

# Public Meeting Notice

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# Treatment Approaches for Pregnant Persons with Opioid Use Disorder



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# AGENDA

- Overview of Key Considerations for Pregnant Persons with OUD
- Key Considerations for Behavioral Health Providers in Colorado
- Treatment Options for Pregnant Persons with OUD
- Potential Effects of Perinatal OUD Exposure
- Treatment Considerations for Infant & Dyad



# Learning Objectives

- You will be able to describe the key considerations for treating pregnant persons with OUD
- You will be able to evaluate the effectiveness of various treatment modalities for pregnant persons with OUD
- You will be able to identify at least three short term risks or effects of perinatal OUD exposure and potential treatment options for the infant and dyad
- You will be able to identify when treatment may be needed and how to connect pregnant and parenting people with OUD care



# Pregnant Persons

Throughout this presentation, the terms “mother” or “maternal” or “she” or “her” are used in reference to the birthing person. We recognize not all birthing people identify as mothers or women. We believe all birthing people are equally deserving of patient-centered care that helps them attain their full potential and live authentic, healthy lives.

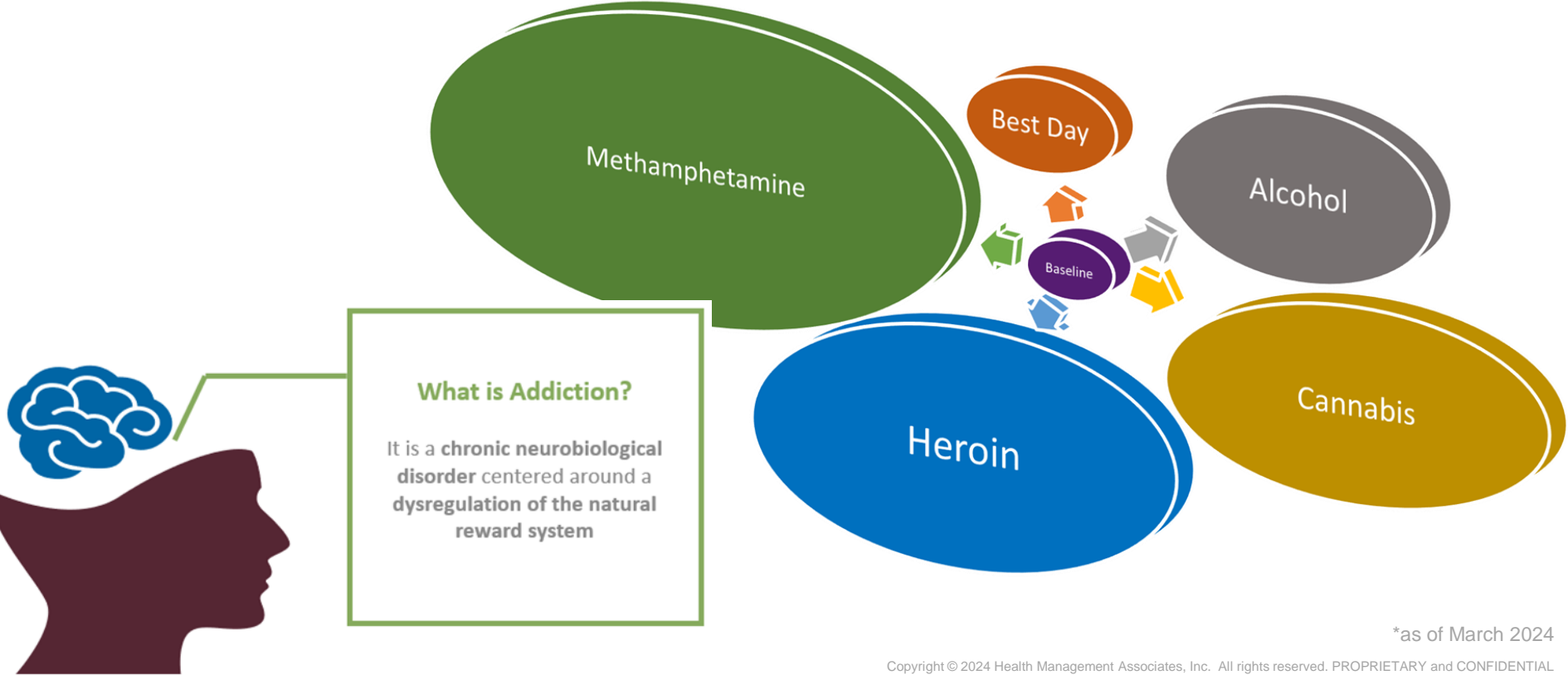


# Key Considerations

What do we know about pregnant persons with OUD?

What are key considerations for Behavioral Health Providers in Colorado?

# Addiction & Pregnant Persons



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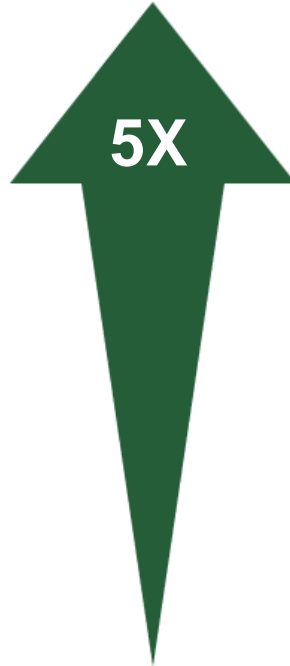


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# National & State Statistics

- **Colorado** 2016-2020: Suicide and Unintentional Drug Overdose are the two leading causes of pregnancy-associated deaths.
- Cases of Neonatal Abstinence Syndrome (NAS) in **Colorado** have increased by 120% from 2011 to 2016.
- In **Colorado**, 2.9% of infants received a diagnosis for NAS in 2019.
  - Rates were disproportionately high in **El Paso**, **Pueblo**, **Jefferson**, and **Larimer** counties.
- National SAMHSA data: 400,000 infants are exposed to alcohol and other potential substance of abuse during pregnancy, annually in the United States.
- Number of pregnant women with OUD increased from 1.5/1000 to 8.2/1000 live births (1999-2017).
- Twenty-seven (27%) percent reported they wanted to cut down or stop using but didn't know how.
- Eight percent (8%) of women with OUD/SUD receive needed treatment (most are never screened).





## Chatter Fall #1

- Please take a minute to type your response in the Zoom Chat, but don't click enter.

How much experience do you have in your practice with pregnant/parenting persons with OUD and/or their children?

- When instructed, please click enter.

## Chatter Fall #2

- Please take a minute to type your response in the Zoom Chat, but don't click enter.

**What information do you need to better prepare you to care for pregnant/parenting persons with OUD and/or their children?**

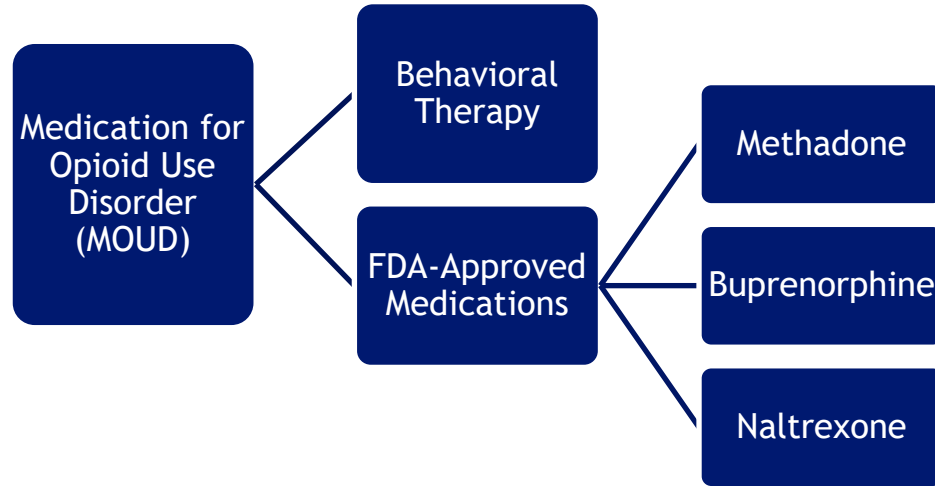
- When instructed, please click enter.



# Treatment Options

Medication for Opioid Use Disorder (MOUD) is the standard of care for the treatment of pregnant persons with OUD

# Medication for Opioid Use Disorder



Medications can be used to treat certain substance use disorders and some medications have been shown to:

- Improve patient survival
- Increase retention in treatment
- Decrease illicit opiate use and other criminal activity among people with substance use disorders
- Increase patients' ability to gain and maintain employment
- Improve birth outcomes among individuals who have substance use disorders and are pregnant

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# Benefits of Medication for Opioid Use Disorders

Treats  
withdrawal  
symptoms

Stabilizes  
dopamine

Helps increase  
motivation  
and energy

Increased  
attendance in  
treatment

Decreased  
cravings

Decreased  
opioid use

Decreased  
intravenous  
drug use and  
complications

Decreased  
overdose

Decreases  
death

Improves  
functioning

Decreased  
criminal  
behavior

Leads to better  
birth outcomes

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# Potential Impact of Treatments: MAT

Treatment	Overdose Deaths	Retention in Treatment	Pregnancy Outcomes	Neonatal Abstinence Syndrome (NAS)
Detoxification/Withdrawal	Red	Red	Red	Green
Methadone	Green	Green	Green	Yellow
Buprenorphine (Mono)	Green	Green	Green	Yellow
Buprenorphine/Naloxone	Green	Green	Yellow	Yellow
Naltrexone	Yellow	Yellow	Yellow	Green

Red	Research indicates use is contraindicated and/or that risks of poor outcome outweigh benefits of use
Yellow	Research is insufficient to conclude that benefits outweigh risks or that benefits exceed those of other medications
Green	Research indicates that benefits do outweigh risks or that benefits do exceed those of other medications

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## Benefits of MAT During Pregnancy

- Improved adherence to healthcare
- Improved outcomes for pregnant person & baby
- Reduced cravings & use
- Reduced overdose
- Reduced intravenous drug use
- Reduced criminal behavior
- Reduced early delivery
- Reduced risk of miscarriage
- Reduced opioid withdrawal for baby
- Decreases Neonatal Abstinence Syndrome (NAS)
- Decreases amount of medication and duration of hospital stay for NAS



# Nonpharmacological Treatment Options



## Screening & Treatment

- Co-Occurring Mental Health
- Brief Interventions
- Prompt Referrals
- Promote Health Equity



## Wrap Around Services

- Health
- Home
- Purpose
- Community



## Support

- Peer Support
- Parenting Support
- Groups
- Coaching & Education
- Family Engagement
- Housing- or Food-Related Needs



# Potential Impacts of Treatment: Nonpharmacological

- The Colorado Hospitals Substance Exposed Newborn Quality Improvement Collaborative
  - Through standardization of Opioid Exposed Newborn (OEN) care focused on family engagement and nonpharmacologic care, the collaborative:

Reduced the average length of stay (LOS)

Reduced the percentage of OENs requiring opiate therapy

Reduced the average LOS for OENs requiring opiate therapy

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## Identifying Needs & Connecting to Treatment

- Conduct a careful, empathetic, and non-judgmental interview
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- WHO recommends all health-care providers should ask all pregnant women about their use of alcohol and other substances (past and present) as early as possible in the pregnancy.
- Comprehensive Assessment
- Individualized Care
- Referral to Appropriate Services



# Colorado Services\*

- Special Connections (2021)
- The Colorado Perinatal Care Quality Collaborative (CPCQC):
  - Colorado Alliance for Innovations on Maternal Health (AIM): SUD
  - Maternal Overdose Matters Plus (MOMs+)
- Hard Beauty
- Tough As A Mother (TaaM)
  - TaaM: Find Help Near You
  - Weekly Online Support Group for Moms

*\*Resources/Services available in Colorado as of March 2024*



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# Supporting Caregiver/Infant Dyads

Neonatal Abstinence Syndrome  
Dyadic Approaches



## Women and SUD

- Women are at greatest risk for developing SUD during their reproductive years.
- Telescoping effect (more rapid time course of SUD) combined with stigma and decreased screening.
- Majority of women with SUD have a history of trauma and/or co-occurring mental health diagnoses.
- Accidental overdose risk is greater during the postpartum period.

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# Short-term Effects of Opioid Exposure

- Teratogenic (animal studies)
  - ↓ Brain and cell growth
- Growth, maturation
  - ↑ Risk of preterm births
  - Lower birthweight\*
  - ↓ Head circumference
- Brain organization
  - Neurotransmitter studies infrequent and mixed results

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# Neonatal Abstinence Syndrome (NAS)

- NAS is a post-birth drug withdrawal syndrome characterized by:
  - CNS irritability
  - Autonomic hyperreactivity
  - GI dysfunction
- NAS may not be recognized (occurs in 50-80% of exposed infants)
- Goals: Optimize growth and development, minimize negative outcomes, support secure attachment and post-discharge

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# Appraising the Literature on Perinatal Substance Exposure

- Science is always in search of the gold standard

Historic studies  
were mostly  
retrospective and  
observational

Many  
confounding  
factors

What about the  
study hypotheses  
and comparisons

- Much has been pronounced about outcomes regarding perinatal substance exposure
- Understand the limitations

The attribution  
(causation)  
problem

Inconsistent  
diagnostic  
criteria/definitions,  
measures (tools)

Small numbers

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# Management of Long-Term Effects

- Providers with strong foundation of knowledge can educate and support families
- Positive interactions with families of newborns with NAS contribute to better outcomes
- Provider interactions with families should be supportive and non-judgmental

## OPIOIDS and NAS

When reporting on mothers, babies, and substance use

## LANGUAGE MATTERS



### I am not an addict.

I was exposed to substances in utero. I am not addicted. Addiction is a set of behaviors associated with having a Substance Use Disorder (SUD).



### I was exposed to opioids.

While I was in the womb my mother and I shared a blood supply. I was exposed to the medications and substances she used. I may have become physiologically dependent on some of those substances.



### NAS is a temporary and treatable condition.

There are evidence-based pharmacological and non-pharmacological treatments for Neonatal Abstinence Syndrome.

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## Support for the Infant and Dyad

- Considerations around changing child welfare practice
- Home visitation
- Prevention and intervention approaches to support caregiver/infant relationship
- Additional developmental supports

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# Breastfeeding: Standard of Care

- ‘Stable methadone or buprenorphine-maintained [parent] should be encouraged to breastfeed if there is no other contraindication to breastfeeding.’
  - American Academy of Pediatrics & Academy of Breastfeeding Medicine
- Opioid withdrawal in the baby is expected and easily treated
- Breastfeeding decreases opioid withdrawal in the baby
- Breastfeeding is good for parent and baby

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# Stigma, Thoughts, and Misinformation

“They need to make better choices. The patient is in this situation because of their own choices.”

“Having clean needles encourages people to party”

“Treating people with addiction takes up time that could be used for other people.”

“I got sober without meds; people should do it without medication.”

“Having Narcan encourages people to party.”

“It’s a waste of time to help them. They haven’t hit rock bottom.”  
“They just keep using”

“If they loved their child enough, they’d stop using.”

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# Decreasing Stigma

Listen to people who have lived experience and are in recovery

Talk about people responding positively to treatment

Use information to dispel common myths

Talk about the whole person not just the problem

Talk about how hard it is to get help

Language matters.  
How we talk to and about people with SUD

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## Case Scenario: Stacy

- Stacy is a 23-year-old who recently discovered she 11 weeks pregnant. She states pregnancy was not expected, but she wants to keep the child.
- In response to an evidence-based screening tool, she indicates that she takes opioids for persistent back pain that resulted from a car accident. She admits that she takes more than the prescribed dosage of opioids.
- Although concerned her pain may exacerbate during pregnancy, she would like assistance with her opioid use and is concerned about the effects on the baby.

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## Chatter Fall #3

- Please take a minute to type your response in the Zoom Chat, but **don't** click enter.

**What are 1-3 things you would do immediately to support Stacy?**

- When instructed, please **click enter**.

To better inform our future trainings and request topics for office hours, please complete this short survey. Use the QR code or short URL to access it. Your feedback is important. Thank you!



<https://bit.ly/bhprovidertrainingsurvey>



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# Appendix A: Additional Resources

## Office Hours

Last Friday of the month (March-June) @ 12pm MST, [Register Here](#)

## Listserv

Join the Listserv to receive notifications of trainings, technical assistance, and other stakeholder engagement opportunities: [Register Here](#)

## HCPF Safety Net Provider Website

Visit the website for details on upcoming training topics and announcements, training recordings and presentation decks, FAQs and more: <https://hcpf.colorado.gov/safetynetproviders>

## TTA Request Form and E-Mail

Request TTA support or share your ideas, questions and concerns about this effort using the [TTA Request Form](#) or e-mail questions and comments to: [info@safetynetproviders.com](mailto:info@safetynetproviders.com)



# References

- [Heroin in Colorado: Law enforcement Public Health Treatment Data 2011-2016](#)
- [The Colorado Hospital Substance Exposed Newborn Quality Improvement Collaborative](#)
- [Health First Colorado Maternity Report: An Analysis of 2019 Births](#)
- [2020 Statewide Behavioral Health Needs Assessment: Priority Populations](#)
- [Clinical Guidance for Treating Pregnant and Parenting Women With OUD and Their Infants](#)
- [SAMHSA Advisory: Evidence-Based, Whole-Person Care for Pregnant People who have OUD](#)
- [World Health Organization: Guidelines for the Identification and Management of SUD in Pregnancy](#)
- [The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder: 2020](#)



# References (continued)

- American Academy of Pediatrics, Section on Breastfeeding. Breastfeeding and the Use of Human Mils. Pediatrics 2012; 129; e827.
- ABM Position on Breastfeeding - Revised 2015
- An Analysis of 2019 Births - Health First Colorado Maternity Report
- Prenatal buprenorphine versus methadone exposure and neonatal outcomes: systematic review and meta-analysis
- Maternal Mortality in Colorado, 2016-2020



# Additional Special Connections & Colorado Services\*

- Special Connections (2021)
  - ARTS - Women's Residential
  - Mile High Behavioral Health - Aspen Miracles Center
  - Crossroads' Turning Points
  - North Range Behavioral Health: Wings Program
  - Valley Hope: New Directions for Families
  - MindSprings: Women's Recovery Center
  - Centennial Mental Health Center
- Colorado Residential SUD Providers
- CHoSEN Collaborative
- hcpf\_sudbenefits@state.co.us
- Colorado Department of Early Childhood

*\*Resources/Services available in Colorado as of March 2024*



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