MORE

Maternal Opioid Recovery Effort

Partnering to Improve Health Care Quality for Mothers and Babies
Gaining Perspective

Partnersing to Improve Health Care Quality for Mothers and Babies
What is Opioid Use Disorder?

“a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems”

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
Opioid Use Disorder

Chronic relapsing illness
- Hypertension
- Diabetes
- Hypercholesterolemia

May require chronic treatment
Complications of OUD

Associated with excessive morbidity & mortality

- Infectious
- Gastrointestinal
- Opioid induced hyperalgesia
- Accidents
- Opioid amnestic syndrome
- Mortality
  - Overdose
  - Trauma
Gaining Perspective

Scope of Our Problem

Partnering to Improve Health Care Quality for Mothers and Babies
48.5 million Americans have used illicit drugs or misused Rx drugs.
130 AMERICANS die every day from an opioid overdose (including Rx and illicit opioids).
Percentage of Patients and Prescription Drug Overdoses

- Patients seeing multiple doctors and typically involved in drug diversion
- Patients seeing one doctor, high dose
- Patients seeing one doctor, low dose

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3 Waves of the Rise in Opioid Overdose Deaths

- Wave 1: Rise in Prescription Opioid Overdose Deaths
- Wave 2: Rise in Heroin Overdose Deaths
- Wave 3: Rise in Synthetic Opioid Overdose Deaths

Other Synthetic Opioids: e.g., Tramadol and Fentanyl, prescribed or illicitly manufactured

Commonly Prescribed Opioids: Natural & Semi-Synthetic Opioids and Methadone

Heroin


Partnering to Improve Health Care Quality for Mothers and Babies
Number of Opioid-Related Overdose Deaths in Florida

- **Total**
- **Heroin**
- **Synthetic Opioids**
- **Rx Opioids**

Source: CDC WONDER

Partnering to Improve Health Care Quality for Mothers and Babies
Rate of Opioid-Related Overdose Deaths in Florida

- **Florida**
- **US**

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<th>Year</th>
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Source: CDC WONDER
The rate of overdose deaths among women rose 20% in one year.

If you're not part of the solution, you're part of the problem.

~ African Proverb
## The Pain Scale: The Fifth Vital Sign

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"In the hospitals we sampled, our data suggest that physicians in the US may prescribe opioids more frequently during patients' hospitalizations and at discharge than their colleagues in other countries, and patients have different beliefs and expectations about pain control. Efforts to curb the opioid epidemic likely need to include addressing inpatient analgesic prescribing practices and patients' expectations regarding pain control."

The amount of opioids prescribed per person varied widely among counties in 2015.

MME PER PERSON
- Insufficient data
- 0.1 - 453
- 454 - 675
- 677 - 958
- 959 - 5,543

CDC Vital Signs, July 2017
Prescriptions
Prescribing Practices

National insurer claims data 2008 - 2016

308,226 deliveries
- 63.3% vaginal — 27% opioid prescription
- 36.7% cesarean — 75.7% opioid prescription

New persistent opioid use
- 1.7% after vaginal delivery
- 2.2% after cesarean delivery

Peahl et al. JAMA Network Open. 2019;2(7):e197863
Predictors of Persistent Use

- Tobacco use
- Psychiatric diagnosis
- History of substance abuse
- Pain conditions

Peahl et al. JAMA Network Open. 2019;2(7):e197863
Prescribing Practices

United Healthcare Database 2003 - 2011

- 80,127 women
- Opioid naive and cesarean delivery
- 1 in 300 persistent opioid users

Predictors

- History of cocaine use
- Other illicit substance use
- Tobacco use
- Back pain
- Migraines
- Antidepressant use
- Benzodiazepine use

Opioid Use Disorder at Delivery

Per 1,000 deliveries

1999

2014

The number of women who used opioids during pregnancy increased nearly 70% between 2015 and 2017.
Percent of Pregnancy-Associated Deaths that are not Pregnancy Related, Florida 2017

- Total n=126
- Drug Related n=45

- Pregnancy & Birthday: 24.6% 24.4%
- 1 to 3 days: 4.0% 0.0%
- 4 days or later: 71.4% 75.6%
Every 15 minutes a baby is born suffering from opioid withdrawal.
Neonatal Abstinence Syndrome (NAS) Counts & Rates by Florida County, 2014-2016
The Face of OUD
In 2010, every 3 minutes, a woman went to the ER for prescription painkiller misuse.
In 2010, for every woman that died of a prescription painkiller overdose, 30 went to the ER for misuse or abuse.
Why Women Use Drugs?

❖ Control weight
❖ Fight exhaustion
❖ Cope with pain
❖ Self-treat mental health problems
Mental Health

- Depression
- Anxiety
- Bipolar
- PTSD

Gender Differences in Opioid Use

- Smaller amounts
- Less time before addiction
- More cravings
- More relapse
- ED visits / Overdose deaths
- Domestic violence
- Triggers
  - Divorce, loss of custody, death of partner
Pregnancy Planning

- 86% unintended pregnancy in women with OUD
- >50% women with OUD ≥ 4 pregnancies
- Lower use of reliable contraception
  - Desire LARC - ~35%
  - Postpartum visit - ~45%
  - Actually get LARC - ~18%

Heil et al, J Substance Abuse Treatment 40(2011) 199-202
Pregnancy as a Window of Opportunity

- Primary care for socioeconomically disadvantaged women
- Frequency of provider patient contact
- Readiness

Partnering to Improve Health Care Quality for Mothers and Babies
Comorbid Conditions

Diagnoses per 1,000 discharges

- Anxiety: 47.2
- Chronic renal disease: 4.8
- Depression: 116.7
- HIV: 13
- Insomnia: 1.4
- Obesity: 2.2
- Osteopenia: 14.7
- Preexisting diabetes: 12.5
- Preexisting hypertension: 25.6

Legend:
- □ Opioid user
- □ Nonuser
Pregnant women and substance use: fear, stigma, and barriers to care

Rebecca Stone

👩‍⚕️ Opioid addicted women 7 times more likely to forego prenatal care.

👩‍⚖️ Criminalization
- 56% cases in the South
- 59% women of color
- 71% public defender

👨‍⚕️ Stigma
- Level of care
- Methadone
Honesty

Denial of Pregnancy

Social Isolation

Avoidance of Medical Care

Manipulate Urine Drug Screens
Making Change

Partnering to Improve Health Care Quality for Mothers and Babies
“We will not solve this epidemic overnight but we will stop. ... There’s just nothing going to stop us, no matter how you cut it.”
Change the Message

- Prenatal care is “safe”
- Making disclosure positive not punitive
- Treat the underlying problem
- Offer support
Where Do We Go From Here: SBIRT

**Screening**
- Assess for substance abuse behavior using standardized screening tools

**Brief Intervention**
- Engage patient with short conversation, feedback and advice

**Referral for Treatment**
Referral for Treatment

- Medically Assisted Treatment
- Medically Supervised Withdrawal
- Behavioral Health
- Support services
Medically Assisted Treatment (MAT)

- Encourage to continue
- Antepartum
  - Dose adjustments
  - Methadone > Buprenorphine
  - Especially in the third trimester
- No immediate postpartum dose changes
- NAS not related to maternal dosing
- NAS may be less severe with Buprenorphine
Medically Supervised Withdrawal (MSW)

**Specialized Centers**
- May require inpatient stay
- Behavioral health
- Support services

**Limited data**
- Low rates of detox completion
- High rates of relapse
- Limited data on outcomes after delivery
- No support as detox as means to decrease NAS

**ACOG currently does not recommend**

Change Our Behavior

Set expectations

Alternative therapies
  - Doula services
  - Heat/cold
  - Movement
  - Acupuncture

Opioid alternatives

ERAS
Florida’s New Law on Controlled Substance Prescribing

Provisions go into effect on July 1, 2018. Here is what you need to know.
Florida HB 451

- Non opioid alternatives
- Advantages and disadvantages
- Provide Department of Health pamphlet
We Can Do MORE!
QUESTIONS?
STATE SUCCESSES: Decreases in Opioid Prescribing

Average Morphine Milligram Equivalents (MME)* per person decreased in most counties in Florida, Ohio, and Kentucky from 2010 to 2015.

These states have regulated pain clinics and set requirements for their state’s PDMP.

PDMP, Prescription Drug Monitoring Program, is a state-run electronic database used to track the prescribing and dispensing of controlled prescription drugs to patients.

* MME is a way to calculate the amount of opioids, accounting for differences in opioid drug type and strength.

www.cdc.gov/vitalsigns/opioids
New laws and enforcement reverse trends in oxycodone prescribing and related deaths in Florida.

Where Do We Go From Here

Identify women with OUD or at risk for OUD
  - All SBIRT All The Time
  - Non-judgmental discussion
  - Identify mental health needs

Refer

Prepare - changing expectations, offering alternatives
  - Labor
  - Postpartum

Pregnancy Planning
Untoward Outcomes Linked to Opioid Use During Pregnancy

- Preterm Birth
- Feeding Problems
- Low Birthweight
- Breathing Problems
- Maternal Mortality
Benefits of MAT

- Decrease fluctuations between intoxication and withdrawal
- Reduction of exposure
  - Harmful compounds
  - Access to illicit opiates is unpredictable
- Improved maternal health and nutrition
- Reduction in criminal activity
- Decreased disruption of maternal-child dyad
Relapse

Significantly Increased

- Neonatal death
- NOWS
- Maternal/Infant length of stay
- Infant hospital cost
Relapse

Greater Likelihood

- Maternal sepsis
- Placental abruption
- Neonatal seizures
Flow chart of screening, brief intervention, and referral to treatment (SBIRT) in practice.