Welcome to the March 8, 2016 Webinette!

Information on how to obtain your no-cost .5 NAADAC contact hour provided at conclusion of this live webinette.

toolsfortreatment
Family-focused Behavioral Health Support for Pregnant & Postpartum Women

www.attcppwtools.org
ATTC Center of Excellence on Behavioral Health for Pregnant and Postpartum Women and Their Families
www.attcppwtools.org

ATTC Regional Center Partners:
Great Lakes ATTC
Mid-America ATTC
New England ATTC
Southeast ATTC

Purpose:
The Center was established to develop a family-centered national curricula, web-based toolkit, and provide support for national training and resource dissemination.
Addressing the Peril of Illicit Drug Use for Pregnancy:
Medication Assisted Treatment & Integrated Care

Trudee Ettlinger, PhD, APRN, LADC, CCS
Maple Leaf Treatment Center
10 Maple Leaf Road
Underhill, VT 05489
802-858-7209 │ tettlinger@mapleleaf.org

CoE PPW Webinette 2
March 8, 2016
Affects an estimated 5 million Americans

Health problem does not spare childbearing age women

An estimated 225,000 babies are born each year with prenatal drug exposure

Opioid addiction is a chronic, relapsing disease

Considerations in opiate replacement therapy in correctional settings
Opiate Use and Pregnant Women
Opiate Use and Pregnant Women

- Prevalence ranges 1-2% with some estimates as high as 21%

Maternal Morbidity

- 6 times more risk for obstetric complications
- Low birth weight (LBW)
- 3rd trimester bleeding
- Fetal distress
- Malpresentation of fetus
Opiate Use and Pregnant Women

Neonatal Conditions

• Neonatal abstinence syndrome (NAS)
• Postnatal growth lags
• Increased risk for Sudden Infant Death Syndrome (SIDS)
Medication Assisted Treatment
Medication Assisted Treatment

• Opioid Use Disorder causes both neurochemical and structural brain changes affecting opioid receptors

• Methadone (a full agonist drug) and buprenorphine (partial opioid agonist drug) are effective in decreasing opiate drug craving

• Both allow for improved recovery success & prevent opioid withdrawal
Medication Assisted Maintenance Treatment Options

• Drug Addiction Treatment Act 2000

• Opiate Treatment Programs (OTP)
  – Restrictive, daily dosing, earned take-home medication privileges for those free of illicit drugs; serves high risk population

• Office-based Opiate Treatment (OBOT)
  – Patient meets stability criteria, prescribed buprenorphine; patient contracts with medical practice
Goals for Pregnancy & MAT

- Reduce illicit drug use exposure for fetus
- Engage mother in SUD Treatment
- Prevent opioid withdrawal and its physiologic cascade
- In correctional setting, MAT is an opportunity for improved public health and safety
Methadone Treatment

• Medication of choice for pregnancy (more data reporting neo-natal outcomes)

• Access barriers (i.e., clinic locations, clinic times)

• Capacity of mother to comply with OBOT clinic requirements & needing OTP care level structure
Buprenorphine Treatment Considerations

- Formulation Subutex (No Naloxone-buprenorphine monotherapy)
- Stable on buprenorphine prior to pregnancy
- Clinical presentation supports stability for OBOT level of care
- In correctional OTP programs, diversion is sometimes a concern
MAT: Labor and Delivery

• Continue with scheduled methadone or Subutex for labor and delivery and postpartum

• Spinal and epidural analgesia is provided for pain control

• Pain managed with nonsteroidal anti-inflammatory drugs (NSAID’s) and short acting opioids (e.g., codeine, morphine, Percocet, Vicodin)

• Women requiring a Cesarean Section (C-Section) may need decreasing doses of short acting opioids for several days
Buprenorphine exposed infants require less withdrawal management treatment (morphine/methadone) and have a shorter stay in the hospital than methadone-maintained mothers.
Postpartum Care
Breast Feeding

- Low bioavailability with methadone and buprenorphine
- Breast feeding encouraged
- In correctional settings, *diversion has been a concern*
Medication Assisted Treatment &
Early Postpartum Months

- Maintain on medications
- Watch for relapse 3-6 months after birth
- Discuss contraception: Long Acting Reversible Contraception
  - LARC (IUD or hormonal implant); risk potential for rapid repeat pregnancy
- No evidence of medication interactions between contraceptives, methadone, or buprenorphine
Risky Life Profile

- Generational familial drug use
- High exposure to violence
- Limited education
- Psychiatric co-occurring disorders
- Justice system involved
- Unsuccessful work history
- Unsafe housing
- Multiple hardships
Clinical Treatment & Support Services

Interrelated Elements include . . .

- Birth plan (correctional settings)
- Childcare
- Housing
- Life management skills
- Nutrition
- Transportation
Psycho-Social Care Package

- Parenting groups
- Individual counseling
- Group counseling
- Stress management skills
Cornerstones of Treatment

- Motivational Therapeutic Strategies
- Optimal Care
- Care Continuum
- Navigation Skills Building
Counseling Services
Departments relating to Children & Families
Economic Services
Field Correctional Services
Medication Assisted Treatment Clinic
Obstetric Care
Women, Infants, Children (WIC)
Treatment Challenges
Higher Level of Care Indicators
(i.e., OTP or residential setting)

- Evidence of benzodiazepines, cocaine, and alcohol in urine screening
- Not attending substance use disorder counseling
- Diverting prescribed MAT medication (also a concern in correctional settings)
Summary

Message Board – Keep Both Safe

Understand:

• OTP and OBOT community resources
• Methadone is the preferred choice for pregnancy
• Opioid addiction is a relapsing chronic brain disease
• Women/mothers need full wrap-around care
References (1 of 3)


Center for Substance Abuse Treatment. Substance Abuse Treatment: Addressing the Specific Needs of Women. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2009. (Treatment Improvement Protocol (TIP) Series, No. 51.)
References (2 of 3)


References (3 of 3)


Thanks for Participating!

- You will be eligible to receive a .5 NAADAC contact hour if viewed prior to April 1, 2016

- Please send your request to receive a certificate of attendance to: info@attcppwtools.org no later than April 1, 2016.

www.attcppwtools.org