Common Ground:
What Can Providers Do To Improve Care For Pregnant and Post-
Pregnant People and Their Children

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• I have no relevant disclosures of conflicts of interest related to this topic
Neurobiological Advances from the Brain Disease Model of Addiction.
Why Addiction Matters

Dopamine

nanograms/deciliter

40  Worst Day

50  Average Day

100  Great Day!

500-1,100  Psychoactive Substances
Dopamine Matters!

Repeated Substance Use nanograms/deciliter for drugs

500-1,100

600

500

400

50

10 nanograms/deciliter every day

Low Dopamine

Craving

Survival Mode

Primal Action
11 Signs of Substance Use Disorders

- Excessive amounts used
  - Excessive time spent using/obtaining

- Craving or urges to use
  - Unsuccessful attempts to cut down

- Tolerance
  - Withdrawal

- Hazardous use despite physical danger
- Health problems
- Missed obligations
- Interference with activities
- Personal problems
Summary
Maternal benefits of maintenance:
• Longer retention in treatment
• More antenatal care
• Less illicit use at delivery

Neonatal benefits of maternal withdrawal:
• None apparent

Safe to detox during pregnancy:
• No acute events during detoxification

Jones HE, O’Grady KE, Malfi D, Tuten M. Methadone maintenance vs. methadone taper during pregnancy: maternal and neonatal outcomes. Am J Addict Sep/Oct 2008;17(5);372-86

<table>
<thead>
<tr>
<th></th>
<th>3 or 7 day withdrawal (n=95)</th>
<th>3 or 7 day withdrawal then methadone maintenance (n=28)</th>
<th>Methadone Maintenance (n=52)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal +UDS (%)</td>
<td>53</td>
<td>18</td>
<td>23</td>
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<tr>
<td>Maternal days in treatment</td>
<td>21</td>
<td>100</td>
<td>122</td>
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<tr>
<td>OB visits</td>
<td>2.3</td>
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<tr>
<td>Birth weight (g)</td>
<td>2911</td>
<td>3020</td>
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<td>Preterm (%)</td>
<td>29</td>
<td>11</td>
<td>19</td>
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<tr>
<td>NICU admit (%)</td>
<td>32</td>
<td>3.6</td>
<td>46</td>
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<tr>
<td>NAS treatment (%)</td>
<td>28</td>
<td>18</td>
<td>27</td>
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<tr>
<td>LOS days</td>
<td>9.4</td>
<td>7</td>
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</table>
Methadone assisted withdrawal: N=8
- (51 eligible at entry; 43 excluded (39 desired maintenance; 4 no outcome data)

7 day inpatient withdrawal: (40, 30, 25, 20, 15, 10, 5 mg qd) the outpatient CAP f/u (Hopkins)

Compared to women on maintenance (methadone =12; buprenorphine=5)

Summary:
- A high proportion of women that consider medication assisted withdrawal choose medication assisted treatment

- Medication assisted withdrawal does not eliminate NAS
  - severity of NAS is reduced
  - the reduction of NAS symptoms and treatment associated with withdrawal is not as pronounced when compared to buprenorphine exposed infants

Summary of evidence of pregnancy outcome with detoxification: Remarkably consistent since 1970

- Detoxification can be performed without significant risk of fetal demise or initiation of preterm labor
- Of those women requesting detoxification, many opted for maintenance during the detoxification process
- Relapse and/or loss to follow-up occur in at least half of women that attempt detoxification during pregnancy
- All studies of detoxification or medication assisted withdrawal were compromised by patients lost to follow-up
  - No study examined maternal health after delivery
  - It is plausible that those patients without follow-up had worse outcomes
- It is likely that women who successfully detoxify are different from those that choose maintenance
Change From Finnegan to Eat, Sleep and Console Reduces Neonatal Abstinence Syndrome Outcomes

What Is The Problem We Are Attempting To Solve?

Is It To Avoid NAS?

Basic Problem: Detoxification Is An Acute Care Approach To A Chronic Medical Problem
Comprehensive Treatment of Substance Use Disorders during Pregnancy

- Few medications are available to treat substance use disorders, except for alcohol, tobacco and opioids
- Opioid medications such as methadone and buprenorphine can be successful components in treating opioid use disorder, both in the general population and in pregnant and post-pregnant patients
- Opioid medications and detoxification are best provided in the context of a comprehensive treatment plan that includes behavioral treatment like individual counseling
- A comprehensive treatment plan is developed following an assessment that determines which life areas have been affected by drug use and to what extent they have been affected
- The patient and provider then develop specific goals for improved life functioning in each life area and a plan for how and when the goals will be met
- Part of the plan may include wellness indicators of when patients can taper off medication
Factors to consider in medication-assisted withdrawal:

- A complete medical and psychosocial assessment
- What is motivating the woman to discontinue her medication?
- Is she pregnant? Is there obstetrical/medical care? Is she post-partum?
- What positive relationships does she have in place in her life?
- What is the plan for her and her children if she relapses?
- What is the plan if she wants to stop the medication-assisted withdrawal?
- What about overdose risks, Hepatitis C, HIV and STI risks?

Shared Decision Making: Extent of Use Of Medication to Treat Opioid Use Disorder

e.g., Jarvis & Schnoll. NIDA Res Monogr, 1995; Kaltenbach et al., Obstet Gynecol Clin North Am, 1998
Model of Care

Continuity of Care

- Group and Individual Counseling
- Trauma Responsive Services
- Pregnant and Post-pregnant Patient and Child

Commitment

- Medical Care Mom and Child
- Childcare Early Intervention
- Transportation Housing Employment Legal Help

Dyad Strengthening

Timely Access
Quality Care Model

Formalized Partnerships

Health Services

Substance Use Disorder Treatment

Social Services

Child Health and Wellbeing

Pregnant and Post-pregnant patient and child
Summary