Central Appalachia: A Regional Response to an Opioid Epidemic in Pregnancy

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Therapies for Opioid Dependent Pregnant Women

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Objectives

- Understand the scope of the issue in KY
- Discuss implementation, infrastructure and outcomes of 2 programs in KY
  - SAMHSA Targeted Capacity Treatment Grant Program – MAT-PDOA
  - Johnson County Communities of Hope
<table>
<thead>
<tr>
<th>Measure</th>
<th>US</th>
<th>vs.</th>
<th>Kentucky</th>
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<td>Prescribing rate of opioids per 100 people</td>
<td>82.5</td>
<td></td>
<td>128.4</td>
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<tr>
<td>Age-adjusted Overdose Rate per 100,000</td>
<td>13.8</td>
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<td>23.7</td>
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Newborns in Opioid Withdrawal

As more women use opioid painkillers, heroin, and addiction treatment medications such as methadone during pregnancy, the number of infants born with severe withdrawal symptoms is rising. New England and south central states have the highest rates of newborns in withdrawal.

Babies in severe withdrawal per 1,000 hospital births

Source: Journal of Neonatology, 2015
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NAS Hospitalizations of Kentucky Newborns

- 2000: 19
- 2001: 46
- 2002: 69
- 2003: 98
- 2004: 123
- 2005: 133
- 2006: 179
- 2007: 209
- 2008: 251
- 2009: 327
- 2010: 379
- 2011: 522
- 2012: 632
- 2013: 756
- 2014: 1060

Hospitilizations
Access to Inpatient Treatment Centers

Access to transportation to treatment

Capacity of communities to meet needs of treatment in pregnancy

Silence and Shame In families

Misconceptions about Treatment in pregnancy

Fear of societal perceptions related to prescribing treatment during pregnancy
Medication Assisted Treatment – Prescription Drug and Opioid Abuse

Cumberland River
3 year SAMHSA Grant (2015-2018) to develop and test a model program

- Treatment and Support for pregnant and parenting women
- Provide stability to enter and maintain recovery
- Reduce NAS in those receiving treatment
- Support mothers to be able to care and nurture their infants during critical period of development
Creating a New System of Care

- Evidence Based
- Comprehensive
- Integrated
- Community Coordinated Service Delivery
- Addressing Service deficits
- Including wrap around services
  - Medical, social, childcare, educational, vocational
Community Awareness and Collaboration

- Est. local implementation and stakeholder groups
- Multidisciplinary approach
- Collaboration across agencies
Reduction of stigma to MAT

- Local treatment facility now accepts clients on MAT
  - Previously abstinence only

- Compassion and respect for women across treatment systems
  - Rooming in is now standard

- In progress of establishing area’s first peer run MAT support group
Integration of Evidence Based Standards and Practice

- Workforce Development
  - Professional, quality training
  - Broad range of topics relevant to opioid use disorders and women

- Technical assistance for implementation
  - Training on treatment and protocols
  - Data collection

- Evaluation
  - Analyzing data elements
  - Survey
  - Focus Groups
Screening

- Before and in early pregnancy
- Clinical Screening Tools
- Observe for S/S
  - Late Entry to Care
  - Poor adherence
  - Poor weight gain
  - Erratic behavior
  - Track Marks or abscesses
  - Positive HIV/HCV or HBV
- UDS with patient consent
Medically Supervised Withdrawal

- Not recommended in pregnancy
  - Associated with high relapse rates
Treatment

- Opioid Assisted Therapy
  - Prevent complications of illicit use and withdrawal
  - Encourage Prenatal Care and Treatment
  - Reduce criminal activity
  - Avoid risks associated with drug culture
  - Comprehensive care, that includes PNC, reduces OB Risks
Maintenance Therapy Options: ACOG

- **Methadone**
  - Prescribed and dispensed daily by a registered substance abuse treatment program

- **Buprenorphine**
  - Prescribed by accredited physicians who have undergone specific credentialing
  - Only opioid approved for treatment of opioid dependence in office-based setting
Labor, Delivery and Postpartum Management

- **Intrapartum**
  - Women receiving MAT should receive pain relief as if they were **not** taking opioids
  - **Avoid** narcotic agonist-antagonist drug as they may precipitate withdraw
  - Pediatric staff should be notified
  - Maintain daily doses of methadone or buprenorphine and ensure open communication to patients

- **Postpartum**
  - Encourage and support breastfeeding in women who are not using additional drugs and have no other contraindications
  - Encourage and support continued compliance in their treatment and addition support
  - Discuss contraception options during pregnancy and after delivery
Defining Success

- Early identification

- Multidisciplinary Care Team
  - Integrated Care Manager
  - Coordinate wrap around services
  - Ensure treatment needs are met

- Continued access to treatment and support after delivery
Johnson County Community of Hope

Investing in Hope
This is how it started....

- Janie McKenzie Wells
  Family Court Judge

- Susan Howard, Regional manager for Kentucky’s child welfare system
Mission and Goals

- Utilize the compassion, **skills** and **resources** of the community to strengthen **our families** and improve child and family wellbeing.

- Reduce the number of children in out of home care and the number of dependency, neglect and abuse cases through **prevention** and **treatment**, with an emphasis on addressing substance abuse issues.
Showing Impact

- Serve 150 to 200 mothers every quarter
- Received CDC Health Impact Award
In Conclusion
Summary

- Kentucky is currently facing devastating effects from the prescription drug and heroin epidemic

- Communities are joining forces to develop comprehensive, multidisciplinary, evidence based, replicable programs

- Success is seen in the increased number of women receiving MAT during pregnancy and the availability of coordinated wrap around services
“Alone we can do so little, together we can do so much.”

- Helen Keller
Special Thanks

- **Kristopher Shera**
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References

- ACOG Committee Opinion #524: Opioid Abuse, Dependency, and Addiction in Pregnancy. (2012)