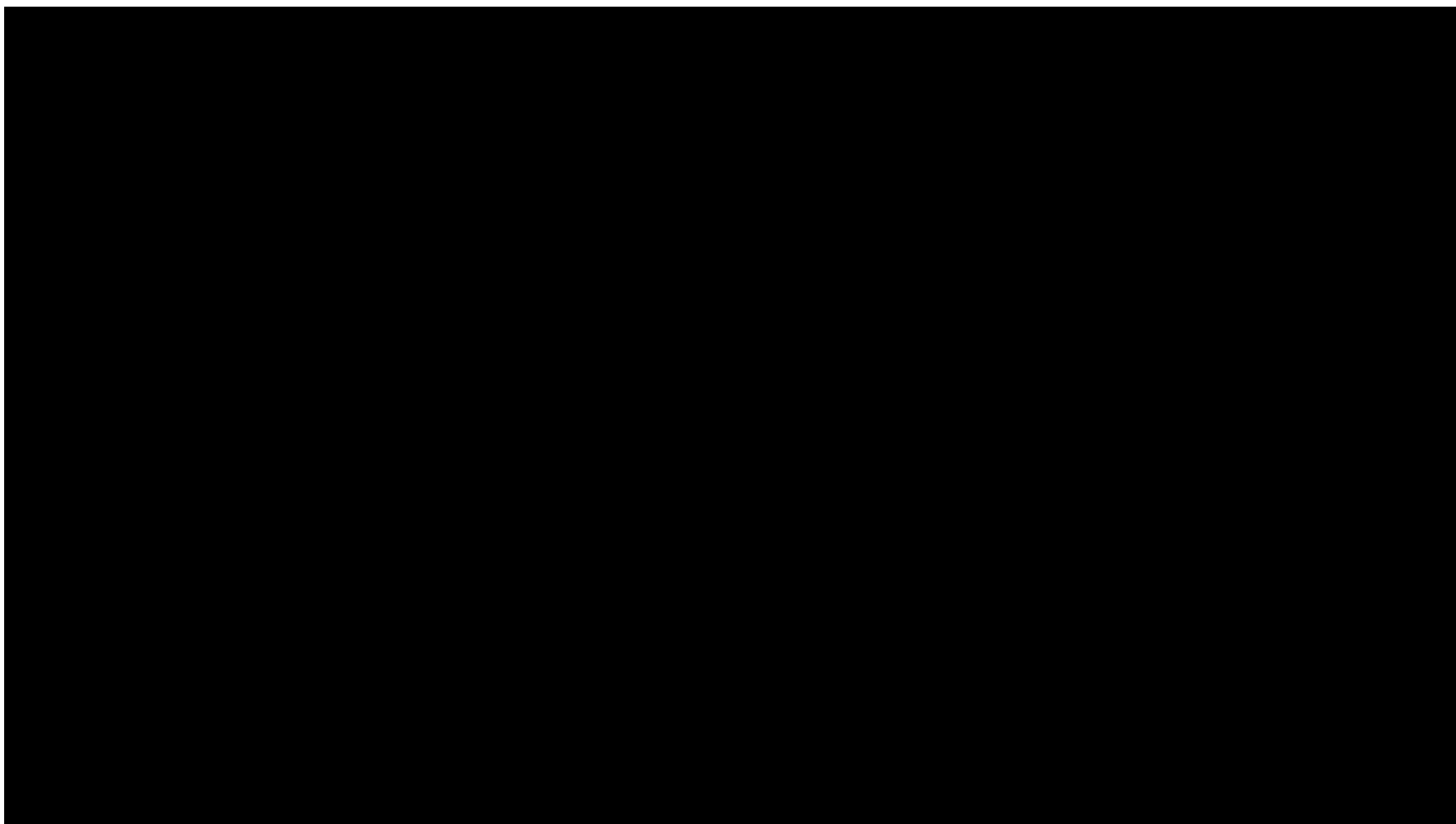


**CARE LEADS HERE**

# The Ohio MOMS Project

- Aimed to improve the health of mothers and newborns and reduce the cost of extended hospital stays for babies born with NAS
- Allowed for expansion of services





**CARE LEADS HERE**

# Wrap-Around Services

- High risk obstetrical care
- Medication Assisted Treatment (MAT) for opiate addiction
- Embedded counselors
- Family navigation
- Improved communication with O'Bleness Birth Center
- Breastfeeding education
- Pediatric Services and follow-up
- Post-partum care and access to family planning services post-delivery



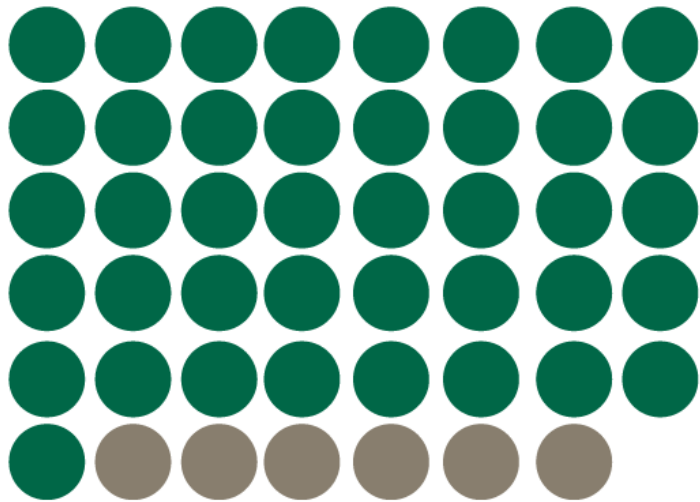


*A Positive Impact?*

# High-Risk Pregnancies

Served by the Family Navigator Program

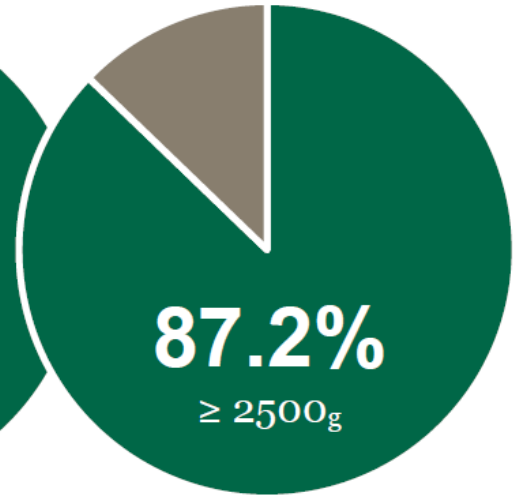
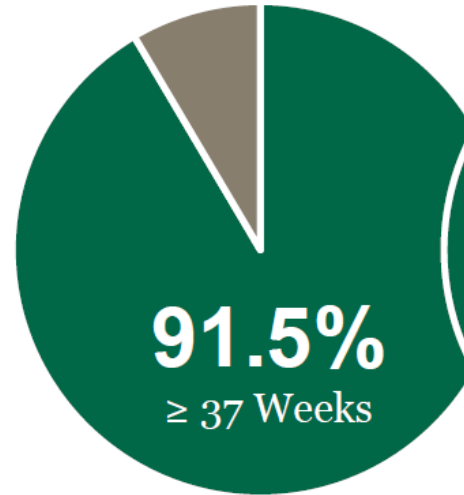
**47** Single births to high-risk women with addiction



August 2014 – August 2016

**87%**

Babies met all outcomes for healthy birth





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*Next Steps*

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*Questions?*

# References

- Berghella, V, Seligman, NS, Cleary, BJ. Buprenorphine substitution treatment of opioid use disorder during pregnancy. In: UpToDate, Barrs, VA(Ed), UpToDate, Waltham, MA, 2017.
- Chang, G. Overview of substance misuse in pregnant women. In: UpToDate, Eckler, K(Ed), UpToDate, Waltham, 2017.
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