MORE Initiative

Maternal Opioid Recovery Effort

Opioid Webinar Series

Welcome!

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IF YOU HAVE A QUESTION, PLEASE ENTER IT IN THE QUESTION BOX OR RAISE YOUR HAND TO BE UN-MUTED.

Welcome!

THIS WEBINAR IS BEING RECORDED.

PLEASE PROVIDE FEEDBACK ON OUR POST-WEBINAR SURVEY.

FPQC & MORE Initiative Update "Maternal Opioid Recovery Effort"

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Professor and Director
Florida Perinatal Quality Collaborative
USF College of Public Health

MORE Update

Urgent Maternal Mortality Message

- Drug-related deaths are the leading cause of death to mothers during pregnancy & within one year of birth.
- Drug-related deaths account for 1 in 4 of these deaths
- Most deaths (75%) occur after the baby is born and mother has been discharged.

Related Issues

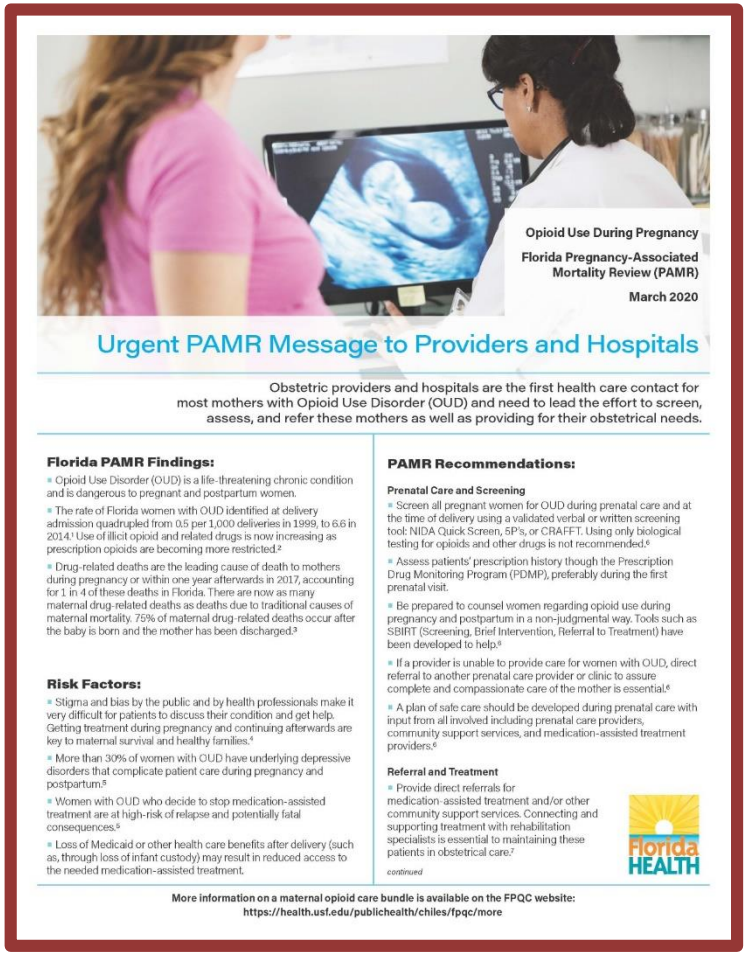
- Stigma and bias by professionals make it difficult for patients to discuss their condition and get help.
- More than 30% of women with OUD have underlying depressive issues that complicate care.
- Women with OUD who stop medication-assisted therapy without other support services are at high risk of relapse.

Recommendations

- Screen *all* pregnant women for substance use.
- Assess patient's prescription history through PDMP.
- If unable to provide care, provide direct referral to another OB provider for compassionate and comprehensive care.
- A plan of safe care should be developed with others.
- Provide direct referral to medication-assisted treatment.
- Women with OUD should receive a prescription and education on Naloxone.
- Coordinate care and care plan with Pediatric team.

Help Spread the Word!

"Obstetric providers and hospitals are the first health care contact for most mothers with Opioid Use Disorder (OUD) and need to lead the effort to screen, assess, and refer these mothers as well as provide for their obstetrical needs."



Opioid Use During Pregnancy

Florida Pregnancy-Associated Mortality Review (PAMR)

March 2020

Urgent PAMR Message to Providers and Hospitals

Obstetric providers and hospitals are the first health care contact for most mothers with Opioid Use Disorder (OUD) and need to lead the effort to screen, assess, and refer these mothers as well as providing for their obstetrical needs.

Florida PAMR Findings:

- Opioid Use Disorder (OUD) is a life-threatening chronic condition and is dangerous to pregnant and postpartum women.
- The rate of Florida women with OUD identified at delivery admission quadrupled from 0.5 per 1,000 deliveries in 1999, to 6.6 in 2014.[1] Use of illicit opioid and related drugs is now increasing as prescription opioids are becoming more restricted.[2]
- Drug-related deaths are the leading cause of death to mothers during pregnancy or within one year afterwards in 2017, accounting for 1 in 4 of these deaths in Florida. There are now as many maternal drug-related deaths as deaths due to traditional causes of maternal mortality. 75% of maternal drug-related deaths occur after the baby is born and the mother has been discharged.[3]

Risk Factors:

- Stigma and bias by the public and by health professionals make it very difficult for patients to discuss their condition and get help. Getting treatment during pregnancy and continuing afterwards are key to maternal survival and healthy families.[4]
- More than 30% of women with OUD have underlying depressive disorders that complicate patient care during pregnancy and postpartum.[5]
- Women with OUD who decide to stop medication-assisted treatment are at high-risk of relapse and potentially fatal consequences.[5]
- Loss of Medicaid or other health care benefits after delivery (such as, through loss of infant custody) may result in reduced access to the needed medication-assisted treatment.

PAMR Recommendations:

Prenatal Care and Screening

- Screen all pregnant women for OUD during prenatal care and at the time of delivery using a validated verbal or written screening tool: NIDA Quick Screen, 5P's, or CRAFFT. Using only biological testing for opioids and other drugs is not recommended.[6]
- Assess patients' prescription history though the Prescription Drug Monitoring Program (PDMP), preferably during the first prenatal visit.
- Be prepared to counsel women regarding opioid use during pregnancy and postpartum in a non-judgmental way. Tools such as SBIRT (Screening, Brief Intervention, Referral to Treatment) have been developed to help.[6]
- If a provider is unable to provide care for women with OUD, direct referral to another prenatal care provider or clinic to assure complete and compassionate care of the mother is essential.[6]
- A plan of safe care should be developed during prenatal care with input from all involved including prenatal care providers, community support services, and medication-assisted treatment providers.[6]

Referral and Treatment

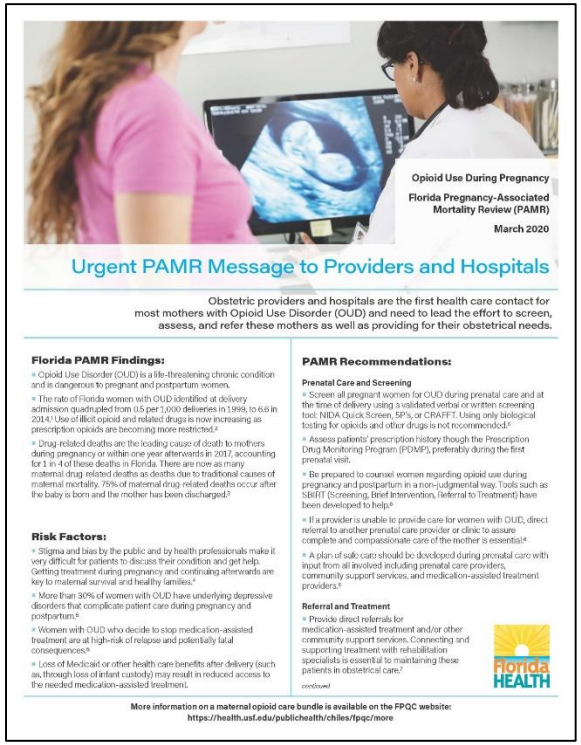
- Provide direct referrals for medication-assisted treatment and/or other community support services. Connecting and supporting treatment with rehabilitation specialists is essential to maintaining these patients in obstetrical care.[7]

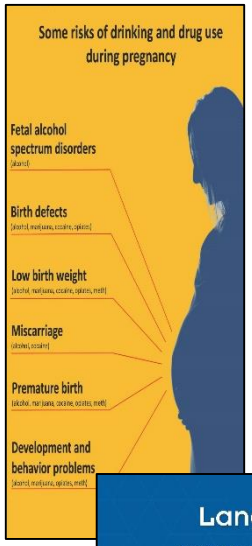
continued

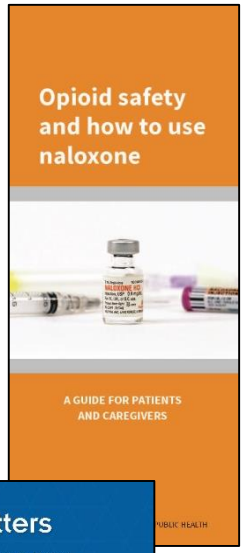
Florida HEALTH

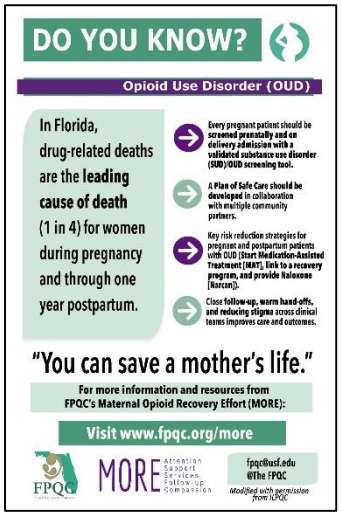
More information on a maternal opioid care bundle is available on the FPQC website:
https://health.usf.edu/publichealth/chiles/fpqc/more

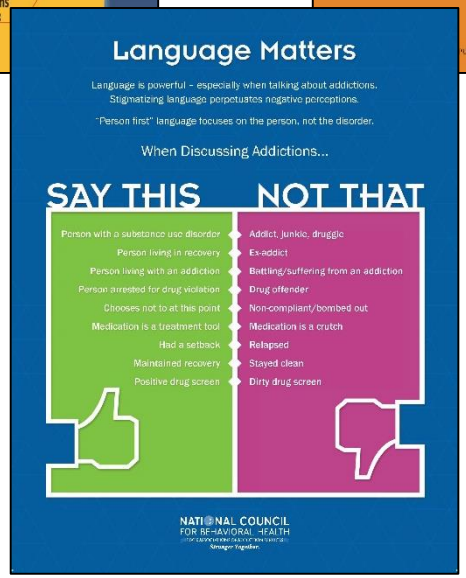
Recently Mailed Education Materials







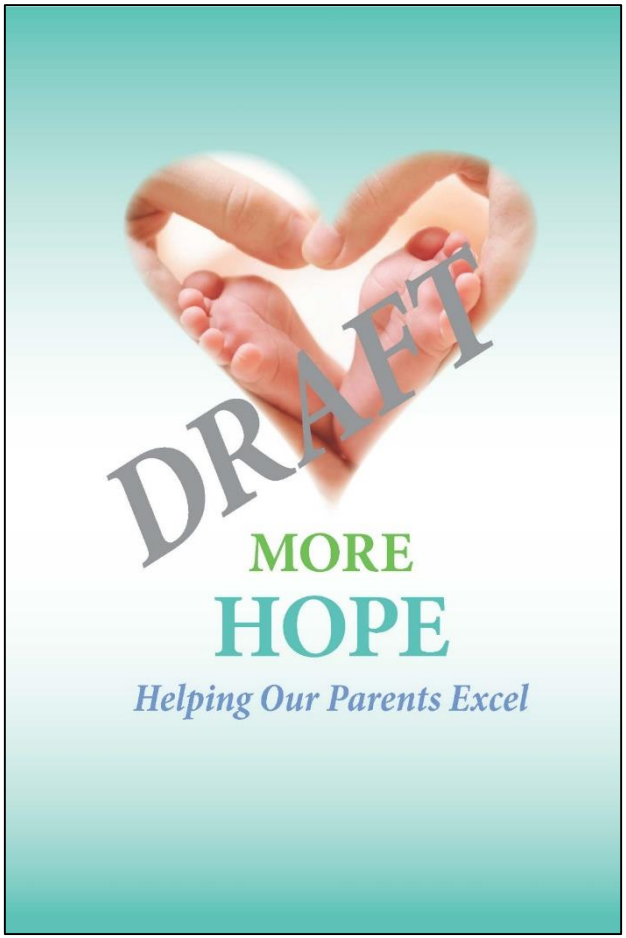




A Book of Hope for Moms with OUD

HEALTHY START COALITION
Hillsborough County
www.HealthyStartCoalition.org

FPQC
Florida Perinatal Quality Collaborative



Community Mapping Tool

MORE Community Resources				
(INSERT Hospital Name/Location)				
Resource	Program Name	Contact Name	Address/Phone/Website	Eligibility Limitations
Drug Treatment and Behavioral Health				
Methadone Maintenance Provider				
Methadone Maintenance Provider				
Methadone Maintenance Provider				
Buprenorphine Provider				
Buprenorphine Provider				
Buprenorphine Provider				
Behavioral Health Provider (OUTPATIENT)				
Behavioral Health Provider (Intensive Outpatient TX/Partial Hospitalization)				
Residential Treatment Facility				
Peer Recovery Support/Addiction Support Programs				
Support Services (Home-Based)				
Florida Healthy Start				
Home Visiting Resources				
Home Visiting Resources (Healthy Start)				
Medicaid Health Plan Services				
Medicaid Plan Services				
Medicaid Plan Services				
Medicaid Plan Services				
Other Services				
Specialized Assistance Services				

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Florida Association of
Healthy Start
COALITIONS, INC.
Every baby deserves a healthy start

Partnering to Help Women with OUD Reach Their Goals

Michael Marcotte, MD
Medical Director HOPE program
Maternal Fetal Medicine & Addiction Medicine
TriHealth, Cincinnati OH

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- How can a trauma informed approach improve the effectiveness of your prenatal and newborn care for women and the infants affected by substance use disorders?
- In what way does systemic/institutional policies and procedures stigmatize this patient population and push them away from full engagement in services meant to help them reach their goals of sobriety and parenting?

- Come hear about practical steps you can take to change policies and attitudes that create barriers for your patients to have successful pregnancies.
- Learn how one program in Cincinnati Ohio has worked to customize their care approach to increase the chances pregnant patients with substance use disorders can thrive as parents.

Case Presentation

- PM is being seen for her first prenatal visit.
  - Chronic medical condition, not in care
  - Many health harming social needs (housing, transportation, childcare, public insurance, domestic unrest)
  - Comes late to appointment, not prepared
  - She is quiet and guarded in her response to questions

➢ How do you respond?

TriHealth

Helping Opiate Addicted Pregnant Women Evolve (HOPE Program)

- Christy Ganshirt-Certified Nurse Midwife
- Cindy Brunsman-Certified Nurse Midwife
- Sarah Jaeger-Social Work
- Danielle Gentry-Community Health Worker
- Tosha Hill-Social Work and Program Coordinator
- Denise Wagner-Nurse case Manager
- Michael Marcotte-Medical Director







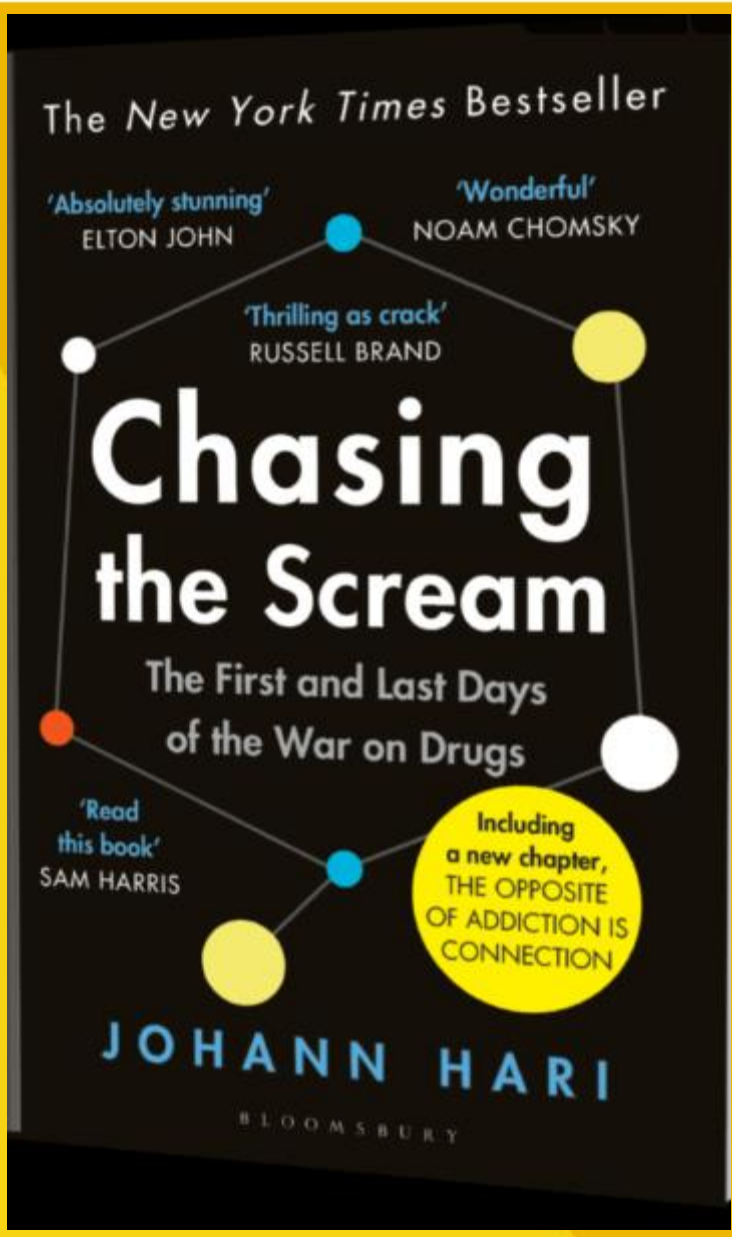
HOPE Program--2016-2019

1907 pregnant women interact with HOPE
772 deliveries (engaging more women each year)

Outcomes (of the 772 deliveries)
86% sober and engaged in MAT treatment at delivery
96% received prenatal care
23 % of newborns with NAS diagnosis
64% parenting at Newborn discharge
52% mothers -- HCV positive

FIRST STEP HOME

Medical Director
Maternal Program and Office Based Opiate Treatment



"The opposite of Addiction is not sobriety – it's connection"

- What does this look like in healthcare?
- What does this look like in prenatal care?
- How about a maternity unit?
- An NICU?

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Relationship Building: Creating Cultures That Build Trust in Relationships

Practical Approach

- Become aware of their trauma experiences
- Become aware of your trauma experiences
- Past physical, sexual, emotional trauma
- Stigma can lead to fear and distrust
- Empathy producing relationships building
- Creating an environment of trust, non-judgement and forgiveness

Practice

What has your team done to:

- **Assess your patient's past trauma?**
- **Assess your personal experience of trauma?**
- **Assess your maternity system's trauma informed practices?**
- **Put practical elements in place to build trust?**

Patient-Provider-Partnership

New Paradigm

Motivational Interviewing

- Learn your patient's goals
- Educate about evidence-based best practice
- Allow time for patient to process choices
- Clarify patient's choice
- No preset expectations
- Flexible creativity by provider
- Being willing to begin again

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Importance of Emotional Intelligence

Critical for healthcare
Providers, administrators
And all members of the team

Important skill for parents

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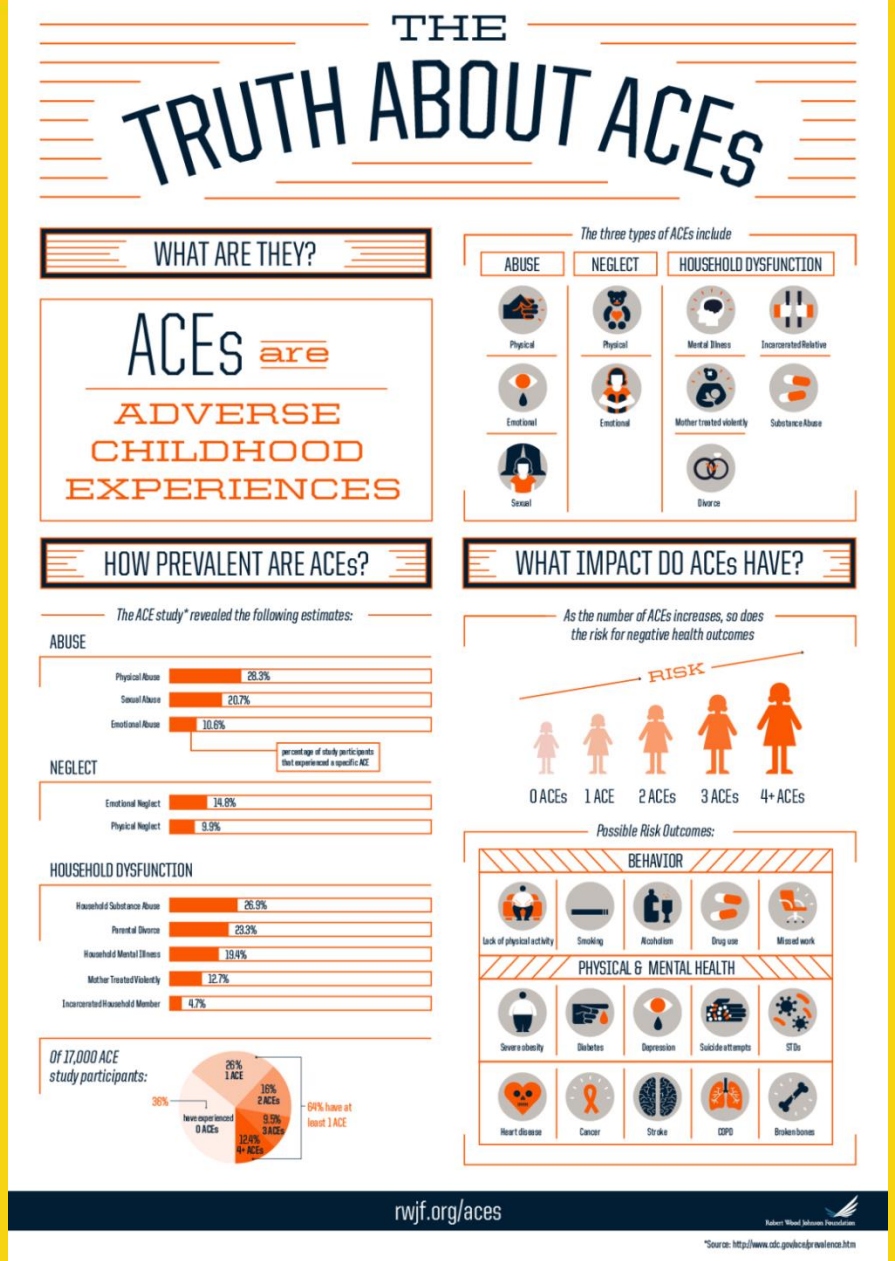
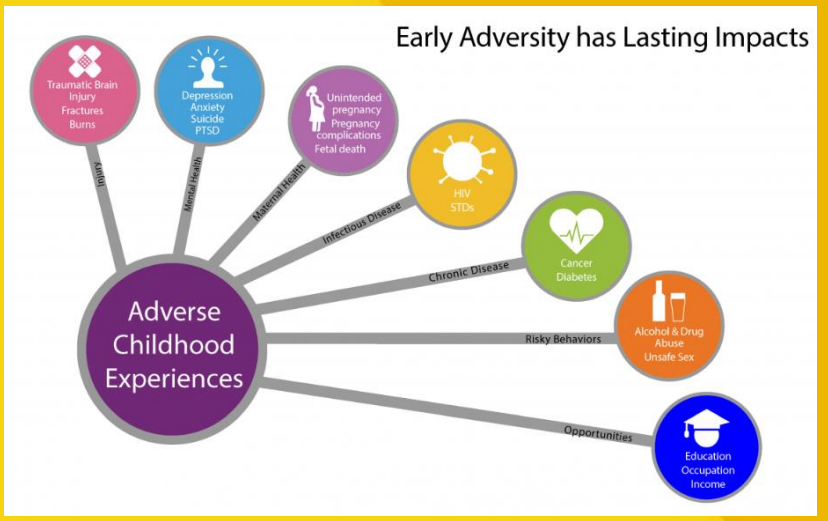


The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study (1995-97)

- One of the largest investigations of childhood abuse and neglect and household challenges and later-life health and well-being.
- The original ACE Study was conducted at Kaiser Permanente
- 17,000 + members from S. California
  - Physical exams
  - Confidential surveys regarding their childhood experiences and current health status and behaviors.



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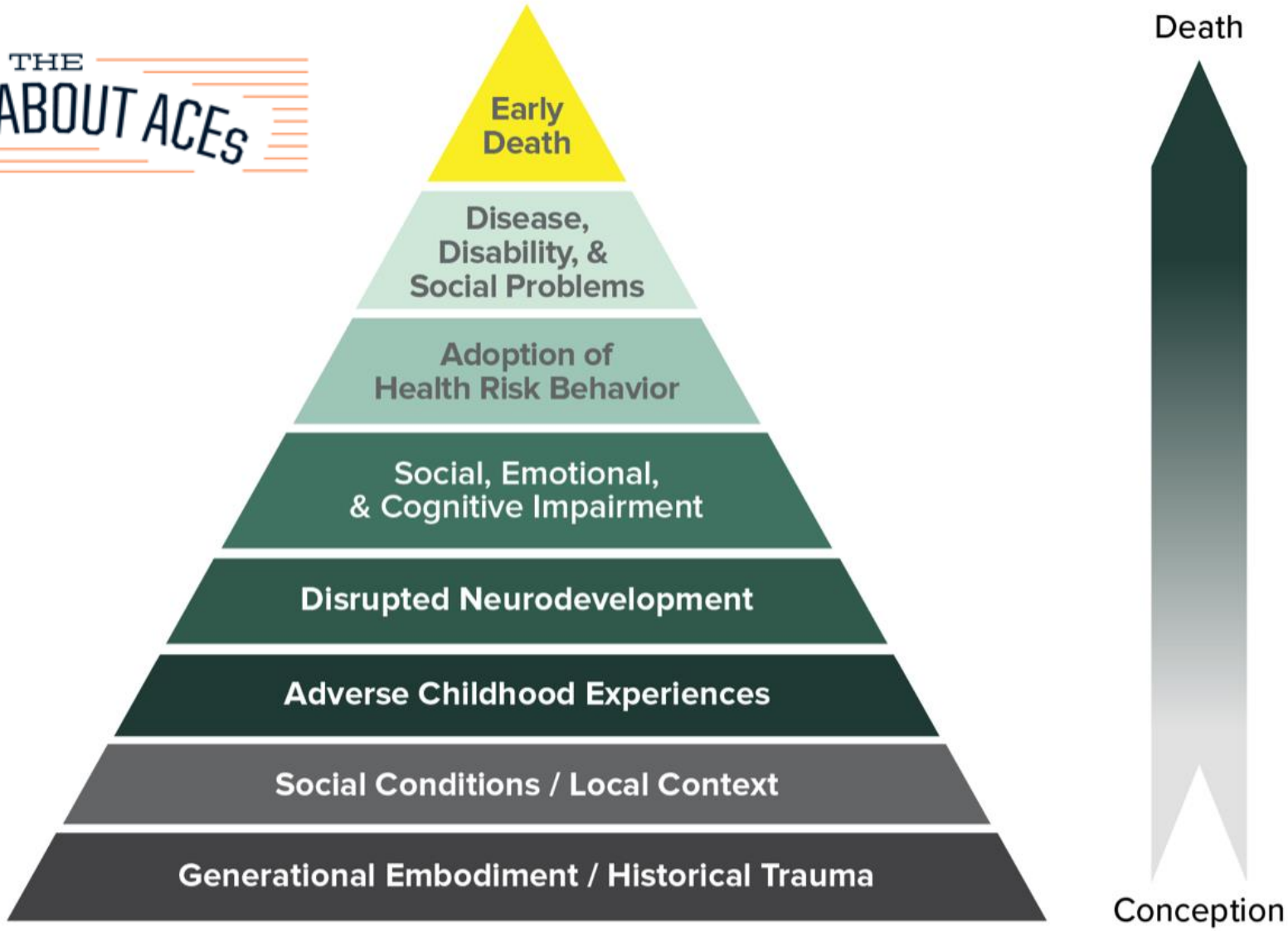
THE TRUTH ABOUT ACEs



Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Conclusions

- Stigma comes from a place of bias
- Bias has the opposite effect intended
- Make it a priority to analyze the roots of bias in yourself, your team and your organization
- Practice daily making the choice to function from a place of empathy not bias

TriHealth

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Q & A

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MATERNAL OPIOID RECOVERY EFFORT
WEBINAR SERIES

JUNE 3, 2020, 12–1 PM ET

PARTNERING TO HELP WOMEN WITH OPIOID USE DISORDER REACH THEIR GOALS

MICHAEL MARCOTTE, MD
OB EXPERT
OHIO PERINATAL QUALITY COLLABORATIVE

FLORIDA PERINATAL QUALITY COLLABORATIVE
MATERNAL OPIOID RECOVERY EFFORT
WEBINAR SERIES

JUNE 25, 2020, 3–4 PM ET

ENGAGING WOMEN WITH OUD IN THE COVID-19 CRISIS: TOOLS AND PRINCIPLES

MISHKA TERPLAN, MD, MPH
SENIOR RESEARCHER, FRIENDS RESEARCH INSTITUTE;
CONSULTANT, NCSACW

Register at FPQC.org/MORE

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