MACS
Maryland Addiction Consultation Service
*for MOMS*

# Considerations in Perinatal Substance Use Treatment: Patient Education and Ethical Issues

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# Maryland Addiction Consultation Service for Maternal Opioid Misuse (MACS for MOMs)

*Provides support to maternal health providers and their practices in addressing the needs of their pregnant and postpartum patients with substance use disorders (SUD), particularly opioid use disorder (OUD).*

**All Services are FREE**

- Phone consultation for clinical questions
- Education and training opportunities related to substance use disorders and pregnancy
- Assistance with addiction and behavioral health resources and referrals
- MACS for MOMs TeleECHO Clinics: collaborative medical education through didactic presentations and case-based learning

**1-855-337-MACS (6227) • www.MACSforMOMs.org**

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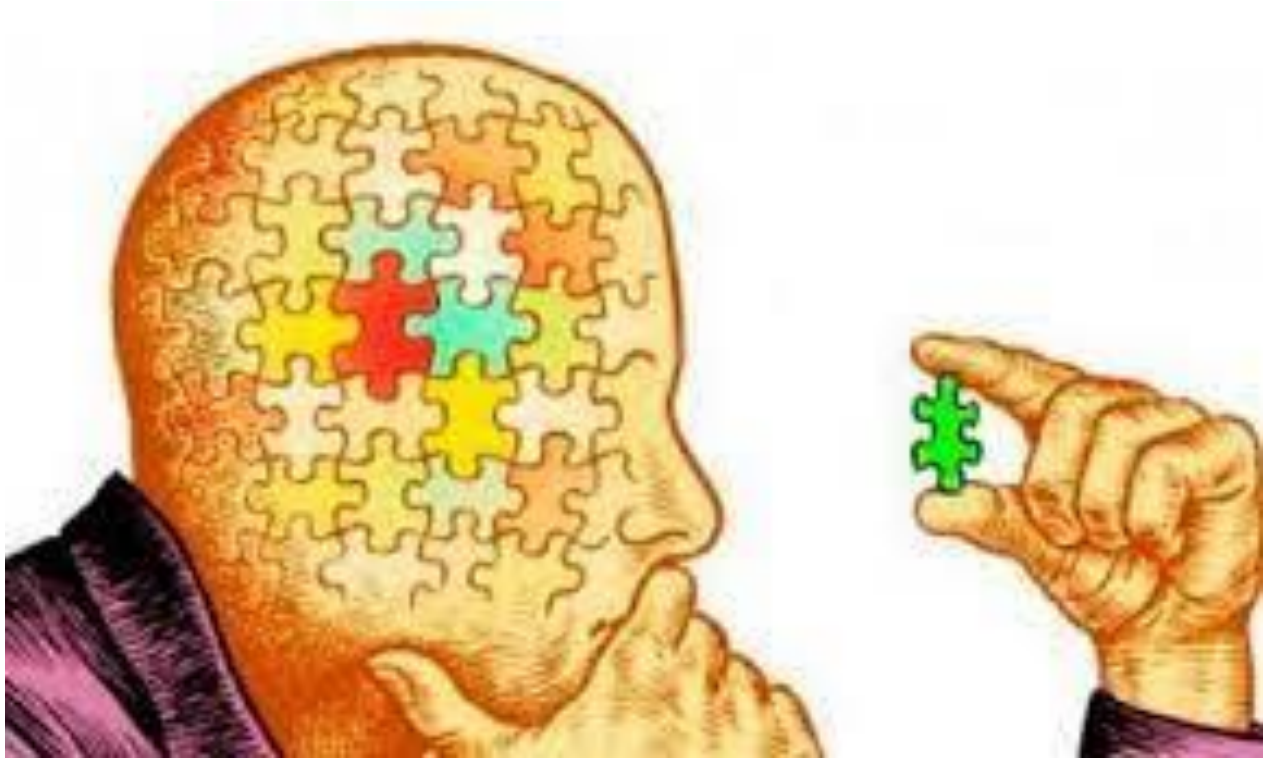
# Disclosures

I have no disclosures

# Why do we need this talk?

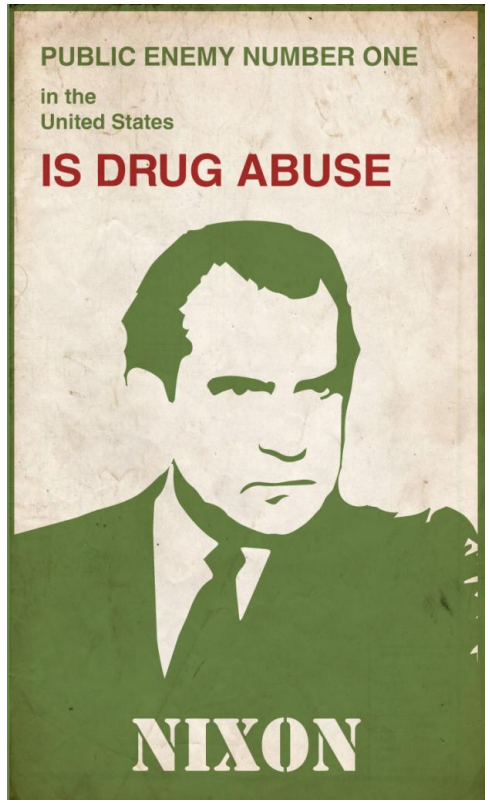


# Historical context:
## Criminalization of pregnancy

# Personhood laws

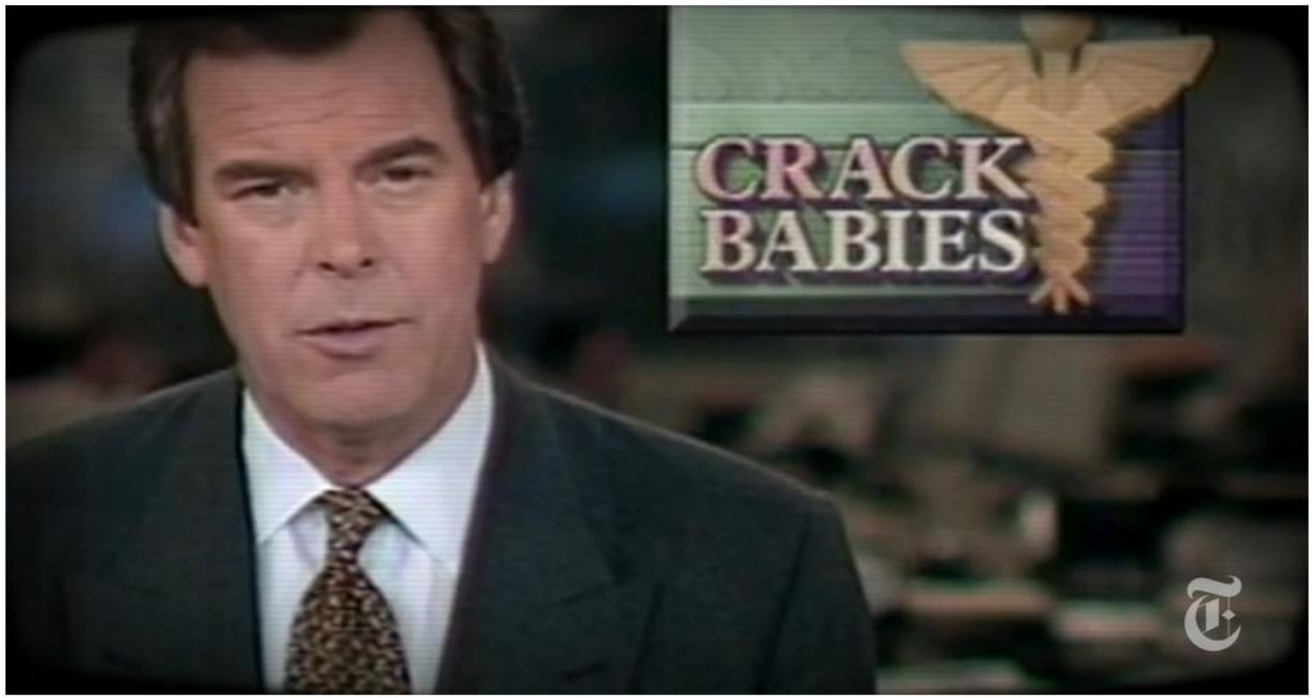
- 1973 – Roe v Wade made abortion legal.
  - Majority opinion: “If suggestion of personhood is established, Roe’s case, of course, collapses, for the fetus’ right to life would then be guaranteed specifically by the 14th amendment”.
- 1973 + 1 week – first Human Life Amendment is proposed

Propublica.org




The New York Times

# Revisiting the 'Crack Babies' Epidemic That Was Not



# “Crack babies”

- Truth
  - Poorly designed study
  - No physiologic basis
  - Good long-term outcomes
  - Dr. Chasnoff later expressed remorse
- Consequences
  - Media frenzy
  - Long-term consequences for society

# EXPLICIT BIASES

* AWARE of THOUGHTS & EMOTIONS TOWARDS a SPECIFIC GROUP
  - ~ HATE SPEECH
  - ~ DISCRIMINATION
  - ~ PREJUDICE

# IMPLICIT BIASES

* GUT REACTIONS OCCUR w/in MILLISECONDS
* UNCONSCIOUS ATTITUDE & BELIEFS
  - └ FEELINGS
  - └ BEHAVIOR
  - └ JUDGEMENT
* UNAWARE (SUBCONSCIOUS)
* can DIRECTLY AFFECT HEALTHCARE OUTCOMES & PATIENT SATISFACTION


We're NOT
incubators
to regulate

# Drug testing


*'So this is how he knows if we've been bad or good! . . .'*

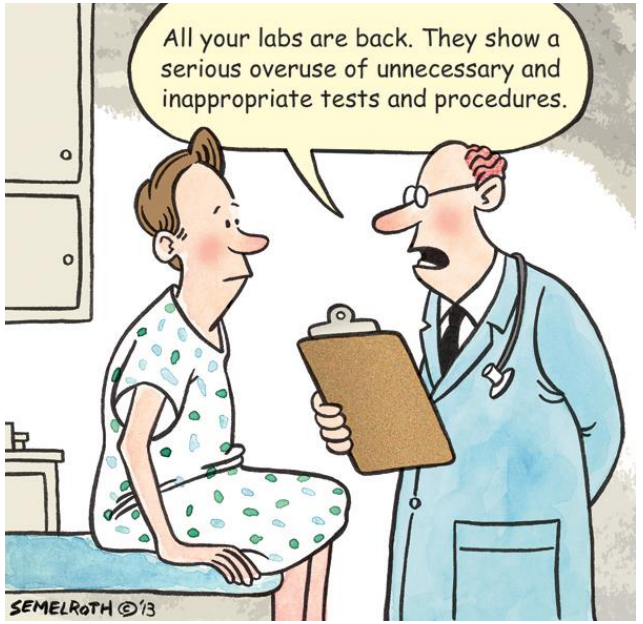
# Purpose of Screening/Testing

- *Testing should result in a **medical "good"**, not merely the capture and stigmatization of those with a disease. The good should pertain to the **mother and the fetus**.*
- *Physicians should advocate for universal screening only as strongly as they advocate for social support and addiction care services for those subsequently identified.*

Terplan and Minkoff, Obstet & Gynecol 2017

# Timing of Testing

- As early as possible in prenatal care
- Do not use it to “catch” people
- **Only send the test if the outcome will change your clinical management**



# Interpretation

- Misinterpretation is common
- Two separate studies evaluating physician interpretation of UDT
  - Only 30% answered more than half of the questions correctly


Reisfield, J Opioid Manag 2007

# CAPTA

- Federal Child Abuse Prevention and Treatment Act
- Requires reporting of Substance Exposed Newborns (SEN)

# SEN Definition

- Displays positive toxicology test for controlled substance as evidenced by an appropriate test after birth
- Displays effects of controlled substance use or symptoms of withdrawal resulting from the prenatal controlled substance exposure as determined by medical personnel
- Displays effects of FASD

# SEN and CAPTA

- CAPTA gives guidance on who to report, but not who to test

- THERE IS NO MANDATE TO TEST PREGNANT PEOPLE OR THEIR BABIES

# Policing pregnancy

# Issues with reporting

- Blurring of lines for healthcare providers
- Further stigmatization of drug use
- May prevent people from seeking care
- Racially bias due to subjectivity

- BE THOUGHFUL ABOUT TESTING POLICIES

# Harms of policies: Fear of disclosure

- 73.3% reported being afraid of being identified as a substance user
  - Afraid of loss of custody
  - Afraid of criminal justice consequences
- Majority of 26.7% who did not report being afraid were using legal substances (mostly alcohol and tobacco)

Stone, Health & Justice 2021

- Tobacco has perhaps the most well documented risks to a developing fetus, but we don’t test for it or report it

- *Are we concerned with the risk to the pregnancy or the legality of the substance?*

# Harms of policies

- Most common strategy was avoidance of medical care 54.5%
- Some women switched to drugs that are detected for a shorter period of time (marijuana to alcohol)
- Report hiding use, social isolation and using alone, all things that increase a person's risk of fatal overdose

Stone, Health & Justice 2021

# In their own words….

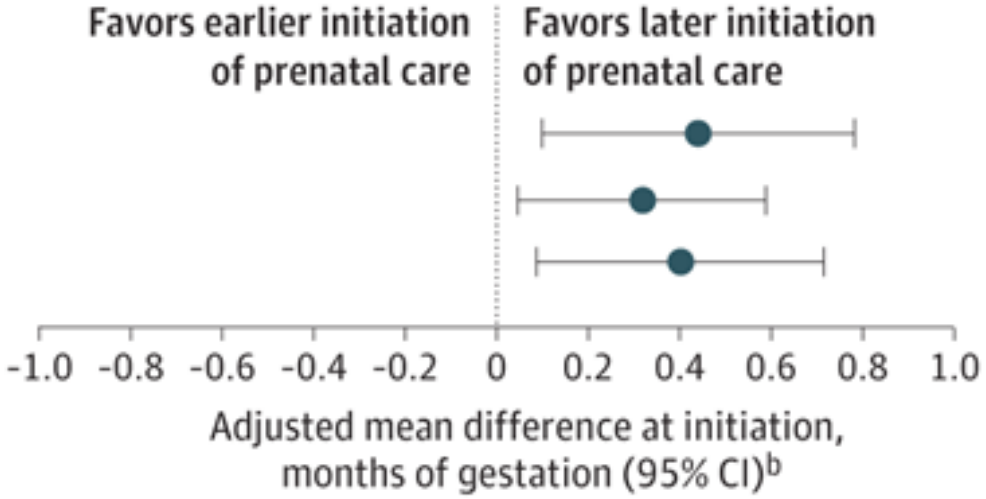
*“My third child, I had no prenatal care. Because I was taking drugs, well not drugs-drugs, I was down there smoking marijuana and drinking liquor. And they told me that if they see THC or something in my system, then protective services would get involved. So I didn’t go to no care. None.”*

Stone, Health & Justice 2023

# Mandated reporting: Initiation of prenatal care

**Figure 1. Mean Difference in Month of Gestation at Prenatal Care Initiation by State Prenatal Substance Use Policies**

| State policy category (vs neither category)[a] | Risk difference β (95% CI) |
|---|---|
| Child abuse policy only | 0.44 (0.10-0.78) |
| Mandated reporting policy only | 0.32 (0.04-0.59) |
| Both policies | 0.40 (0.09-0.72) |



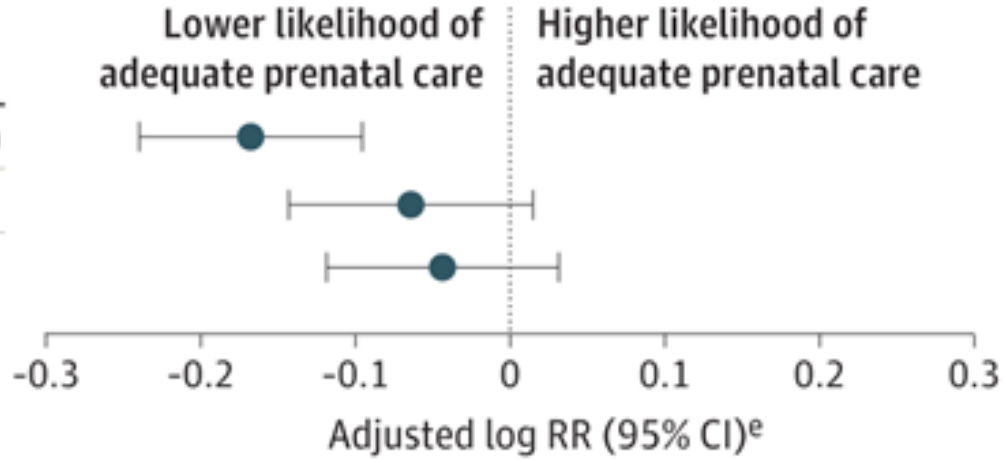

[a]Among 4155 births to women who reported substance use during pregnancy.

Austin, JAMA Ped 2022

# Mandated reporting: Prenatal care adequacy

**Figure 2. Risk Ratios (RRs) Comparing Adequacy of Prenatal Care by State Prenatal Substance Use Policies**

| State policy category (vs neither category)[a] | Log RR (95% CI) |
|---|---|
| Child abuse policy only[b] | -0.17 (-0.24 to -0.10) |
| Mandated reporting policy only[c] | -0.06 (-0.14 to 0.01) |
| Both policies[d] | -0.04 (-0.12 to 0.03) |



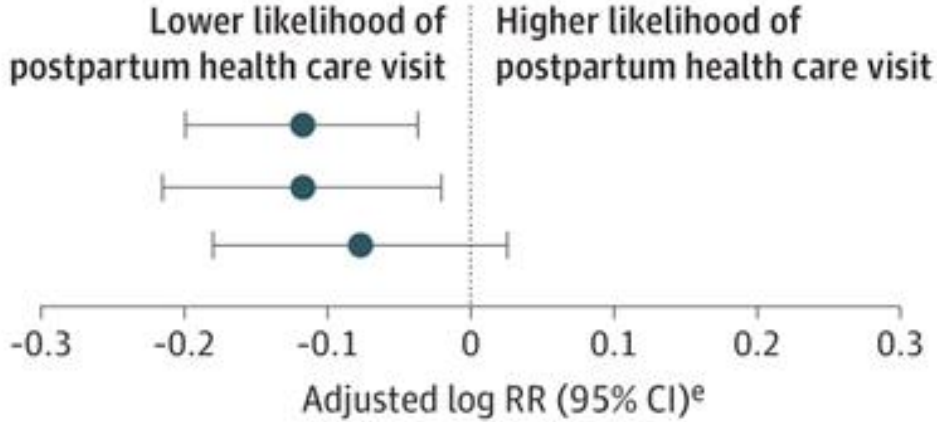

[a]Among 4155 births to women who reported substance use during pregnancy.

Austin, JAMA Ped 2022

# Mandated Reporting: Postpartum care

**Figure 3. Risk Ratios (RRs) Comparing Receipt of a Postpartum Health Care Visit by State Prenatal Substance Use Policies**

| State policy category (vs neither category)[a] | Log RR (95% CI) |
|---|---|
| Child abuse policy only[b] | -0.12 (-0.20 to -0.14) |
| Mandated reporting policy only[c] | -0.12 (-0.22 to -0.02) |
| Both policies[d] | -0.08 (-0.18 to 0.02) |



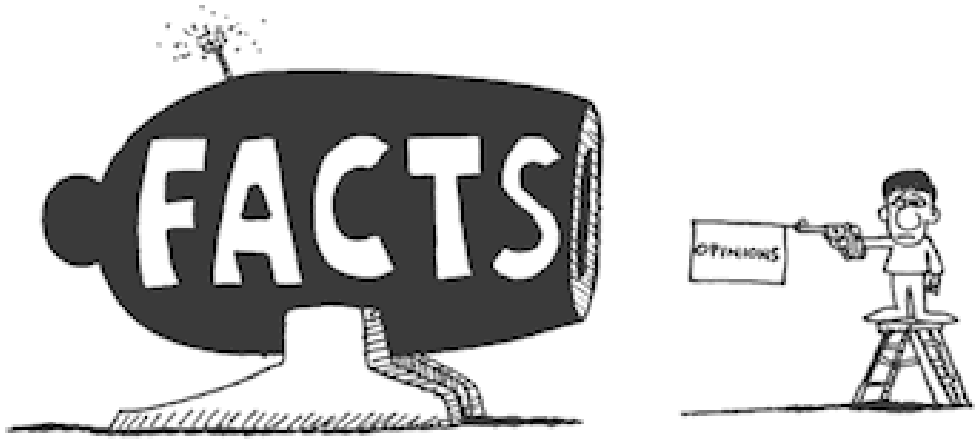

[a]Among 4155 births to women who reported substance use during pregnancy.

Austin, JAMA Ped 2022

# Avoidance of care

- Research clearly shows that engaging in prenatal care improves outcomes even if the person does not stop using drugs

- *There is no evidence that substance use is correlated with a higher rate of child abuse or neglect*

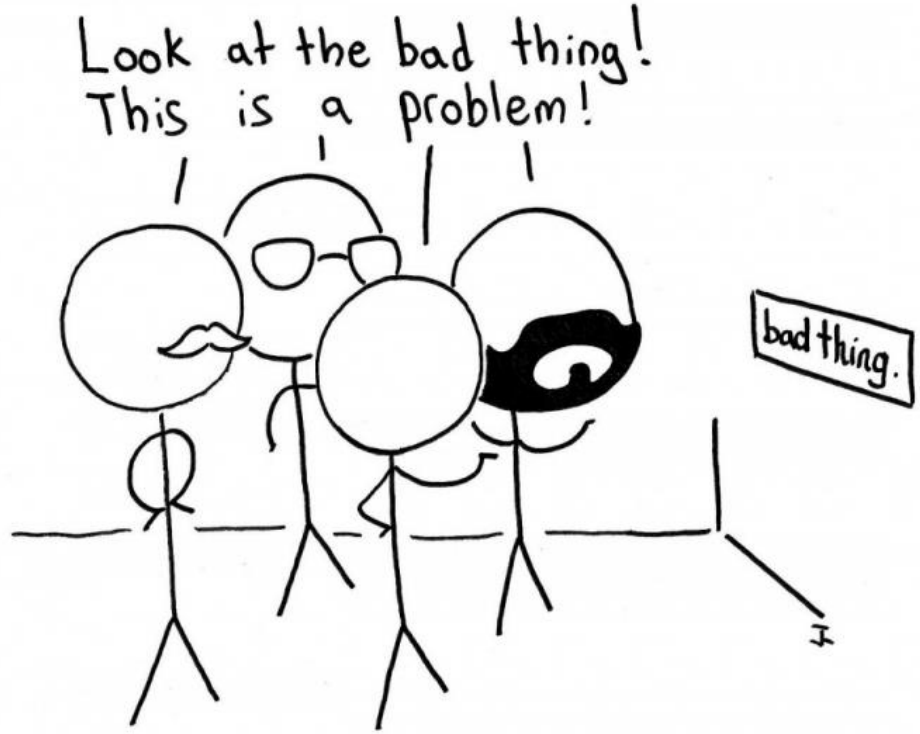



Stone, Health & Justice 2023

# Prosecuting pregnant people: Bad idea

- Overemphasizes risk of drugs in pregnancy
- Decreases likelihood of woman seeking prenatal care
- No evidence that risk of prosecution decreases drug use

**Addiction is a medical issue**


Look at the bad thing!
This is a problem!
bad thing.

# Hippocratic oath

- Beneficence
  - Is this decision helping my patient?
- Non-malificence (Do No Harm)
  - Does this decision have the possibility of harming my patient?
- Justice
  - Would I feel this way/make this decision if the patient were not pregnant?
  - …if this were a different chronic medical issue instead of substance use?
  - Am I holding other parents/caregivers to the same standard?
- Respect for patients' autonomy
  - Is this what the patient wants? Are they aware of all options?

# Continuation of care

# Substance Use Disorder

- A chronic, relapsing disease characterized by compulsive drug seeking and use despite harmful consequences as well as neurochemical and molecular changes in the brain (NIDA)
- **Addiction is a brain disease whose visible symptoms are behaviors**
- Withholding care because someone is “noncompliant” is counter intuitive (apply the Diabetes rule)

# Return to use in postpartum period

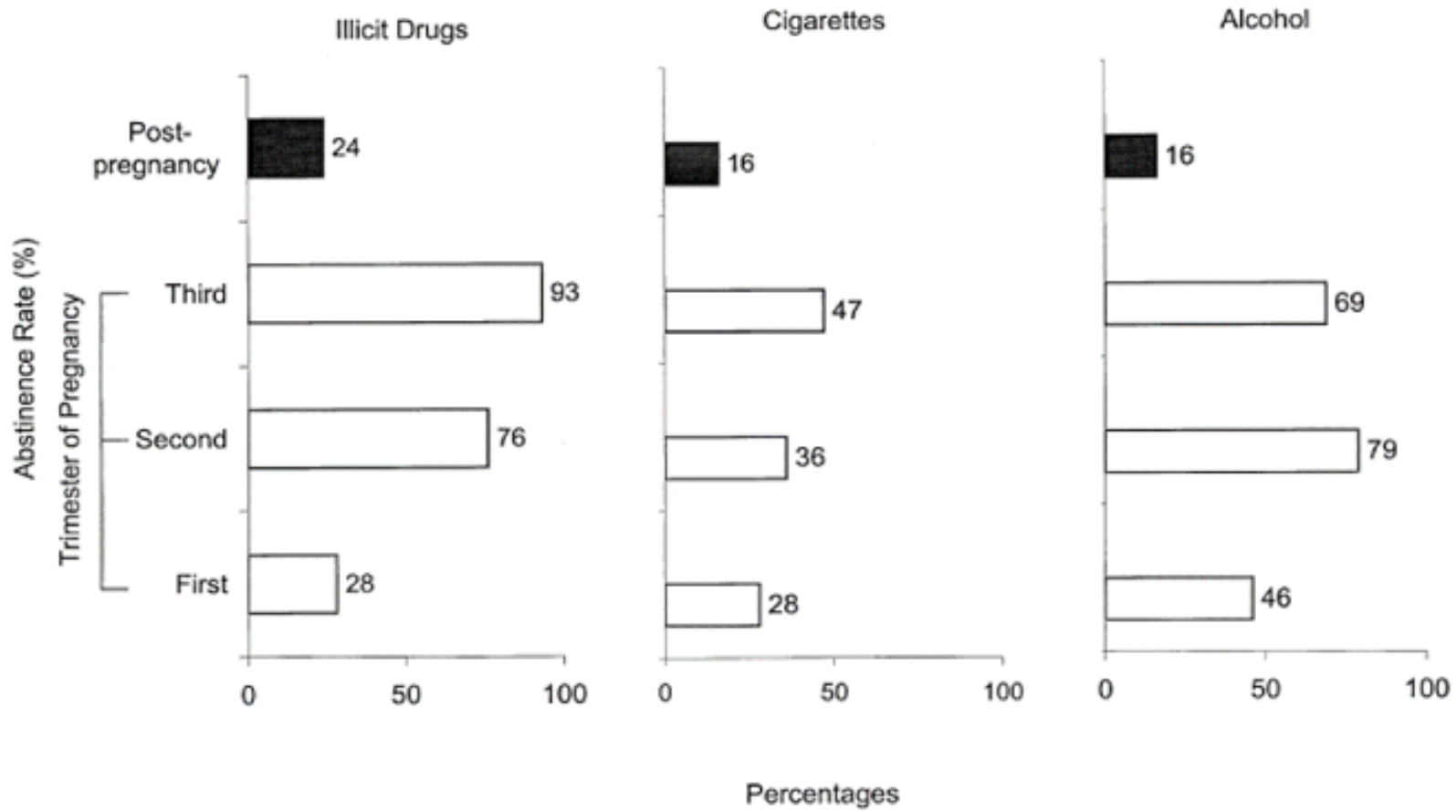
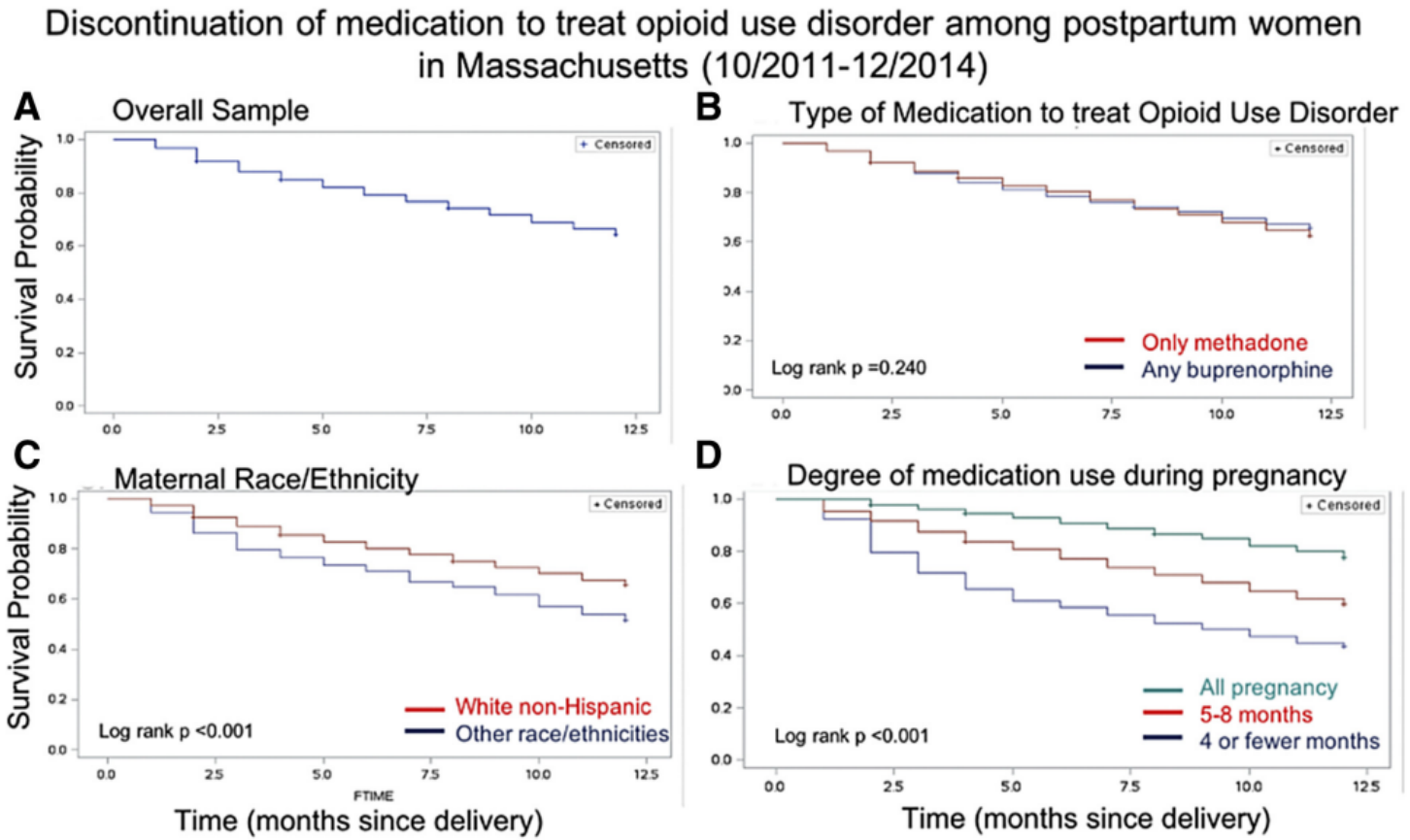



**Figure 1.** Relative proportion of substance-using women who abstained during and after pregnancy.

Ebrahim, AJOG 2003

FIGURE 2
**Kaplan-Meier survival analysis curves**




*Schiff et al. Postpartum methadone or buprenorphine adherence. Am J Obstet Gynecol 2021.*



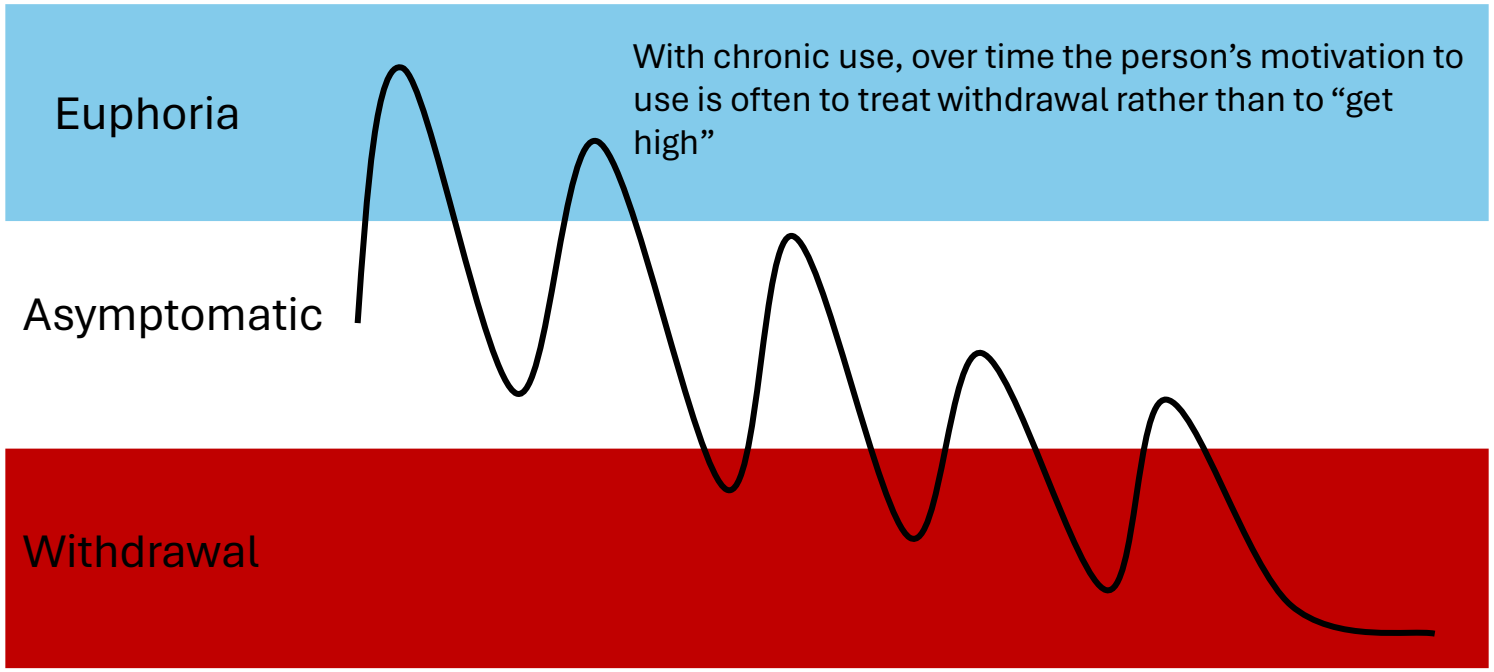
Schiff Am J Obstet Gynecol 2021

# Postpartum MOUD

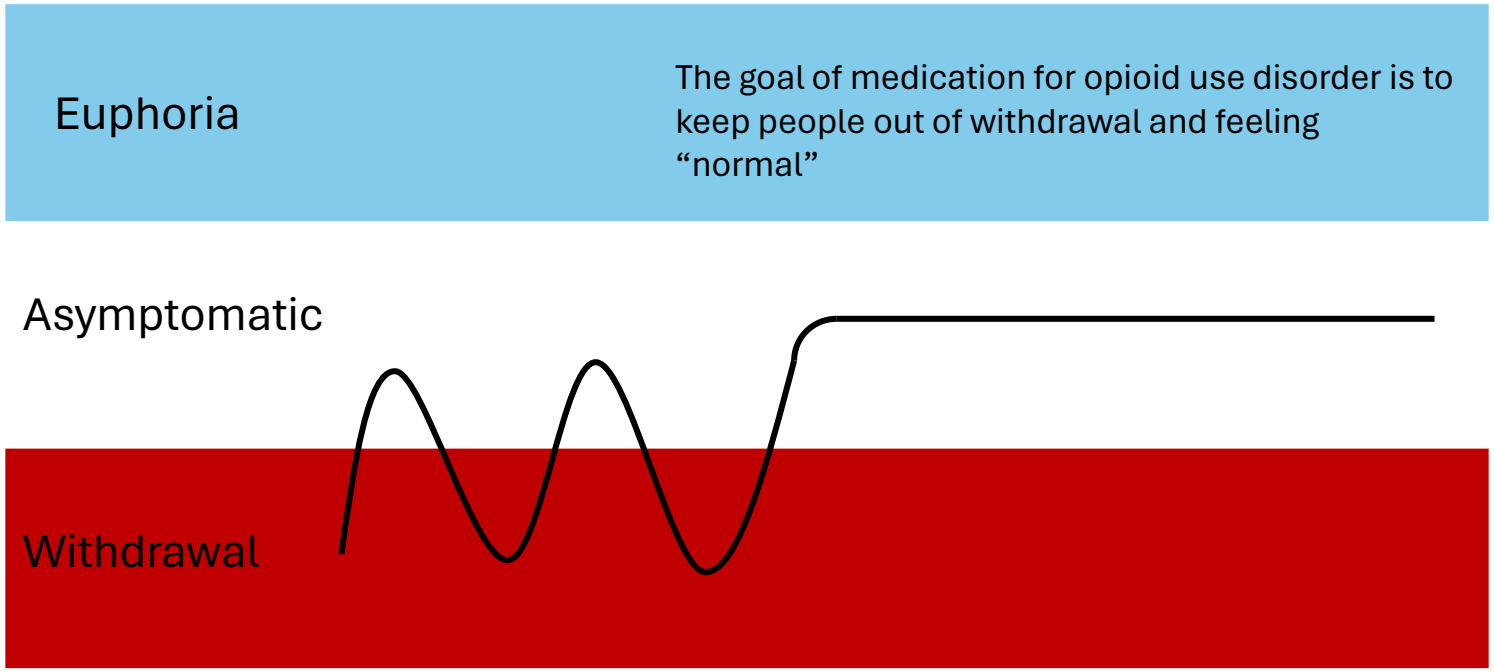
- Recommendation is to continue MOUD postpartum
- Addiction is a chronic illness that requires longterm treatment
- For those who desire weaning
  - Evaluate motivating factors
    - External pressure
    - Desire to use
    - Cost/time required for treatment
  - Recommend waiting 12 months

# Family education

# Chronic Opioid Use



# Medication for Opioid Use Disorder (MOUD)

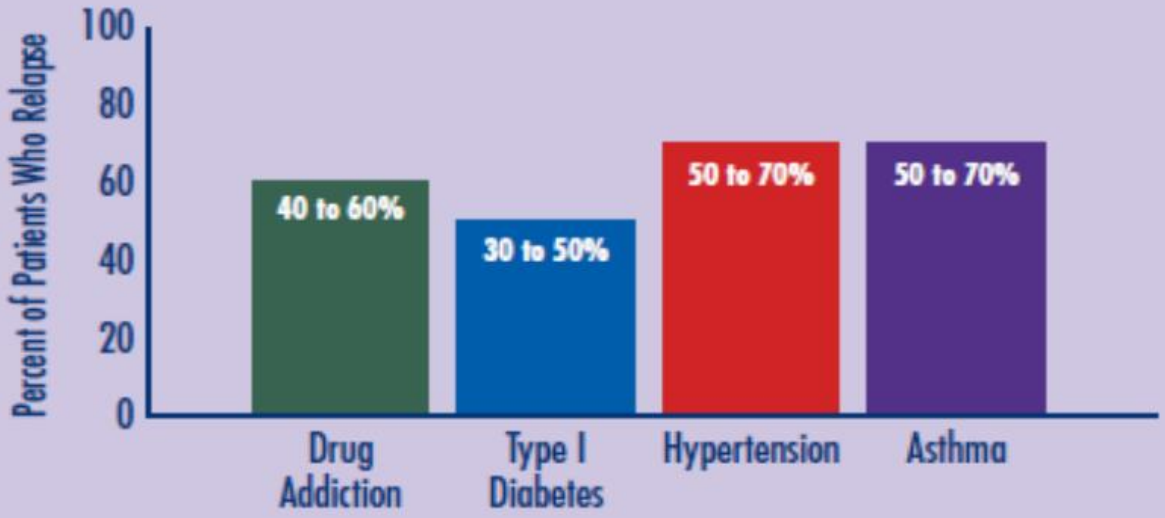


# Stigma of MOUD

- Addiction is a brain disease whose visible symptoms are behaviors
- Dependence ≠ Addiction
- Many medications can cause physical dependence
- Taking medication for opioid use disorder is like taking medication to control heart disease or diabetes.

**MOUD is <u>NOT</u> substituting one addiction for another.**

## COMPARISON OF RELAPSE RATES BETWEEN DRUG ADDICTION AND OTHER CHRONIC ILLNESSES

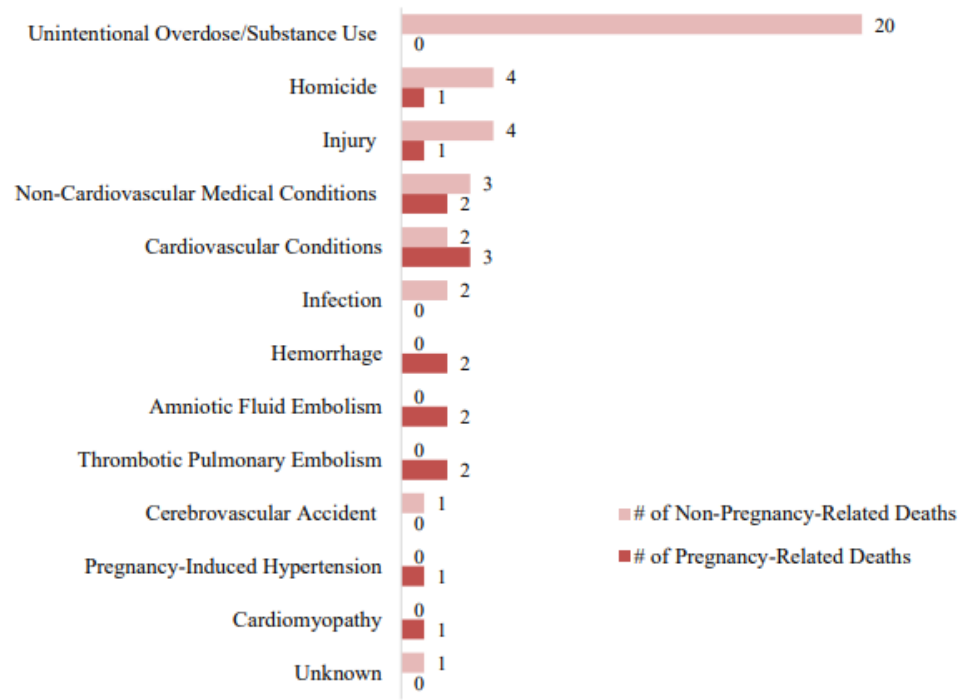



Relapse in this chart refers to patients who experience recurrence of symptoms that requires additional medical care. The recurrence rates are similar across these chronic illnesses, underscoring that drug use disorders should be treated like other chronic conditions; symptom recurrence serves as a trigger for renewed intervention.

*Source: JAMA, 284:1689-1695, 2000*

# Overdose prevention

**Figure 4. Number of Pregnancy-Related* and Non-Pregnancy-Related** Deaths by Category of Cause of Death, Maryland, 2017 (Total Deaths = 52)**




* Deaths of women while pregnant or within 365 days of pregnancy from a cause related to or aggravated by pregnancy or its management.
** Deaths of women while pregnant or within 365 days of pregnancy from any cause not related to or aggravated by pregnancy or its management.
Data Source: MDH, VSA, and Maryland Maternal Mortality Review Program.

MMR MDH

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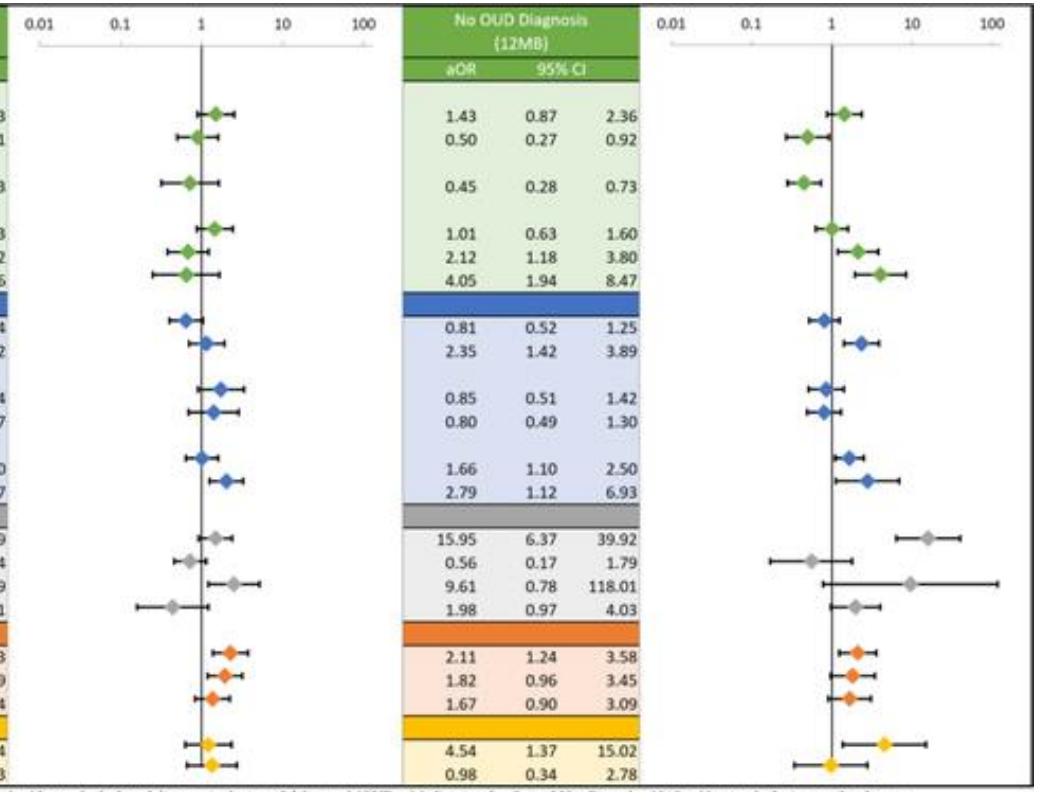
# Overdose: Identifying those at risk

| | OUD Diagnosis (12MB) | | | No OUD Diagnosis (12MB) | | |
|---|---|---|---|---|---|---|
| **Maternal Demographics** | aOR | 95% CI | | aOR | 95% CI | |
| Maternal Age | | | | | | |
| ≤ 25 vs. 26-30 years old | 1.50 | 0.89 | 2.53 | 1.43 | 0.87 | 2.36 |
| ≥ 31 vs. 26-30 years old | 0.90 | 0.50 | 1.61 | 0.50 | 0.27 | 0.92 |
| Maternal Race/Ethnicity | | | | | | |
| Other race/ethnicity vs. White non-Hispanic | 0.72 | 0.32 | 1.63 | 0.45 | 0.28 | 0.73 |
| Maternal Education | | | | | | |
| High School or less vs. Some College or more | 1.45 | 0.87 | 2.43 | 1.01 | 0.63 | 1.60 |
| Not Married vs. Married | 0.68 | 0.38 | 1.22 | 2.12 | 1.18 | 3.80 |
| Enrolled in Medicaid at Delivery | 0.65 | 0.25 | 1.66 | 4.05 | 1.94 | 8.47 |
| **Pregnancy Variables** | | | | | | |
| Breastfeeding at Discharge | 0.64 | 0.40 | 1.04 | 0.81 | 0.52 | 1.25 |
| Preterm or Low Birth Weight | 1.15 | 0.70 | 1.92 | 2.35 | 1.42 | 3.89 |
| Adequacy of Prenatal Care | | | | | | |
| Less than Adequate vs. Adequate | 1.73 | 0.90 | 3.34 | 0.85 | 0.51 | 1.42 |
| Intensive vs. Adequate | 1.41 | 0.69 | 2.87 | 0.80 | 0.49 | 1.30 |
| Method of Delivery | | | | | | |
| C-Section vs. Vaginal | 1.01 | 0.64 | 1.60 | 1.66 | 1.10 | 2.50 |
| NAS Diagnosis | 2.03 | 1.26 | 3.27 | 2.79 | 1.12 | 6.93 |
| **Opioid Related Variables** | | | | | | |
| Enrolled in Publicly Funded Program for Opioid Problem (12MB) | 1.49 | 0.92 | 2.39 | 15.95 | 6.37 | 39.92 |
| MOUD during month of delivery | 0.72 | 0.46 | 1.14 | 0.56 | 0.17 | 1.79 |
| Non-fatal Opioid Overdose (12MB) | 2.51 | 1.21 | 5.19 | 9.61 | 0.78 | 118.01 |
| Opioid Prescription Filled† (3MB) | 0.44 | 0.16 | 1.21 | 1.98 | 0.97 | 4.03 |
| **Other Substance Use / Mental Health Variables** | | | | | | |
| 3 or More vs. < 3 ED Visits (12MB) | 2.27 | 1.38 | 3.73 | 2.11 | 1.24 | 3.58 |
| Anxiety Diagnosis (12MB) | 1.94 | 1.18 | 3.19 | 1.82 | 0.96 | 3.45 |
| Depression Diagnosis (12MB) | 1.37 | 0.83 | 2.24 | 1.67 | 0.90 | 3.09 |
| **Incarceration and Homelessness Variables** | | | | | | |
| Incarcerated in Prison or Jail (12MB) | 1.21 | 0.63 | 2.34 | 4.54 | 1.37 | 15.02 |
| Homelessness (12MB) | 1.35 | 0.66 | 2.73 | 0.98 | 0.34 | 2.78 |




*†Excluding Buprenorphine, 3MB = in the 3 months before delivery - exclusive of delivery, 12MB= in the 12 months before delivery - inclusive of delivery, MOUD= Medication for Opioid Use Disorder, NAS = Neonatal Abstinence Syndrome*

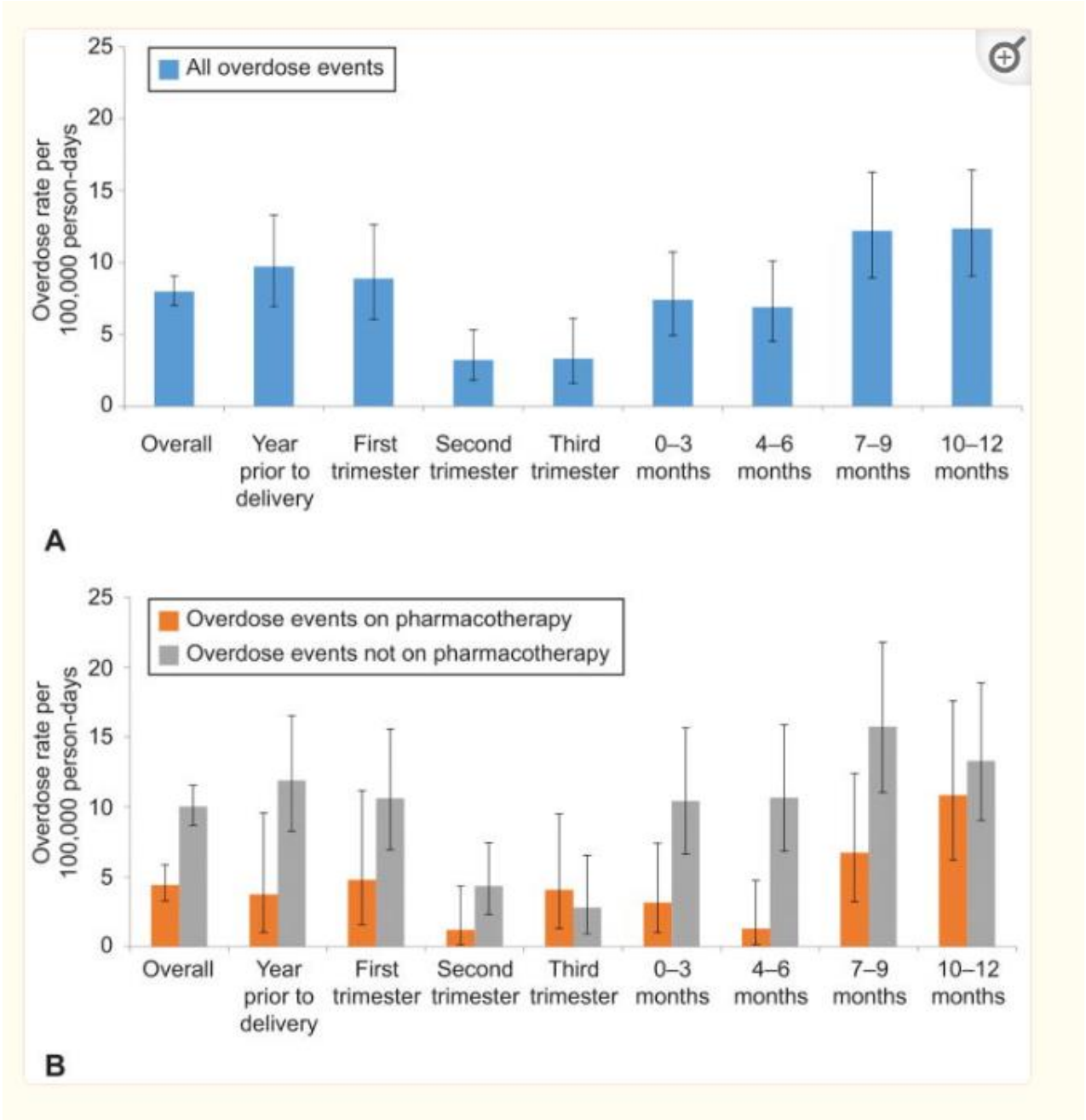


Nielson, Addiction 2020

# Opioid overdose

- Definition: Opioid use with
  - Pinpoint pupils
  - Unconsciousness
  - Difficulty breathing

- Not all overdoses are fatal




Schiff, Obstet Gynecol 2019

# Naloxone


- Opioid overdose causes respiratory depression that can lead to death
- Naloxone is a full opioid antagonist/receptor blocker

# Naloxone distribution options

- Write a prescription - insurances cover it and even without insurance it is $1 at any pharmacy
- Become a naloxone dispensing organization – contact the Maryland Overdose Response Program (ORP) at mdh.naloxone@maryland.gov
- Contact The Naloxone Project for training