MORE Clinical Issues

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Pregnancy as a Window of Opportunity

- Primary care for socioeconomically disadvantaged women
- Frequency of provider patient contact
- Readiness
Getting Started: SBIRT

Screening
• Assess for substance abuse behavior using standardized screening tools (smoking, alcohol & other substances)

Brief Intervention
• Engage patient with short conversation, feedback and advice

Referral for Treatment
Screening
Screening

▪ Must be universal: all population groups are at risk
▪ Ask for permission—Respect answer
▪ Rely on validated screening tools
  • Verbal screening preferred
  • Paper
  • Electronic
Committee on Obstetric Practice
American Society of Addiction Medicine

The Society of Maternal–Fetal Medicine endorses this document. This Committee Opinion was developed by the American College of Obstetricians and Gynecologists’ Committee on Obstetric Practice in collaboration with committee members Maria A. Mascola, MD, MPH; Ann E. Borders, MD, MSc, MPH; and the American Society of Addiction Medicine member Mishka Terplan, MD, MPH.

Opioid Use and Opioid Use Disorder in Pregnancy
5 P’s

Parents
• Did any of your parents ever have a problem with alcohol or other drug use?

Peers
• Do any of your friends have problems with alcohol or drug use?

Partner
• Does your partner have a problem with alcohol or drug use?

Past
• In the past, have you had difficulties in your life because of alcohol or other drugs, including prescription medications?

Pregnancy
• In the past month have you drunk any alcohol or used other drugs?
Interpreting the 5 P’s

<table>
<thead>
<tr>
<th>Answers</th>
<th>Zone</th>
<th>Indicated Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>No to all substance use questions</td>
<td>Low Risk</td>
<td>Positive reinforcement</td>
</tr>
<tr>
<td>“Yes” to Parents</td>
<td>Risky</td>
<td>Review risk</td>
</tr>
<tr>
<td>“Yes” to Peer Questions</td>
<td></td>
<td>Perform Brief Intervention/Referral</td>
</tr>
<tr>
<td>“Yes” to Partner, Past, or Present Questions</td>
<td>Harmful or Severe</td>
<td>Refer for further assessment and possible specialized treatment</td>
</tr>
</tbody>
</table>
NIDA Quick Screen

- Series of questions to identify risk behavior
- Emphasizes answers that will help give better medical care
- 8 questions:
  - Lifetime use
  - Use within past 3 months
  - Strong desire to use past 3 months
  - Use lead to health, social, legal or financial problems past 3 months
  - Failed to do what was normally expected of you past 3 months
  - Anyone EVER expressed concern about use
  - Ever tried and failed to control, cut down or stop
  - Ever used any drug by injection

**High Risk**
Score ≥ 27
- Provide feedback on the screening results
- Advise, Assess, and Assist
- Arrange referral
- Offer continuing support

**Moderate Risk**
Score 4–26
- Provide feedback
- Advise, Assess, and Assist
- Consider referral based on clinical judgment
- Offer continuing support

**Lower Risk**
Score 0–3
- Provide feedback
- Reinforce abstinence
- Offer continuing support
CRAFFT

Validated in adolescent primary care settings

Part A

- Past 12 months...
  - Alcohol
  - Marijuana or “synthetic marijuana”
  - Anything else to get high
  - Tobacco or nicotine products

Part B

- Car
- Relax
- Alone
- Forget
- Family or Friends
- Trouble

> 2 YES answers suggest serious problem
Need further assessment
Universal Screening - Concerns

Self-Reported
• Under-reporting of illicit drug use well-established
• Fear of reprisal

Biologic
• Positive test not diagnostic of OUD
• Negative test doesn’t rule out exposure
• May not assess for some drugs
• False positive results
## Urine testing for drugs of abuse (addictive drugs)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Duration of detectability in urine</th>
<th>Drugs causing false-positive preliminary urine screens</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amphetamines</td>
<td>2 to 3 days</td>
<td>Ephedrine, pseudoephedrine, phenylephrine, selegiline, chlorpromazine, trazodone, bupropion, desipramine, amantadine, ranitidine</td>
</tr>
<tr>
<td>Cocaine</td>
<td>2 to 3 days</td>
<td>Topical anesthetics containing cocaine</td>
</tr>
<tr>
<td>Marijuana</td>
<td>1 to 7 days (light use); 1 month with chronic moderate to heavy use</td>
<td>Ibuprofen, naproxyn, dronabinol, efavirenz, hemp seed oil</td>
</tr>
<tr>
<td>Opiates</td>
<td>1 to 3 days</td>
<td>Rifampin, fluoroquinolones, poppy seeds, quinine in tonic water</td>
</tr>
<tr>
<td>Phencyclidine</td>
<td>7 to 14 days</td>
<td>Ketamine, dextromethorphan</td>
</tr>
</tbody>
</table>

Implications for Screening - Florida

• Does consider substance use during pregnancy to be child abuse
• Has created/funded drug treatment programs specific for pregnancy
• Does not require reporting suspected drug use
• Does not require testing if suspected drug use

Guttmacher Institute
https://www.guttmacher.org/state-policy/explore/substance-use-during-pregnancy
Brief Intervention
Say this...

- Person with a substance use disorder
- Person living in recovery
- Person living with an addiction
- Person arrested for drug violation
- Chooses not to go at this point
- Medication is a treatment tool
- Had a setback
- Maintained recovery
- Positive drug screen
- Substance exposed newborn

Instead of this...

- Addict, junkie, druggie
- Ex-addict
- Battling/suffering from an addiction
- Drug offender
- Non-compliant/bombed-out
- Medication is a crutch
- Relapsed
- Stayed clean
- Dirty drug screen
- Addicted newborn
Brief Intervention

Engage patient in a short conversation

• Effect of opioid use on pregnancy and fetus
• Recommendations
• Patient’s response to recommendations
• Make a plan
| Raise the subject | “Thank you for completing this questionnaire and for being honest about this subject - is it ok with you if we review your results?”
| Provide feedback | “I also thank you for trusting me and being willing to talk about this subject.”
| | “Sometimes patients who give similar answers on this questionnaire are continuing to use drugs or alcohol during their pregnancy.”
| | “I recommend to all my pregnant patients not to use any amount of alcohol or drugs, because of the associated risks” (review risks from front)
| Enhance motivation | “What are your thoughts about this recommendation?”
| | “By being honest with me, it is obvious that you want to have a healthy pregnancy and we want to work with you to make this happen.”
| Negotiate plan | Summarize conversation. Then: “What steps do you think you can take to reach your goal of having a healthy pregnancy and baby?”
| | “We can talk about this again at your next appointment.”

| SAMHSA Toll-Free Treatment Referral Hotline Florida Department of Children and Families mental health and substance use information, resources and treatment service website | 1-800-662-HELP (4357)
| | www.myflorida.networkofcare.org |
Some risks of drinking and drug use during pregnancy

Fetal alcohol spectrum disorders
(alcohol, marijuana, cocaine, opiates)

Birth defects
(alcohol, marijuana, cocaine, opiates, meth)

Low birth weight
(alcohol, marijuana, cocaine, opiates, meth)

Miscarriage
(alcohol, cocaine)

Premature birth
(alcohol, marijuana, cocaine, opiates, meth)

Development and behavior problems
(alcohol, marijuana, cocaine, opiates, meth)

“I recommend that all of my pregnant patients stop using any alcohol and drugs as they have been shown to be associated with problems for the pregnancy and for your baby”
DSM 5

Criteria for Diagnosing Opioid Use Disorder

Severity
2-3 Mild
4-5 Moderate
≥ 6 Severe

<table>
<thead>
<tr>
<th>Check all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioids are often taken in larger amounts or over a longer period of time than intended.</td>
</tr>
<tr>
<td>There is a persistent desire or unsuccessful efforts to cut down or control opioid use.</td>
</tr>
<tr>
<td>A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.</td>
</tr>
<tr>
<td>Craving, or a strong desire to use opioids.</td>
</tr>
<tr>
<td>Recurrent opioid use resulting in failure to fulfill major role obligations at work, school or home.</td>
</tr>
<tr>
<td>Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.</td>
</tr>
<tr>
<td>Important social, occupational or recreational activities are given up or reduced because of opioid use.</td>
</tr>
<tr>
<td>Recurrent opioid use in situations in which it is physically hazardous</td>
</tr>
<tr>
<td>Continued use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by opioids.</td>
</tr>
<tr>
<td>*Tolerance, as defined by either of the following:</td>
</tr>
<tr>
<td>(a) a need for markedly increased amounts of opioids to achieve intoxication or desired effect</td>
</tr>
<tr>
<td>(b) markedly diminished effect with continued use of the same amount of an opioid</td>
</tr>
<tr>
<td>*Withdrawal, as manifested by either of the following:</td>
</tr>
<tr>
<td>(a) the characteristic opioid withdrawal syndrome</td>
</tr>
<tr>
<td>(b) the same (or a closely related) substance are taken to relieve or avoid withdrawal symptoms</td>
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</tbody>
</table>
Referral for Treatment
Pharmacotherapy for Opioid Use Disorder

- Prevent obstetric and neonatal complications associated with opioid use disorder
- Facilitate prenatal care
- Help women avoid relapse
- May need lifelong
Medically Assisted Treatment

Methadone

Buprenorphine
Methadone

Mu-opioid agonist
  • Half-life 15-40 hours

Induction and early stabilization - 1-2 weeks
  • Begin 15-30 mg
  • Increase by 10-15 mg every 3-5 days
  • Adjust dose by side effects

Late stabilization - 3-6 weeks
  • Doses increase as tolerance develops and craving decreases

Maintenance

Physiologic changes in pregnancy may require increased dose

Schuckit, MA NEJM 375;4 July 28, 2016
Methadone

Approved and closely monitored clinics

Eligible

• Current OUD with physiologic symptoms or high risks associated with relapse
• No antidepressants
• No severe respiratory or cardiac disease

WHO - essential medications

• decrease mortality from OUD by 50%
• decrease HIV and hepatitis
• improve social function
• increase rate of retention in rehabilitation programs

Schuckit, MA NEJM 375;4 July 28, 2016
Buprenorphine

Mu-opioid receptor PARTIAL agonist

- Sublingual tablet or buccal film - half-life 20-44 hours
- Transdermal patch - applied every 7 days
- Implant - 6 months

Induction and early stabilization

- Daily increases for ~7 days
  - Rarely > 30 mg/day
- Maintenance

Physiologic changes in pregnancy may require increased dose

Schuckit, MA NEJM 375;4 July 28, 2016
Opioid Antagonists & Medically Assisted Withdrawal

- Not recommended by ACOG or SAMHSA
- High relapse rates
- Selected inpatient settings
- Some selected programs
Mapping Tools

Medically assisted treatment

Behavioral health treatment
Behavioral Health

Opioid use and mental health
- Depression
- Anxiety
- Bipolar disorder
- PTSD

Treatment essential during pregnancy
- Medication
- Counseling
- Group therapy
- Peer counseling
Medicaid Fee for Service Reimbursement Policy

• Substance Abuse and Mental Health Services Administration (SAMHSA) SBIRT codes have been added to the Agency’s Medicaid Practitioner Fee Schedule and are retroactively effective to January 1, 2021, dates of service
  • Applicable to fee-for-service and managed care

Only physicians and physician extenders

• M.D., D.O., PA, and APRN
• The codes can be used once per day, as medically necessary
• Place of service is open for telehealth, office visits, all hospital settings and clinics, and ambulatory surgical centers
## Procedure Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Fee Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>H0049</td>
<td>Alcohol and/or drug screening</td>
<td>$17.08</td>
</tr>
<tr>
<td>H0050</td>
<td>Alcohol and/or drug screening, brief intervention, per 15 minutes</td>
<td>$28.73</td>
</tr>
</tbody>
</table>
Secondary Screening

Part II
Prenatal Care Algorithm

Routine PNC:
- Include discussion of pain during labor and postpartum
- Plan for pain management
- Discuss pregnancy planning options including immediate postpartum LARC

Consider additions to routine PNC:
- Expanded ID testing
- Serial ultrasounds for fetal growth

<table>
<thead>
<tr>
<th>BH</th>
<th>ID</th>
<th>PNC</th>
<th>IDPC</th>
<th>POSC</th>
<th>Safe Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health</td>
<td>Infectious Disease</td>
<td>Prenatal Care</td>
<td>IPV-Intimate Partner Violence</td>
<td>POSC-Plan of Safe Care</td>
<td>Long-Acting Reversible Contraception</td>
</tr>
</tbody>
</table>

MH: Mental Health  SUD: Substance Use Disorder

Infectious Diseases

- Hepatitis B
- Syphilis
- Gonorrhea
- Chlamydia
- HIV
- Hepatitis C
- Hepatitis A
- Tuberculosis
Pain Management - Labor

Expectations for pain addressed during prenatal care
• Pain score does not have to be zero

Confirm and maintain MAT dose
• Does not provide pain relief

Accept patient’s self-reported pain
• Unrelieved pain associated with increased cravings and stress
Consider Alternatives

Doula Services

Movement
  • Ambulation
  • Position changes

Heat/ Cold

Acupuncture/Acupressure
Analgesia

**Intravenous**
- Avoid mixed opioid agonist/antagonists
  - Nalbuphine (Nubain)
  - Butorphanol (Stadol)

**Inhaled**
- Nitrous oxide

**Regional**
- Epidural
- Pudendal
Postpartum
Pain Management - Postpartum

Continue MAT

- No immediate postpartum dose changes

Multimodal Approach

- Non-pharmacologic
  - Cold
- Non-opioid analgesics
  - Emphasis on acetaminophen, NSAIDS, topical analgesics
- Milder opioids
- Stronger opioids
Pain Management - Post-Op

Continue MAT

Multimodal approach

• Neuraxial analgesia
• Neuraxially administered opiates
• Transversus abdominis plane blocks
• PCA devices
• Oral Opiates
• Acetaminophen, NSAIDS

Limited prescription on discharge
Postpartum Issues

Promote Breast Feeding

Attention to Mental Health
  • Early screening for depression
  • EPDS

Attention to Support
Contraception

- 80% unintended pregnancy
- >50% → ≥ 4 pregnancies
- Lower use of reliable contraception
  - ~35% Desire LARC
  - ~45% Attend postpartum visit
  - ~18% get LARC

Immediate postpartum LARC

Heil et al, J Substance Abuse Treatment 40(2011) 119-202
Kotha et al, Contraception 2019 Jan;99(1):36-41
Naloxone

**INJECTION INTO MUSCLE**

*Needle-Syringe and Vial:*
1. Open cap of naloxone vial.
2. Remove cap of needle, and insert into vial.
3. With the vial upside down, pull back plunger and draw up 1mL (1cc) of naloxone. Naloxone vial may only have one dose, or may be a multi-dose vial.
4. Using a needle at least 1 inch long, inject into muscle in the upper arm.

![Injection Illustration]

*Auto-injector:* Follow visual and voice instructions. Package contains instructions and a training device.

**NASAL SPRAY**

*Multi-step nasal spray:*
1. Remove yellow caps from ends of applicator.
2. Twist nasal adapter on tip of applicator until tight.
3. Take purple cap off of naloxone syringe, insert in other side of applicator and twist in until tight.

Push half of the naloxone (1mL/1cc) into each nostril. The naloxone vial contains 2mL, so you are giving one half in one nostril and one half in the other nostril.

![Nasal Spray Illustration]

*Single-step nasal spray:* Peel back tab with circle to open, insert tip into either nostril and administer full dose. Entire dose is administered with one spray.
Early Postpartum Visit

• 1-2 weeks
• Screen for depression
• Readdress contraception
• Naloxone
Provider Assistance

Florida BH IMPACT
Improving Maternal and Pediatric Access, Care and Treatment for Behavioral Health

PSYCHIATRIC CONSULTATION LINE: 1.833.951.0296
ONLINE: FLBHimpact.org
Resources & Referrals: flmoms mhresources.org

NATIONAL CLINICIAN CONSULTATION CENTER

855-300-3595

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Thanks for wanting to do MORE