



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

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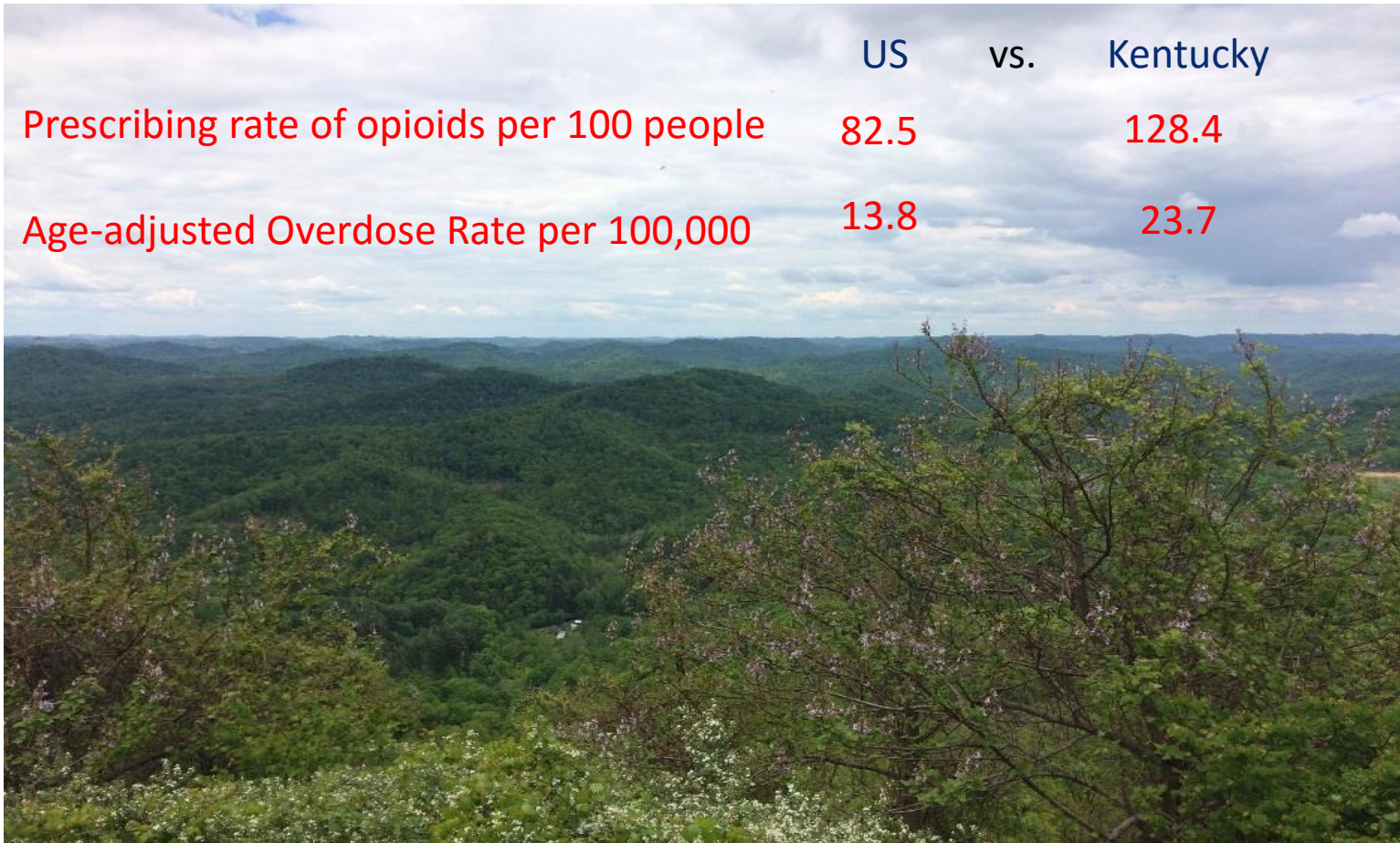
Therapies for Opioid Dependent Pregnant Women

June 29, 2016

Objectives

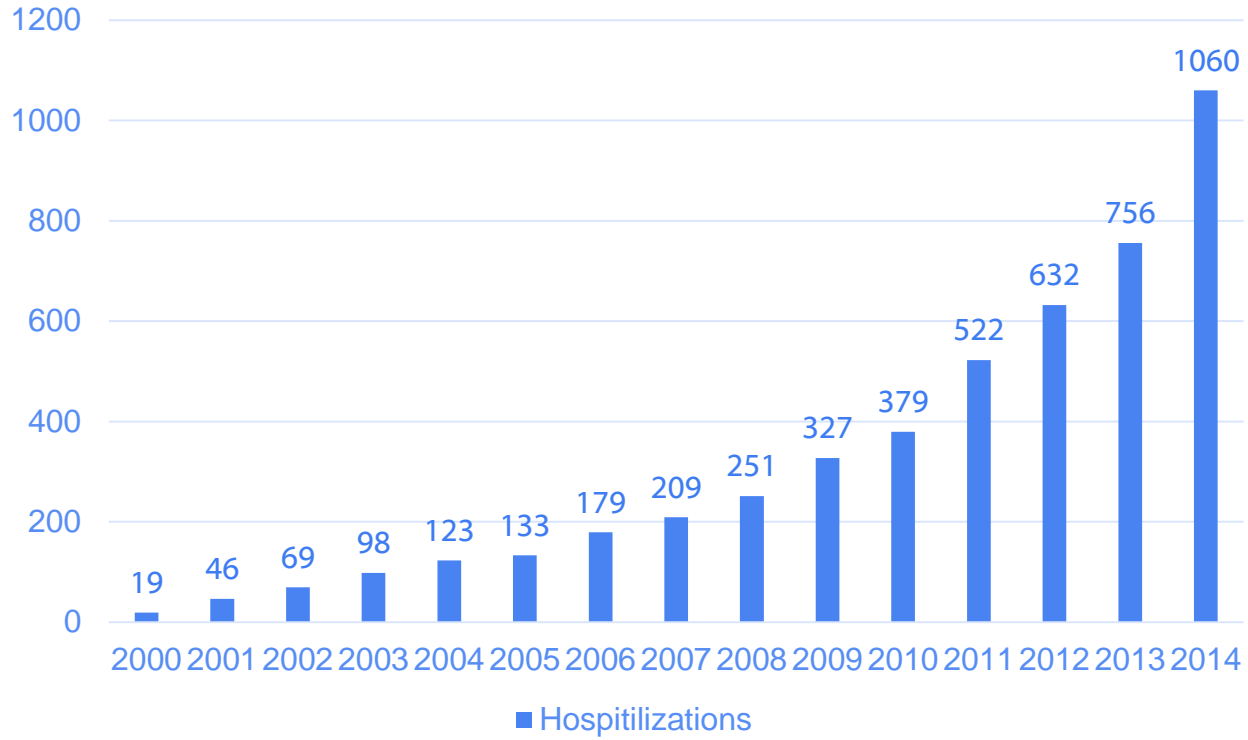


- Understand the scope of the issue in KY
- Discuss implementation, infrastructure and outcomes of 2 programs in KY
 - ❖ SAMHSA Targeted Capacity Treatment Grant Program – MAT-PDOA
 - ❖ Johnson County Communities of Hope



	US	vs.	Kentucky
Prescribing rate of opioids per 100 people	82.5		128.4
Age-adjusted Overdose Rate per 100,000	13.8		23.7

NAS Hospitalizations of Kentucky Newborns



Access to Inpatient
Treatment Centers

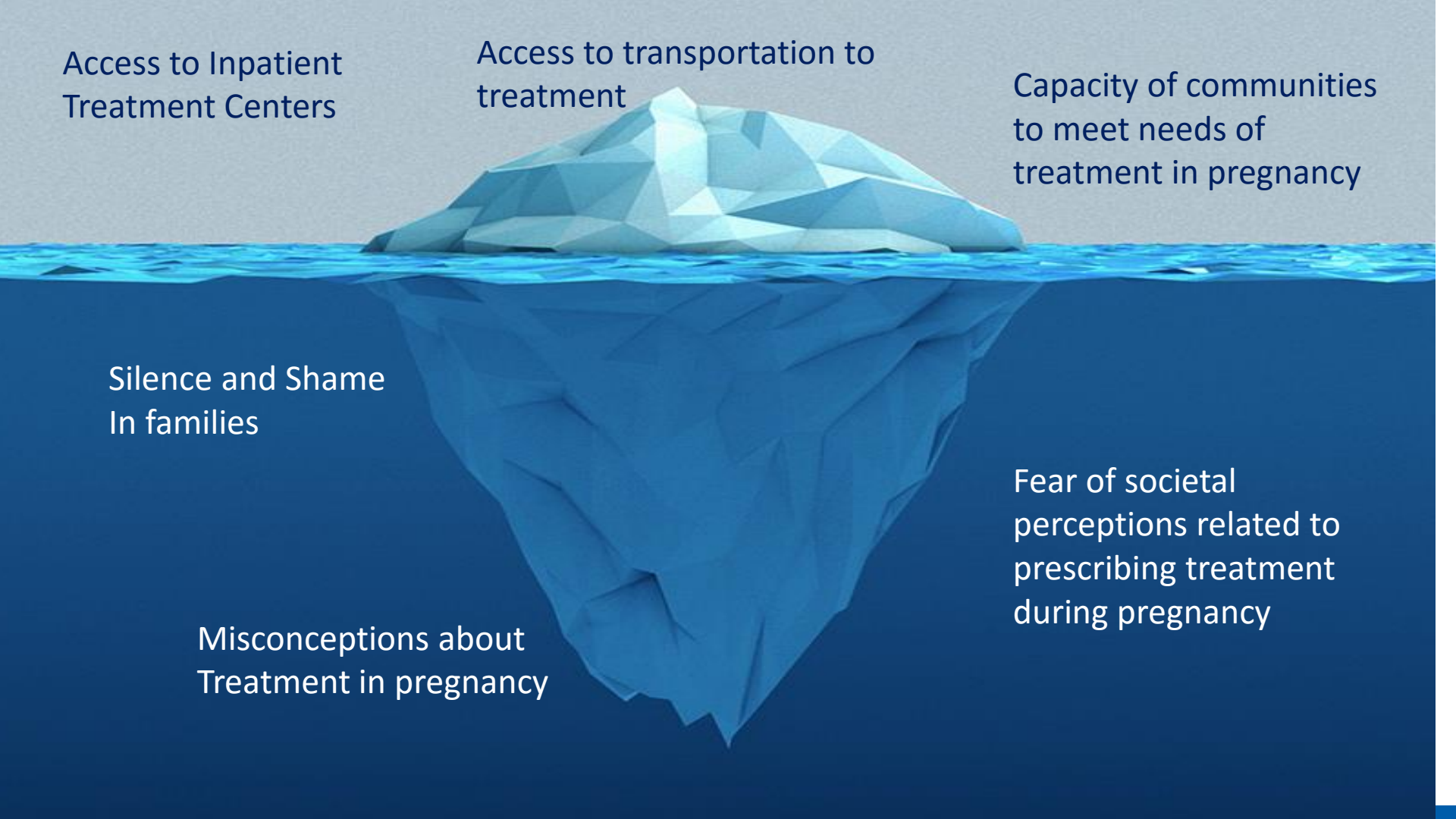
Access to transportation to
treatment

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

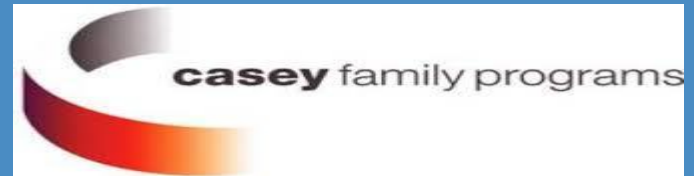
Defining Success

- 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....

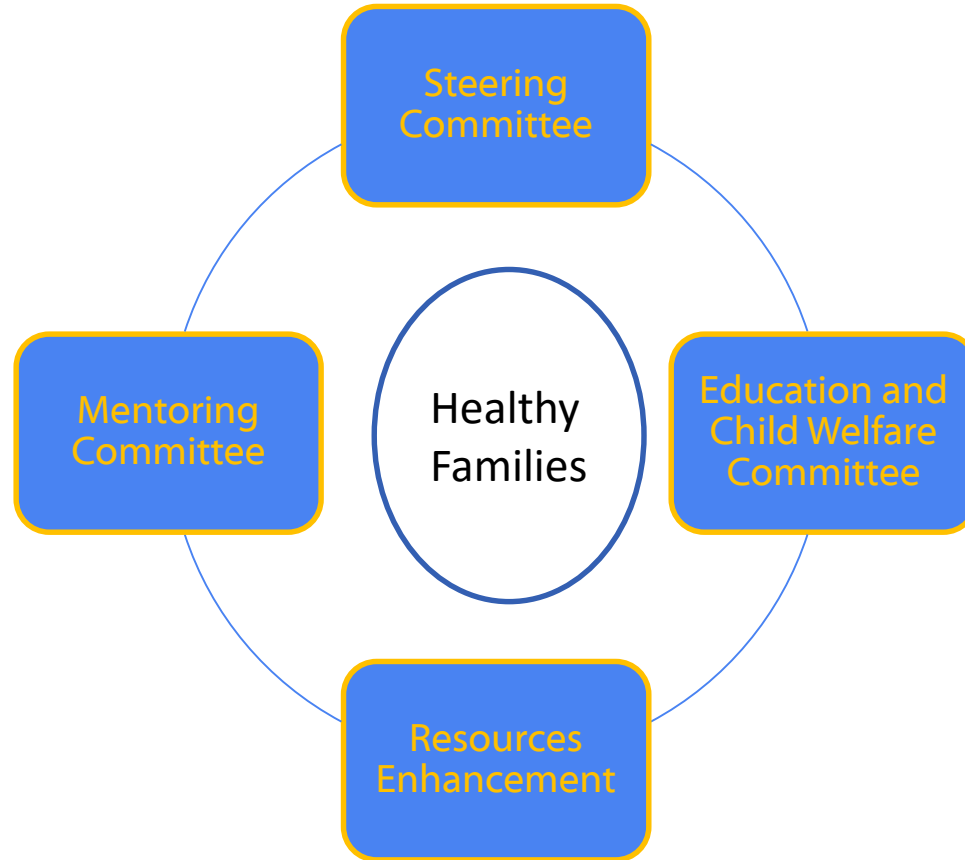
- **Janie McKenzie Wells
Family Court Judge**
- **Susan Howard, Regional
manager for Kentucky's
child welfare system**



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

Structure



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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- **Susan Howard**

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

