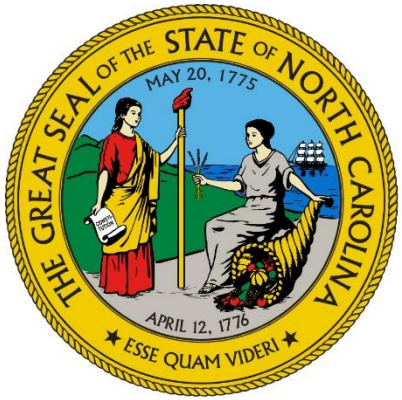


NC Department of Health and Human Services

Perinatal Substance Use

Melissa L. Godwin, LCSW
UNC CH School of Social Work

August 28, 2020

What Women in North Carolina Say

"I would have appreciated more help to stop smoking during my pregnancy. I don't think doctors emphasize that enough."

"As a result of my drinking I became pregnant."

"I am HIV positive." (reason for not breastfeeding)

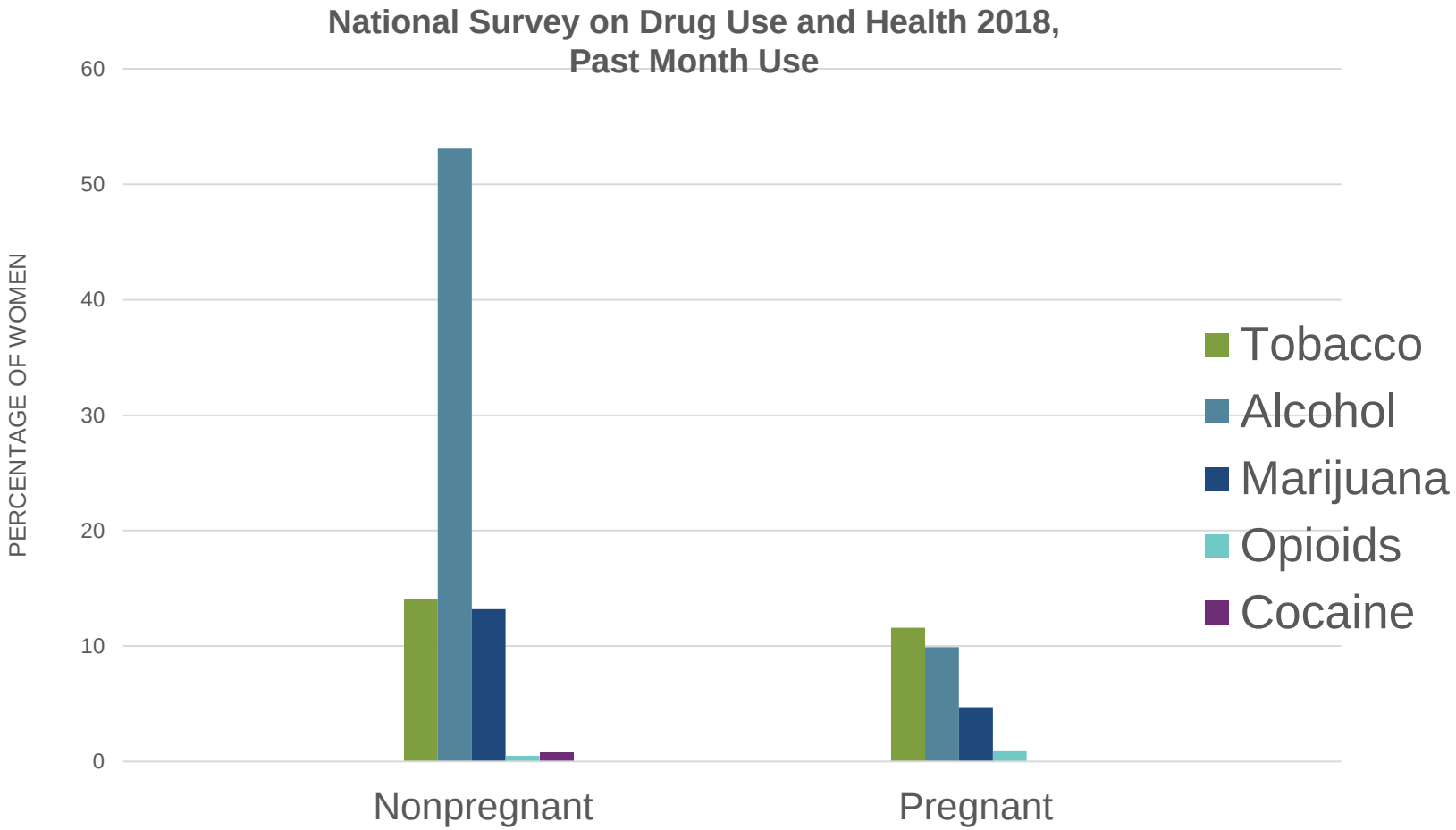
"I feel that people who have private insurance are treated better than people who have Medicaid."

"I was on crack cocaine about a year before I got pregnant and up until I found out I was pregnant, when I was three months. I have been sober ever since."

"It is an old saying if you drink soda all the time it is good to drink 1 glass or small bottle of wine or beer to flush out your kidney. I was always told that."

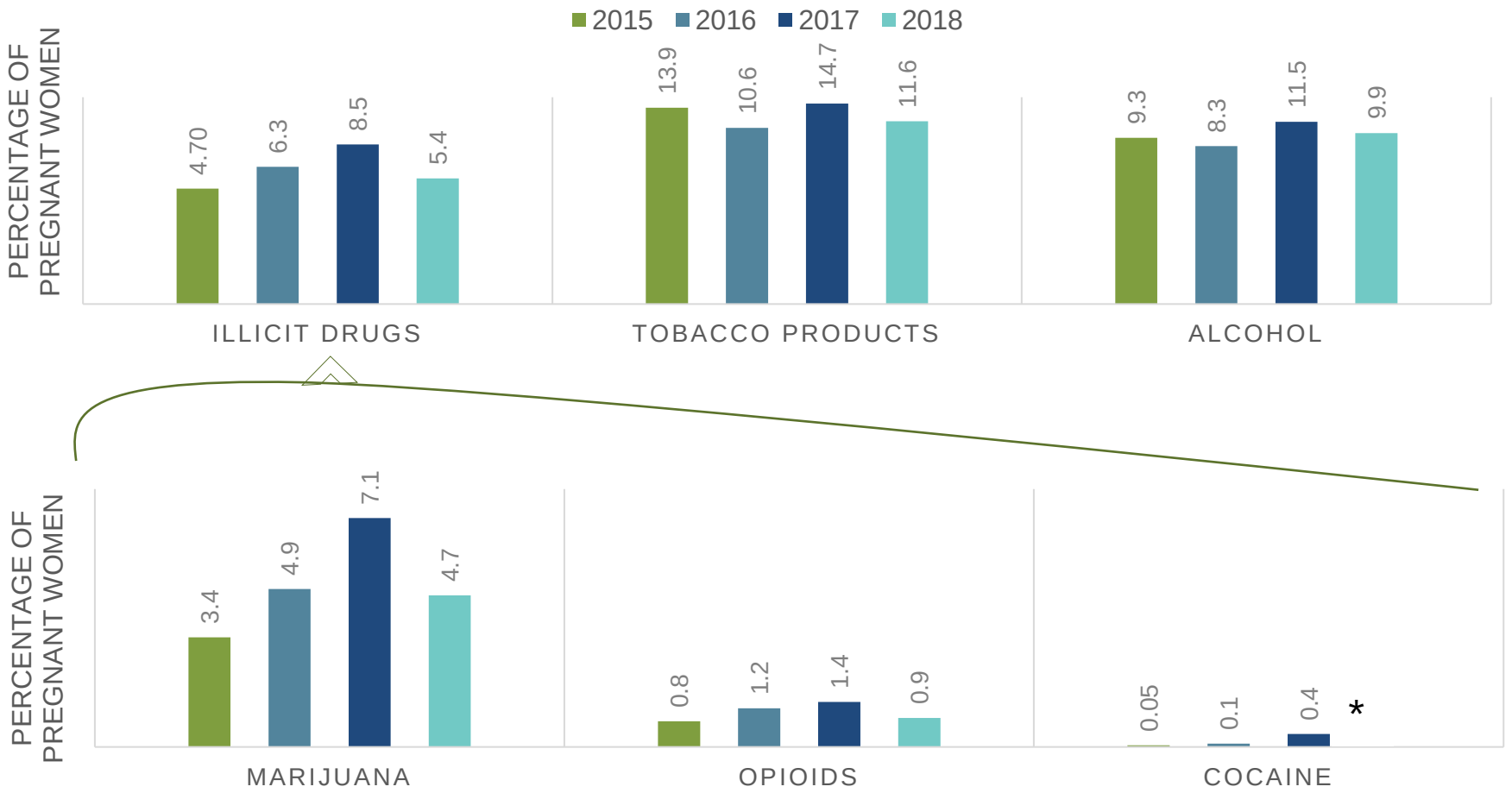
State Center for Health Statistics SCHS Study No. 153 – May 2007 North Carolina Division of Public Health PRAMS Survey Personal Comments

Past Month Substance Use Among Non-pregnant vs Pregnant Women



National Survey on Drug Use and Health, 2015-2018, SAMHSA Office of Applied Statistics

Past Month Substance Use Among Pregnant Women-trends



*Estimate not shown due to low precision.

National Survey on Drug Use and Health, 2015-2018, SAMHSA Office of Applied Statistics

North Carolina Women and Substance Use

- 16.7% of women of childbearing age reported smoking
- 9.8% of mothers reported smoking in their last three months of pregnancy

- 18.2% of women of childbearing age reported binge drinking in the past month
- 8.3% of mothers reported having any alcoholic drinks during the last three months of pregnancy

Centers for Disease Control and Prevention, Pregnancy Risk Assessment Monitoring System. Retrieved June 05, 2019, from www.marchofdimes.org/peristats.

Impact on Women, Pregnant and Parenting

- **Health**
  - Baseline going into pregnancy
  - exposure to violence
  - exposure to sexually transmitted infections, including HIV
- **Social**
  - Involvement of child welfare
  - Legal involvement, incarceration
- **Tobacco products**
  - Placenta previa, abruption placentae, preterm labor rupture of membranes, perinatal mortality, ectopic pregnancy and decreased maternal thyroid function

ACOG, Committee Opinion Number 807, 2020

Impact on Women, Pregnant and Parenting

- **Marijuana**
  - Decreases level of oxygen, which increases the risk of breathing problems
  - Risk of stillbirth, preterm birth
- **Alcohol**
  - Preterm labor, spontaneous abortion 1st trimester, decreased breastmilk
  - liver disease, cardiovascular diseases, depression, and stomach bleeding, as well as cancers of the oral cavity, esophagus, larynx, pharynx, liver, colon, rectum and breast.

ACOG, Committee Opinion Number 722, 2017
Mennella,JA,et al. Acute alcohol consumption disrupts the hormonal milieu of lactating women. Journal of Clinical Endocrinol Metabolism 2005;90:1979-1985,
Rasch, V. Cigarette,alcohol and caffeine consumption: risk factors for spontaneous abortion. Acta Obstet Gynecol Scan 2003;82;182-188

Impact on Women, Pregnant and Parenting

- **Stimulants including Cocaine and Methamphetamines**
  - Heart attack, stroke is associated with cocaine use
  - Placental abruption, preterm labor
  - Amphetamine inhibits prolactin release and can reduce breast milk supply.
  - Infants breast fed by women using amphetamines exhibit increased irritability, agitation, and crying

ACOG, Committee Opinion Number 479, 2017

Impact on Women, Pregnant and Parenting

Opioids

Illicit Opioids

- Overdose
- Exposure to violence, trauma
- Exposure to STIs, including HIV
- Preterm labor

Medication Assisted Therapy
(Methadone & Buprenorphine)

- Engagement in Prenatal Care
- Engagement in Comprehensive SUD treatment
- Stability
- Focus on building life in recovery
- Less vulnerable to violence, infections and legal consequences
- Breastfeeding encouraged if no contraindications

ACOG Committee Opinion Number 711, 2017, AAP 2012, Kocherlakota 2015

Impact on Infants who are Substance Exposed in Utero

- **All Substances**
  - Increased risk of being born preterm and small for gestational age- *contributors to infant mortality*
- **Tobacco Products**
  - Orofacial clefts, fetal growth restriction, respiratory infections, asthma, colic, bone fractures and childhood obesity
- **Marijuana**
  - Associated with fetal growth restriction, stillbirth, and preterm birth; may cause problems with neurological development, resulting in hyperactivity, poor cognitive function
- **Stimulants including Cocaine and Methamphetamines**
  - Methamphetamines associated with neonatal and childhood neurodevelopmental abnormalities

ACOG, Committee Opinion Number 807, 2020
ACOG, Committee Opinion Number 722, 2017
ACOG, Committee Opinion Number 479, 2017

Impact on Infants who are Substance Exposed in Utero

- **Alcohol**
  - Preterm birth, cleft palate, microcephaly, micrognathia, FAS
  - Fetal Alcohol Spectrum Disorders (FASDs): Mild to severe neurobehavioral effects with range of serious life-long issues, including delayed developmental outcomes.
  - Secondary and co-occurring conditions: higher incidence of concurrent psychiatric, emotional and behavioral problems.

Williams, J F. Smith, V C and the Committee on Substance Abuse. Fetal Alcohol Spectrum Disorders. Pediatrics. 2015;136

Impact on Infants who are Substance Exposed in Utero

- **Opioids**
  - Risk of Neonatal Abstinence Syndrome (NAS) or Neonatal Opioid Withdrawal Syndrome (NOWS)
    - Confounding factors- tobacco, anti-depressants, and other substances

Illicit Opioids

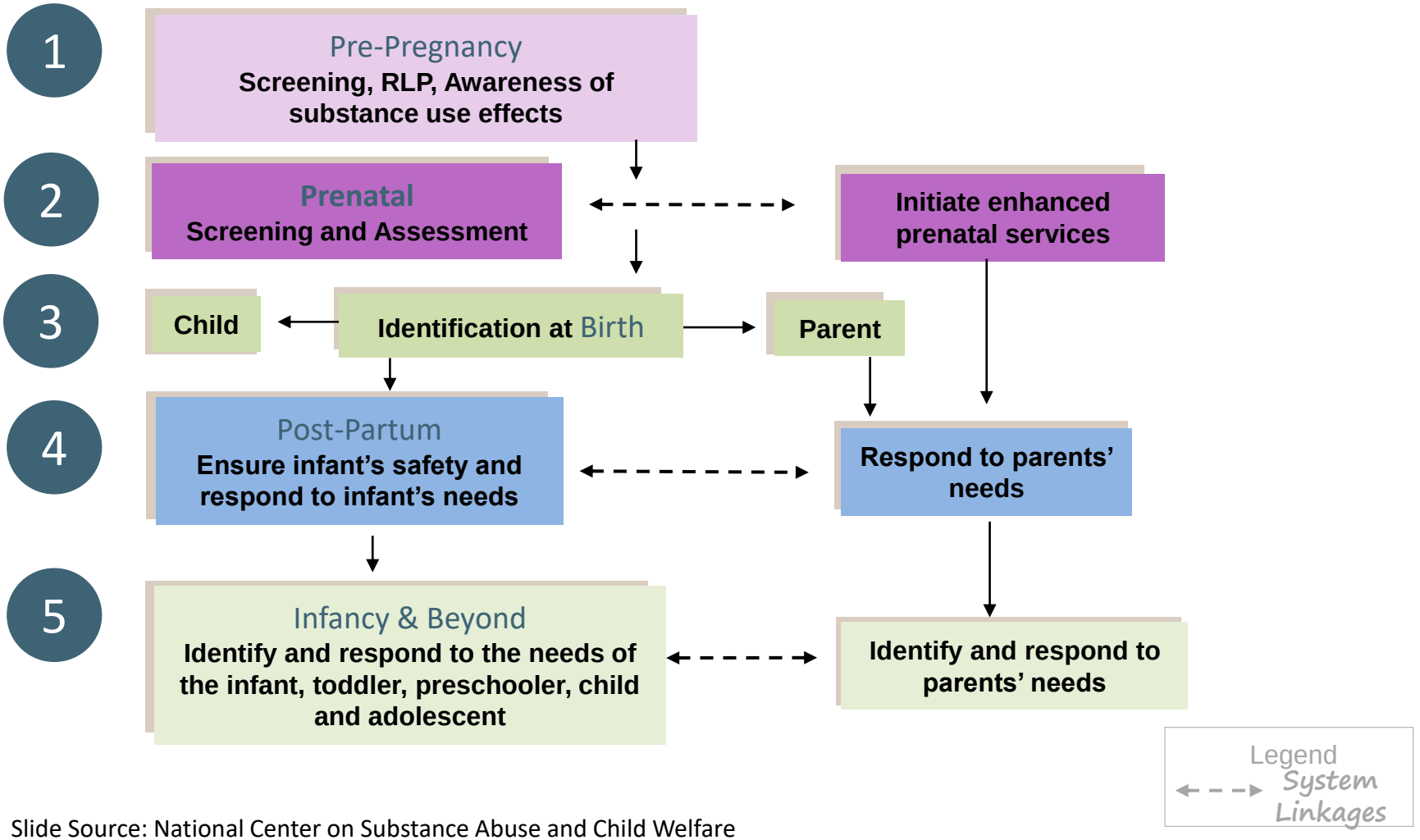
- Preterm, small for gestational age

Medication Assisted Therapy (Methadone & Buprenorphine)

- Increased likelihood to be full term and healthy birthweight for gestational age.

ACOG Committee Opinion Number 711, 2017
Hudak, ML,Tan, RC, The Committee on Drugs and the Committee on Fetus and Newborn,Neonatal Drug Withdrawal.Pediatrics Vol 129, Number 2, 2012
Kocherlakota,P, Neonatal Abstinence Syndrome, Pediatrics Vol 134, Number 2, 2014

Policy and Practice Framework: 5 Points of Intervention



Slide Source: National Center on Substance Abuse and Child Welfare

Screening, Brief Intervention, and Referral to Treatment

- Universal **screening** to identify women who continue to use alcohol and other substances during pregnancy

- For those identified with substance use risk, a **brief intervention** designed to raise awareness of risks and motivation to cease continued use.

- For those with high risk, a **referral** to a substance use disorder assessment & **treatment**, if indicated.

Wright, T E, et al. The role of screening, brief intervention and referral to treatment, in the perinatal period. American Journal of Obstetrics & Gynecology,2016

Screening, Brief Intervention, and Referral to Treatment

"Key screening conclusions by expert group:

- *Screening for substance use should be done on all pregnant women at first prenatal visit and subsequently throughout pregnancy on those women at higher risk;*
- *Screening can be done either by using validated instrument with follow-up by provider or by asking standardized questions during interview;*
- *Screening should be nonjudgmental and questions should be open-ended;*
- *Urine toxicology testing should not be used in place of substance use screening questions."*

Wright. SBIRT in pregnancy. Am J Obstet Gynecol 2016.

Prenatal Care

NC Pregnancy Medical Home Program Care Pathway, Management of Substance Use in Pregnancy

Best practice:

- Universal Screening (written or verbal)
- Further assessment based on info gathered during screening
- Brief intervention to raise awareness of risks during pregnancy
- Referral for substance use disorder (SUD) assessment & treatment
- Management of patients currently receiving SUD treatment

https://www.communitycarenc.org/media/files/pmh-substance-abuse-pathway.pdf

Screening

Pregnancy Home Risk Screening Form

CCNC Pregnancy Home Risk Screening Form

Complete this side of the form and give it to the nurse or doctor. Please answer as honestly as possible so we can provide t

1. Thinking back to i
☐ I wanted to be p
☐ I wanted to be
☐ I wanted to be
☐ I did not want t
☐ I don't know.
2. *Within the last

3. *Are you in a re

4. *Has anyone fo

5. In the last 12 m

6. *Is your living s
7. *Which statem
☐ A. I have never
☐ B. I stopped sm
☐ C. *I stopped s
☐ D. *I smoke no
☐ E. *I smoke abo

8. Did any of your p
9. Do any of your frien
10. Does your partner have a problem with a ☐ No
11. In the past, have you had difficulties in your life r drugs, including prescription medications? ☐ Yes ☐ No
12. Before you knew you were pregnant, how often did yo ny alcohol, including beer or wine, or use other drugs? ☐Not at all ☐Rarely ☐Sometimes ☐Frequently
13. In the past month, how often did you drink any alcohol, including beer or wine, or use other drugs? Not at all ☐Rarely ☐Sometimes ☐Frequently

(For Pregnancy Care Management use only) Date risk screening form was received: ___/___/_____

Name: _____ Date of birth: _____ Today's date: _____

☐Not at all ☐Rarely ☐Sometimes ☐Frequently

Physical Address: _____ City: _____ ZIP: _____

Mailing Address (if different): _____ City: _____ ZIP: _____

County: _____ Home phone number: _____ Work phone number: _____

Cell phone number: _____ Social security number: _____

Race: ☐American-Indian or Alaska Native ☐Asian ☐Black/African-American ☐Pacific Islander/Native Hawaiian ☐White ☐Other (specify):_____

Ethnicity: ☐Not Hispanic ☐Cuban ☐Mexican American ☐Puerto Rican ☐Other Hispanic

PMH Risk Screening Form v1.7 September 2013

8. Did any of your parents have a problem with alcohol or other drug use?
Yes No

9. Do any of your friends have a problem with alcohol or other drug use?
Yes No

10. Does your partner have a problem with alcohol or other drug use?
Yes No

11. In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications? Yes No

12. Before you knew you were pregnant, how often did you drink any alcohol, including beer or wine, or use other drugs?
Not at all Rarely Sometimes Frequently

13. In the past month, how often did you drink any alcohol, including beer or wine, or use other drugs? Not at all Rarely Sometimes Frequently

Perinatal Substance Use Disorder Treatment

- Over 25 years, scientific evidence consistently demonstrates that reducing barriers to care for women is essential, because if a woman does not show up or stay for treatment, she, her children, and her family will not reap the benefits of treatment.
- Initial & ongoing program evaluations have consistently indicated that engagement & retention in treatment is more likely when services are tailored to the realities of pregnant and parenting women's lives including attending to child care, transportation, parenting skills, & relationship issues including experiences of domestic violence.
- One of the drivers of this approach to perinatal and maternal SUD treatment is the perspective that the best outcomes for the women create the best outcomes for the pregnancy and her children, and vice versa; the best outcome for infants and older children is to have a mother in recovery, with the parenting skills to care for them.

Perinatal SUD Treatment; Godwin, M.; Green, S.; Jones, H.;. Scott Robbins, S. 2020

NC Perinatal & Maternal Substance Use Initiative

- Family centered, trauma informed services for pregnant and parenting women with a primary substance use disorder & their child(ren)
- Twenty-one programs statewide
  - Twelve residential programs
  - Nine comprehensive outpatient programs (including 2 new sites: Wilkes and Columbus Counites)
- Residential programs are Cross Area Service Programs (CASPs)
- Services include: screening, assessment, case management, substance use disorder and co-occurring services, parenting education/skills, and referrals & coordination with primary and preventative health care.
- The children also benefit from the services provided by the local health departments (pediatric care, CMARC), early intervention programs, behavioral health services, & substance use prevention services.

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NC CASAWORKS for Families Residential Initiative

- The CASAWORKS for Families model was developed by the Center for the Study of Addiction and Substance Abuse (CASA) at Columbia University in response to the impact of welfare reform on families who are substance use involved.
- The model philosophy is built on the best way to help families receiving TANF become economically self-sufficient is to provide an integrated and concurrent gender-specific substance use disorder and co-occurring treatment and job readiness, training, coaching and employment programming.
- 7 comprehensive residential programs for women with a primary substance use disorder and their child(ren)
- Programs are Cross Area Service Programs (CASPs)

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Gender Responsive SUD Treatment EBPs

<u>Evidence based and promising treatment models</u> used by the programs in the Initiatives include, but are not limited to, the following for women:

- Seeking Safety
- Beyond Anger and Violence
- Beyond Trauma: A Healing Journey for Women
- Helping Women Recover
- Cognitive Behavioral Therapy for PTSD
- The Matrix Model- used with SAMHSA supplement
- Contingency Management
- Motivational Interviewing
- Medication Assisted Treatment

Pregnancy and Medication Assisted Treatment

- Women who are pregnant experience the same benefits as non-pregnant population with Opioid Use Disorders
  - Stability
  - Focus on building life in recovery
  - Less vulnerable to violence, infections and legal consequences
- Women on MAT are more likely to engage in prenatal care and SUD treatment
- Developing baby doesn't go through frequent periods of withdrawal, reducing prenatal complications
- **Infant more likely to be born full term and average weight for gestational age.**

SAMHSA 2009

Parenting & Prevention EBP Models

<u>Evidence based and promising treatment models</u> used by the programs in the Initiatives include, but are not limited to, the following for mothers & their children:

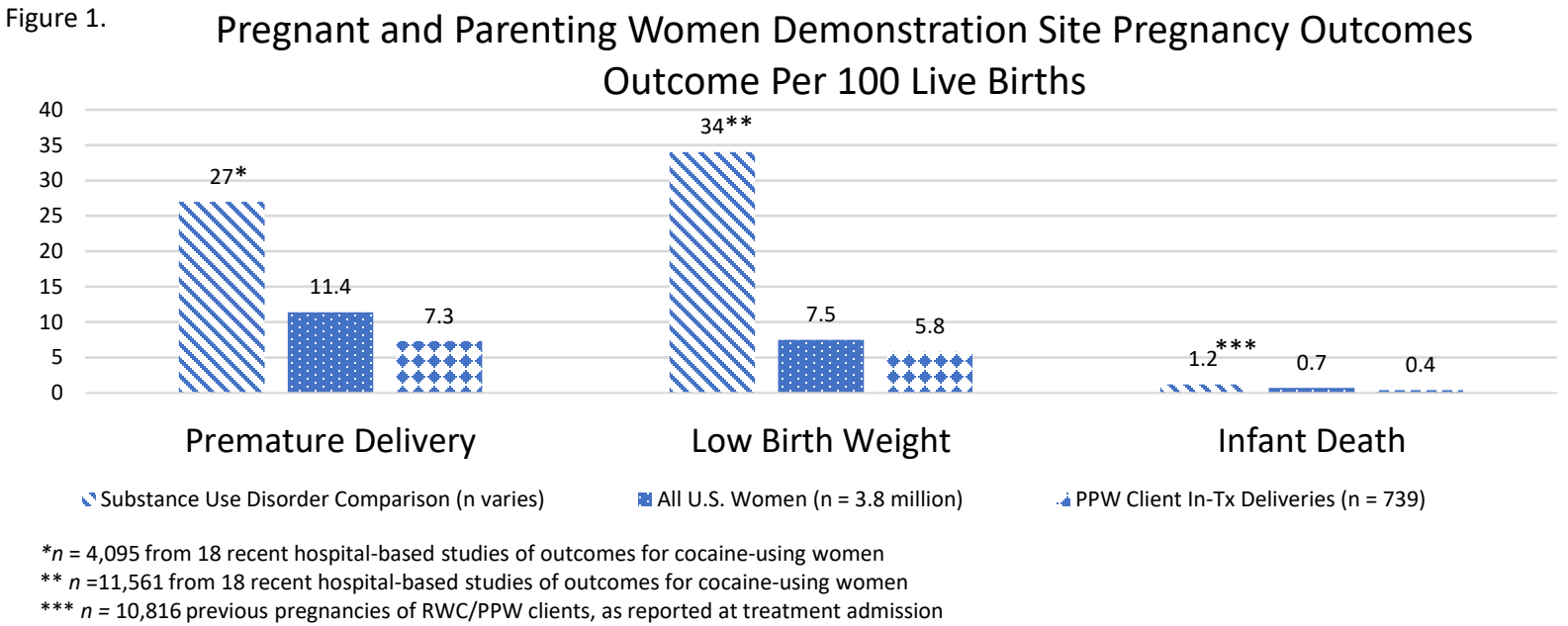
- Nurturing Program for Families in Substance Abuse Treatment and Recovery
- Strengthening Families Program
- Circle of Security®
- Celebrating Families!™
- Triple P – Positive Parenting Program

Treatment Works: Outcomes NC Perinatal/Maternal & CASAWORKS Initiatives

- Statistically significant reduction in alcohol & drug use and mental health symptom severity
- High engagement in prenatal care
- Healthy newborn birth weights for pregnant women who enter treatment prior to delivery
- Lower recidivism with child welfare among families engaging with treatment services
- Fewer number of days in out-of-home foster care placement for children of parents involved with child welfare as compared to parents with substance use problems not engaged in the services
- Successful engagement with pediatric care for families involved with services
- Increased affectional bonds and reduced conflict among families engaged in parenting programs, and
- Successful engagement in the work force

Impact of Perinatal Substance Use Disorder Treatment

Figure 1.



*n = 4,095 from 18 recent hospital-based studies of outcomes for cocaine-using women
** n =11,561 from 18 recent hospital-based studies of outcomes for cocaine-using women
*** n = 10,816 previous pregnancies of RWC/PPW clients, as reported at treatment admission

Source: Caliber Associates, 2003

Perinatal Substance Use Disorders Treatment

Melissa Godwin, Sherri Green, Hendrée Jones and Starleen Scott Robbins

North Carolina Medical Journal January 2020, 81 (1) 36-40; DOI: https://doi.org/10.18043/ncm.81.1.36

https://www.ncmedicaljournal.com/content/81/1/36.abstract?etoc

Safer Sleep Practices

- Association between substance exposed pregnancies and sleep related infant deaths
- Promote awareness of safer sleep practices
- Plan during pregnancy for safer sleep practices

Safe Sleep
NORTH CAROLINA

safesleepnc.org

Challenges & Barriers

- **Stigma**
  - Substance Use Disorders in general
    - Moral issue not health issue
    - Happens to 'other' people
  - Pregnancy and Substance Use Disorders
    - See above 'moral issue' rather than health issue, quadrupled
  - Medication Assisted Treatment for Opioid Use Disorders
    - Within and outside the SUD treatment and recovery community (not research and science based)
- **Differing messages from professionals** Medical, Child Welfare, Judicial, Probation, Behavioral Health, SUD Treatment
- **Insurance coverage** MPW Medicaid ends at 6 weeks postpartum, state funds available limited.

Strategies to Address Barriers

- Universal verbal substance use screenings in health settings
- Interpersonal violence screening
- Substance use in pregnancy as **health issue** rather than legal issue or moral issue.
- Education of public and all professionals based on research
- Ensuring pregnant women with OUD have access to medication assisted treatment
- Ensuring mothers with SUD receive adequate patient-centered postpartum care, including mental health and substance use treatment, relapse-prevention programs, and family planning services.

ALCOHOL / DRUG COUNCIL OF NORTH CAROLINA

ADCNC PROVIDES SERVICES TO THOSE WHO STRUGGLE W/ SUBSTANCE USE DISORDERS

- STATE WIDE INFORMATION & REFFERAL LINE

WWW.ALCOHOLDRUGHELP.ORG

Perinatal Substance Use Project/Judith Johnson-Hostler
1800-688-4232

NCPOEP
NORTH CAROLINA PREGNANCY & OPIOID EXPOSURE PROJECT

- Key Messages
- *Pregnancy and Opioid Exposure: Guidance for North Carolina*
- Service Locator Map

ncpoep.org

UNC SCHOOL OF SOCIAL WORK | NCPOEP NORTH CAROLINA PREGNANCY & OPIOID EXPOSURE PROJECT | dhhs nc department of health and human services

North Carolina Fetal Alcohol Prevention Program (FASDinNC)

- **Training, education, and resources on FASD**
- **Located within The Arc of North Carolina**
- **Contact Amy Hendricks at**
  - ahendricks@arcnc.org
  - 1-800-662-8706

Thank you!

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