MORE Clinical Issues

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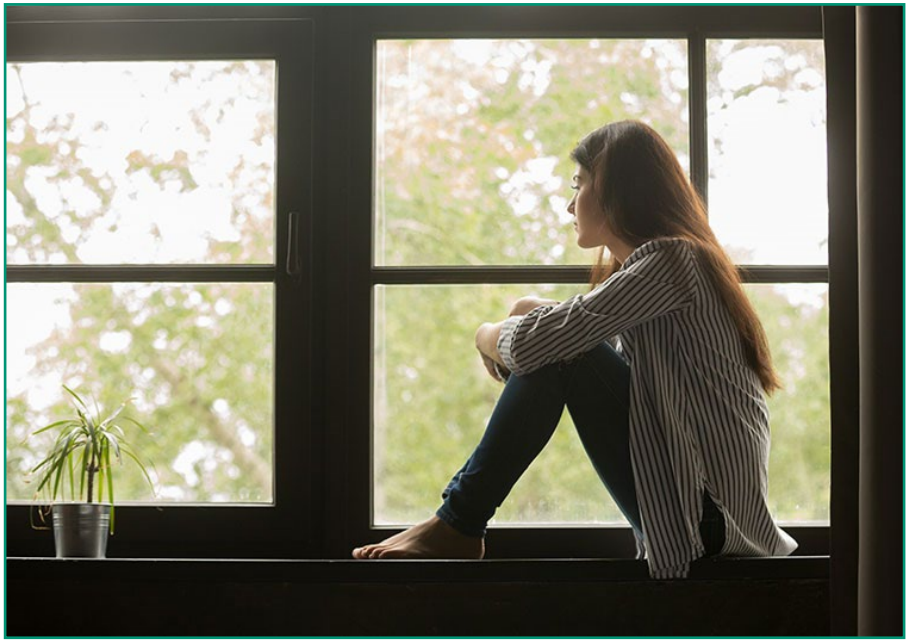
Pregnancy as a Window of Opportunity

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



Getting Started: SBIRT

Screening

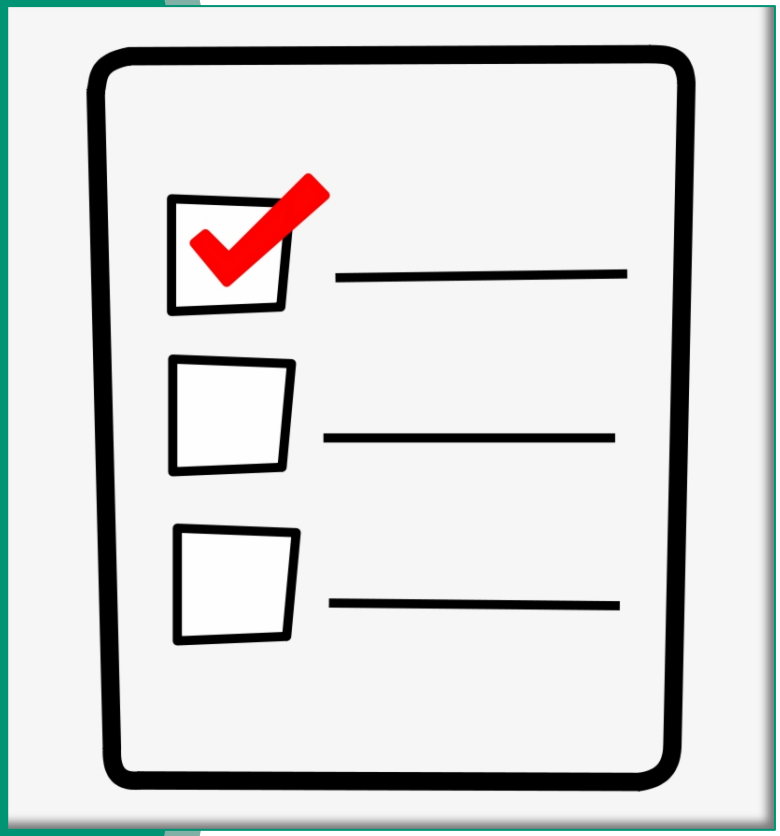
- Assess for substance abuse behavior using standardized screening tools (smoking, alcohol & other substances)

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

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

ASAM American Society of Addiction Medicine

ACOG COMMITTEE OPINION

Number 711 • August 2017

(Replaces Committee Opinion Number 524, May 2012)

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

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5 P's

Validated with pregnant women

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 you 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

Answers	Zone	Indicated Action
No to all substance use questions	Low Risk	Positive reinforcement
"Yes" to Parents	Risky	Review risk
"Yes" to Peer Questions		Perform Brief Intervention/Referral
"Yes" to Partner, Past, or Present Questions	Harmful or Severe	Refer for further assessment and possible specialized treatment

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

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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)

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

Adapted from: Tests for drugs of abuse. The Medical Letter 2002; 44:71.

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-prenancy

Brief Intervention

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Say this...	Instead of this...
Person with a substance use disorder	Addict, junkie, druggie
Person living in recovery	Ex-addict
Person living with an addiction	Battling/suffering from an addiction
Person arrested for drug violation	Drug offender
Chooses not to go at this point	Non-compliant/bombed-out
Medication is a treatment tool	Medication is a crutch
Had a setback	Relapsed
Maintained recovery	Stayed clean
Positive drug screen	Dirty drug screen
Substance exposed newborn	Addicted newborn

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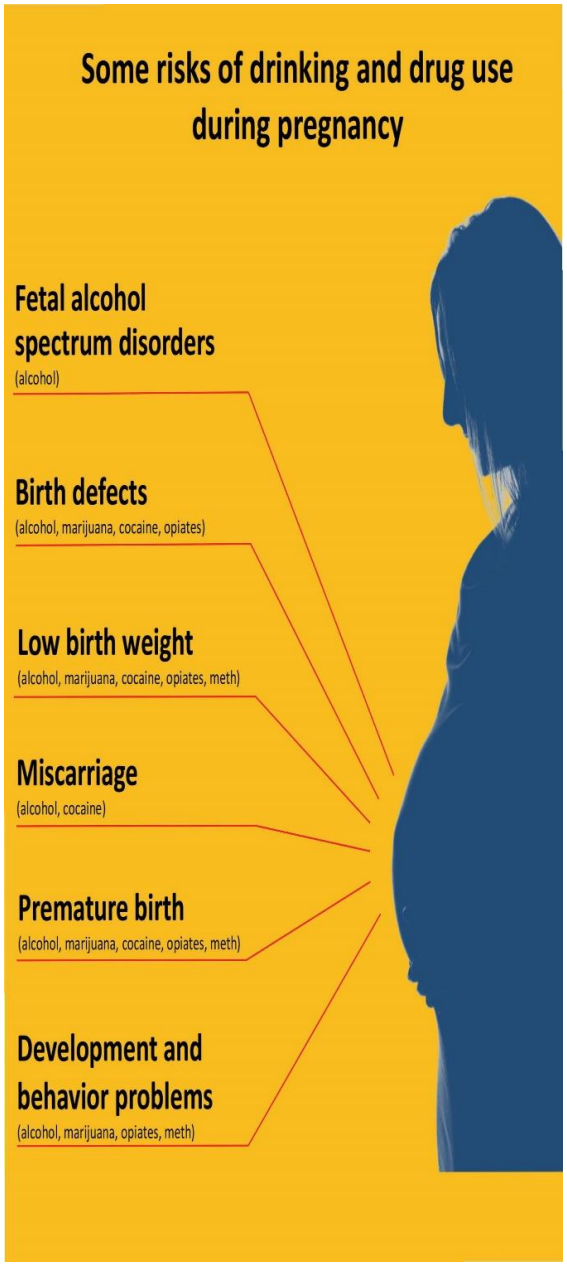
Brief Intervention

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?" •"Can you tell me more about your past/current drinking or drug use? What does a typical week look like?"
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



"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

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

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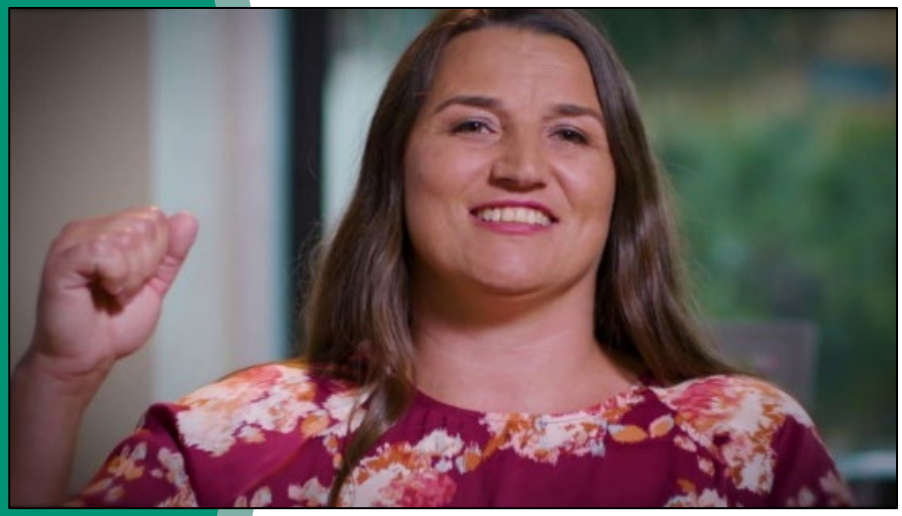
Referral for Treatment



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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

Code	Description	Fee Schedule
H0049	Alcohol and/or drug screening	$17.08
H0050	Alcohol and/or drug screening, brief intervention, per 15 minutes	$28.73

Secondary Screening

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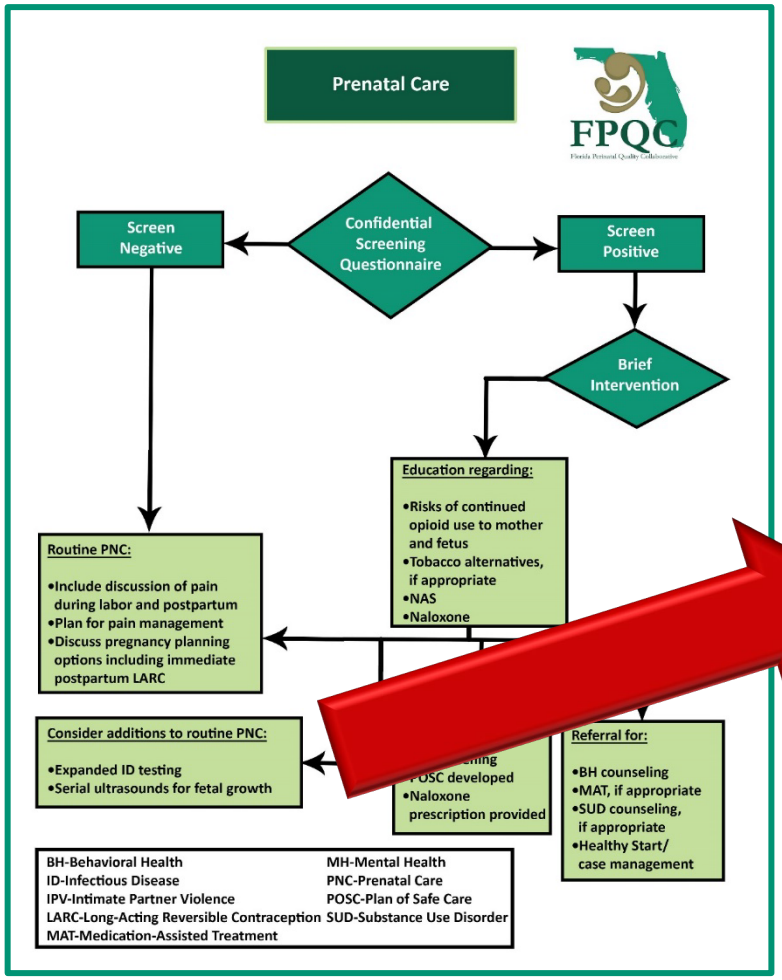
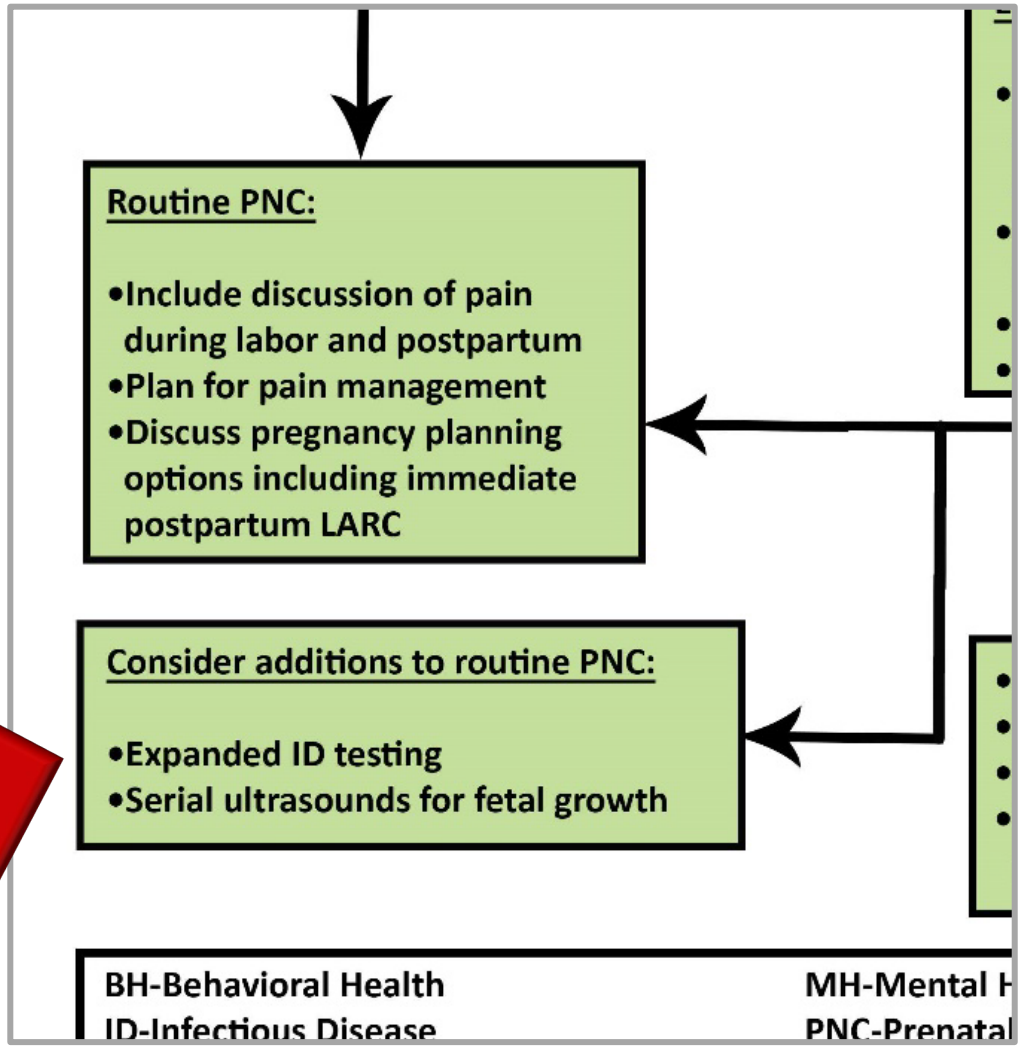
Prenatal Care Algorithm





Infectious Diseases

Hepatitis B

Syphilis

Gonorrhea

Chlamydia

HIV

Hepatitis C

Hepatitis A

Tuberculosis

Pain Management in Labor

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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

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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.

OR

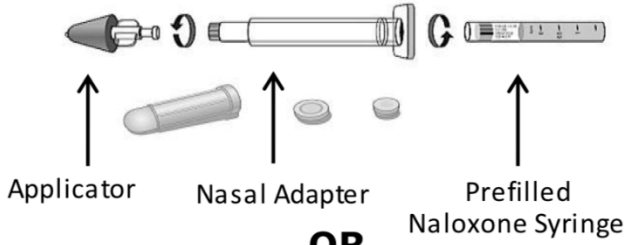
Auto-injector: Follow visual and voice instructions. Package contains instructions and a training device.

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**.



OR

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: flmomsmhresources.org

NATIONAL CLINICIAN CONSULTATION CENTER

855-300-3595

PCSS
Providers Clinical Support System

pcssnow.org

Thanks for wanting to do

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