

Substance Use Disorder Treatment for Pregnant and Postpartum Women



JENNIFER WHITE, MSW

Director of Health Initiatives



Rural Center of Excellence

This presentation is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$17.1 million with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

Disclosure Statement

I do not have any relevant financial relationships with any commercial interests

Disclaimer Statement

This informational presentation was developed by independent experts. The information provided in this presentation is not the official position or recommendation of NCCHC but rather expert opinion. This information is not intended to be appropriate for every clinical situation nor does it replace clinical judgment.

NCCHC does not endorse or recommend any products or services mentioned

Educational Objectives

Learning Objective 1:

Define Substance Use Disorder (SUD) and the potential complication for infants born to women with a SUD

Learning Objective 2:

Identify gaps and barriers to recovery services for pregnant and postpartum women

Learning Objective 3:

Analyze why this subset of people with SUD require long-term and potentially medication-assisted approach to treatment

Substance Use Disorders (SUD)

- Treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences.
- People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.
- Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.

Like Other Chronic Diseases, SUD Can Involve Recurrence (f.k.a. relapse)

Percentage of Patients Who Relapse

TYPE 1 DIABETES



DRUG ADDICTION



HYPERTENSION



ASTHMA




SUD Effects



On the Brain

- ✧ Decrease in dopamine & receptors
- ✧ Inability to experience normal rewards (Joy)
- ✧ Brain is compulsively driven to seek substances

- 
- ✧ Substance use is no longer pleasurable. Only serves as an attempt to raise dopamine to a normal level
 - ✧ Inability to make sound decision & control impulses

On the Person

Why Do People Develop a Substance Use Disorder?

No single factor

**Vulnerability
increases with
risk factors**

**Genetics account
for approx. 50%**

**Adolescents &
people with mental
illness are at
increased risk**

Addiction Is NOT

- ✧ Caused by mental illness or trauma
- ✧ A moral or ethical problem
- ✧ A choice
- ✧ Caused by lack of social connection or isolation
- ✧ A Race, culture, or socioeconomic problem



Higher Rates

- Of SUD incidence, overdose occurrence & mortality

Higher Cost

- Long-distance to facilities adds significantly to higher costs

Fewer Resources

- Doctors diagnosing SUD are less likely to have the resources & training for follow-up care

Greater Stigma

- Smaller Rural communities may experience less privacy and, as a result, more stigma



Criminal Justice & Recovery

- 85% of individuals incarcerated have used illicit drugs
- Most report having use issues
- Only 11% receive SUD treatment while incarcerated
- Individuals are 40% more likely to OD within 2 weeks following release -leading cause of death of recently released people



NIDA, 2020 Criminal Justice Drug Facts; RxSafe Marin. 2021

Criminal Justice & Recovery

Our Greatest Challenge May Also Be, Our Best Opportunity



- Potentially more receptive to cease or reduce substance use and/or seek treatment
- Women who use substances may delay prenatal care and/or needed healthcare
- Fear of child protective services is a barrier to seeking, and participating in prenatal care for women with SUD

Happy & Excited or... Hopelessness & Fearful?

Many Parenting and Pregnant Women with a SUD, have a desire to achieve recovery.

Yet 66% report pregnancy and discrimination as barriers to accessing services and Recovery Housing.



Prevalence

- ✧ 333% Increase in Opioid Use Disorder (OUD) among pregnant women from 1999-2014
- ✧ Increase in amphetamine and opioid-related deliveries since 2004
- ✧ Rural counties show higher incidence of amphetamine deliveries

Neonatal Abstinence Syndrome (NAS)

A clinically diagnosed collection of syndromes a newborn MAY experiences due to exposure to substances consumed by the mother while pregnant (prescribed, legal, or illicit).

When associated with opioids, NAS HAS NOT been shown to cause long-term neurodevelopmental deficits, and last for a short period of time in an infant's life.

In this presentation, NAS will include:

- Alcohol
 - Fetal Alcohol Syndrome
- Amphetamines
 - Neonatal Amphetamine Exposure
- Opioids
 - Neonatal Opioid Withdrawal Syndrome
- Other legal & illicit substance that may lead to negative impacts on a child

NAS Symptoms

SAMHSA, 2018



Response & Regulation Difficulty

- Difficulty responding to parental cues (i.e., eye contact, touch, vocalizations, etc.)
- Overexaggerated response with irritability, spitting up, hiccups, etc.



Neurological & Gastro Symptoms

- Tremors, high-pitched crying, increased muscle tone, hyperactive reflexes, difficulty sleeping
- Yawning & sneezing, exaggerated reflexes, seizures
- Poor feeding and weight gain, temperature instability, dehydration

Clinical Definition of Opioid Withdrawal in Newborns

- SUD is a disease requiring compassionate, ethical, equitable, and evidence-based care
- The maternal–neonate dyad should be prioritized
- A diagnosis of NAS DOES NOT imply harm, nor should it be used to assess child social welfare risk or status
- Should NOT be used to prosecute or punish the mother or as evidence to remove a neonate from parental custody
- Environmental factors, family influences, and social structures strongly influence neonatal outcome and should be recognized

Importance of Parental Involvement

Strategies that promote rooming-in and minimize separation of mom & newborn

- ✓ Benefit mom & baby
- ✓ Increase parent child dyad
- ✓ Decrease hospital costs & length of stay
- ✓ Approx 6 fewer opioid treatment days for newborn

The Brains: Prefrontal Cortex

Executive Functions

- ✧ Judgment
- ✧ Impulse control
- ✧ Self-monitoring

Coping Functions

- ✧ Attention span
- ✧ Organization
- ✧ Learning from experience
- ✧ Empathy
- ✧ Problem Solving



Parenting & Early Recovery

Simultaneous, Substantial Changes in numerous areas of life

- ✓ Processing motherhood & added responsibility.
 - ✓ Perinatal hormone changes
-
- ✓ Removing mind and mood altering substances
 - ✓ Developing your recovery supports & new lifestyle
 - ✓ And more!



Brain Overlap & Stress

- Stress increases cravings, and substance seeking behaviors to relieve negative feelings.
- The brain pathways involved in parenting are also the pathways negatively impacted by substance use
- Reward and stress pathways are significant in both parenting and substance use
- Pathways driving parenting and attachment behaviors seem to be the same pathways negatively impacted or dysregulated by substance use
- These factors could explain increased incidence of substance use recurrence during the postpartum period



*Rutherford et al., 2013;
ORN:SAMHSA, FGI, 2022 ;
ATTC, 2021*

The Brains: Prefrontal Cortex

Executive Functions

- ✧ Judgment
- ✧ Impulse control
- ✧ Self-monitoring

Coping Functions

- ✧ Attention span
- ✧ Organization
- ✧ Learning from experience
- ✧ Empathy
- ✧ Problem Solving



Supporting Pregnant & Parenting Women with a SUD

- ✓ Begins during pregnancy
- ✓ Increases mom's capacity to read and interpret baby's states
- ✓ Teaches mom how to process and change own emotional reactions
- ✓ Strengthens mom's ability to soothe infant and build confidence
- ✓ Builds ability to manage daily cycles and rhythms of feeding, sleep and play for infants
- ✓ We must respect what we know about regulation for mom and baby while also supporting development of co-regulation
- ✓ Strengthens a stable recovery foundation

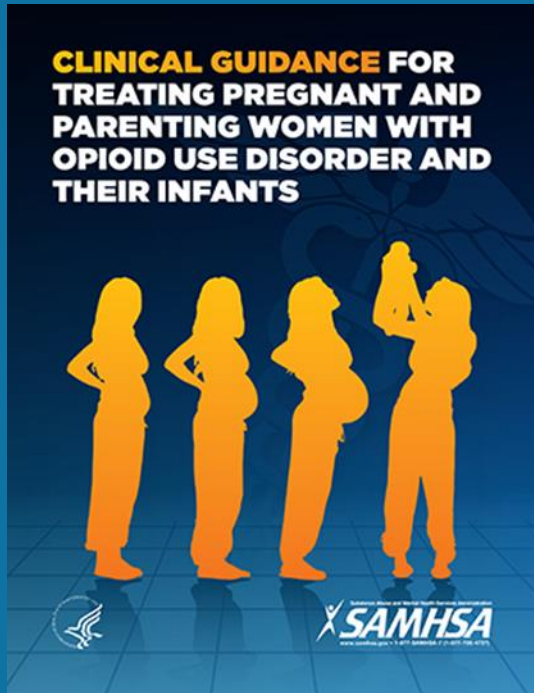
Recovery & Parenting

- ✓ **Equally relevant**
- ✓ **Worked on simultaneously**
- ✓ **Focusing on the parent-child relationship promotes & enhances recovery**
- ✓ **As mothers become invested in their infants the focus of the reward system “resets”**
- ✓ **Engages the reward pathways in the brain by “competing” between investment in substances or investment in caring for the infant**

Perinatal SUD Treatment Medication

- Pregnant women who stop opioid use, followed by a recurrence are at greater risk of an overdose death
- Advantages of Buprenorphine includes lower risk of overdose, fewer medication interactions, and evidence of reduced NAS severity as opposed to methadone. (These are the only FDA approved medications to treat opioid use disorder in pregnant women)
- No relationship was found between either methadone or buprenorphine dose and significant infant outcomes, including NAS expression or severity
- Dose of medication should be individualized to suppress withdrawal symptoms, minimize cravings and prevent a return to substance use. Perinatal dosage may be different than non-perinatal patient (i.e., patient may need to split daily dosage).

Resource: Treatment Guidance Substance Abuse and Mental Health Services Administration



This Clinical Guide provides comprehensive, national guidance for optimal management of pregnant and parenting women with opioid use disorder and their infants. The Clinical Guide helps healthcare professionals and patients determine the most clinically appropriate action for a particular situation and informs individualized treatment decisions.

- ❖ SAMHSA Region 3 often has workshops
[Region 3 | SAMHSA](#)

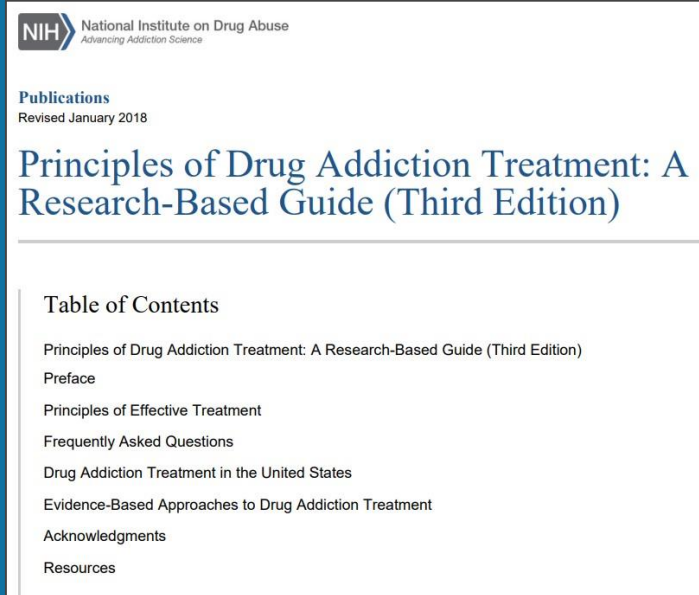
SAMHSA - Treatment Guidance

Effective treatment for long-term, sustained SUD Recovery involves a multi-faceted approach based on individual needs.

These may include but are not limited to:

- Peer-led Social Model of Recovery
- Recovery Housing
- Psychosocial/behavioral approach
- Mutual Support Groups
- Recovery-oriented activities
- Medication to assist in Opioid treatment - SAMHSA recognizes utilization of Buprenorphine & Methadone as the “gold standard” for treating pregnant and postpartum women (PPW) with an OUD

Resource: Treatment Principles National Institute on Drug Abuse (NIDA)



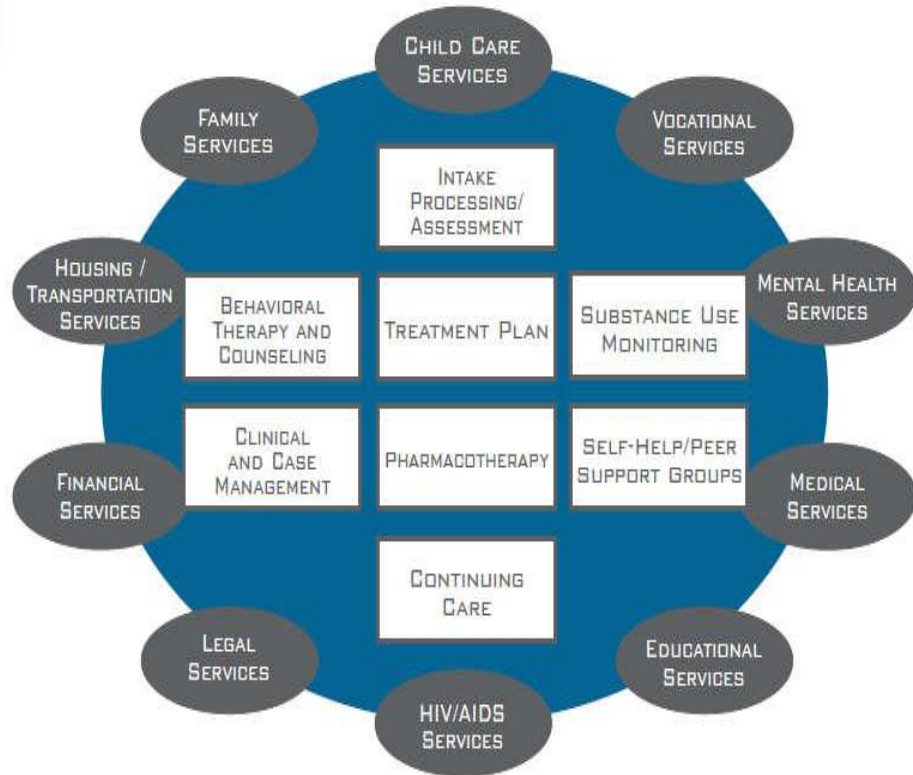
13 principles for effective SUD treatment in their “Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition)”

NIDA Cont.

Supports a multi-faceted combination of components to support comprehensive SUD treatment

NIDA, 2018

Components of Comprehensive Drug Abuse Treatment



The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.

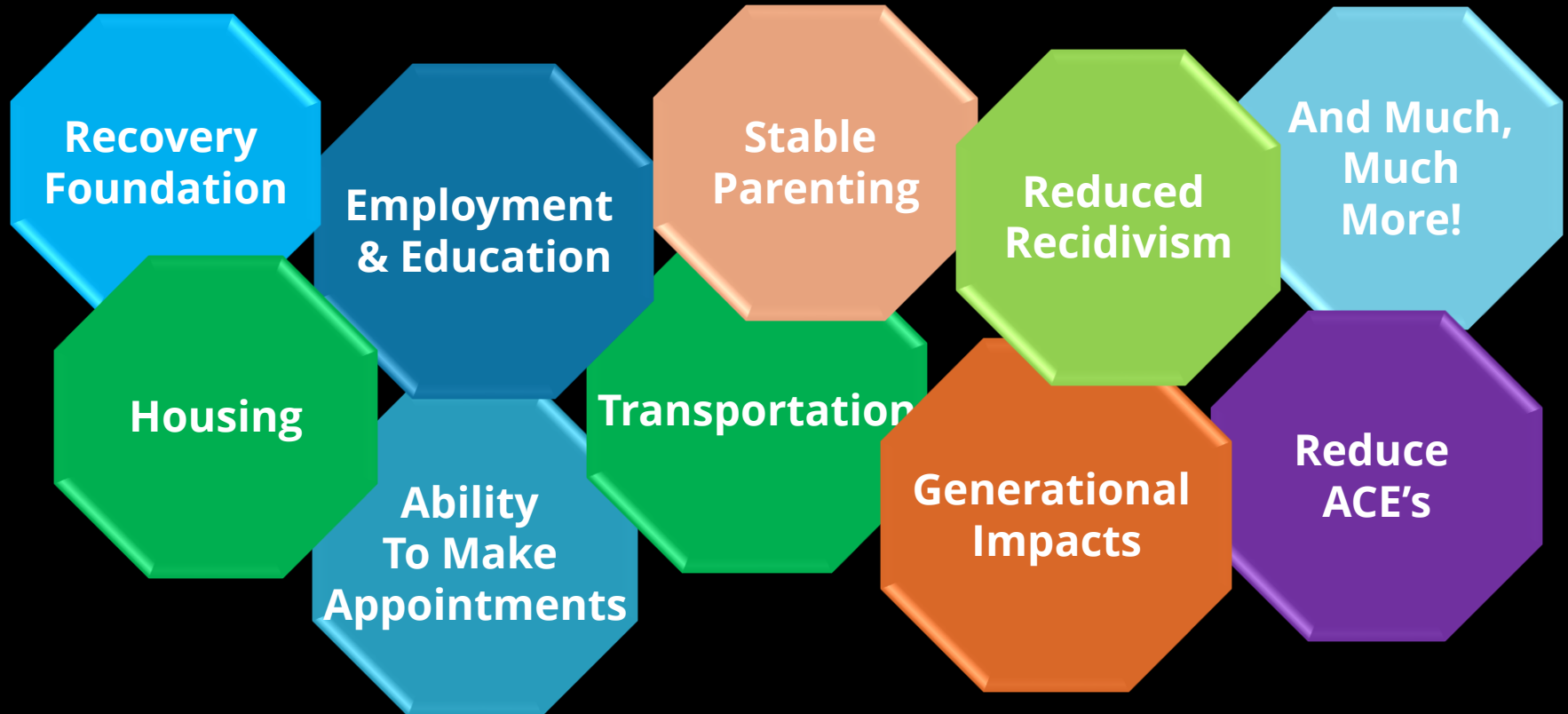
NIDA - Principles of Effective Treatment

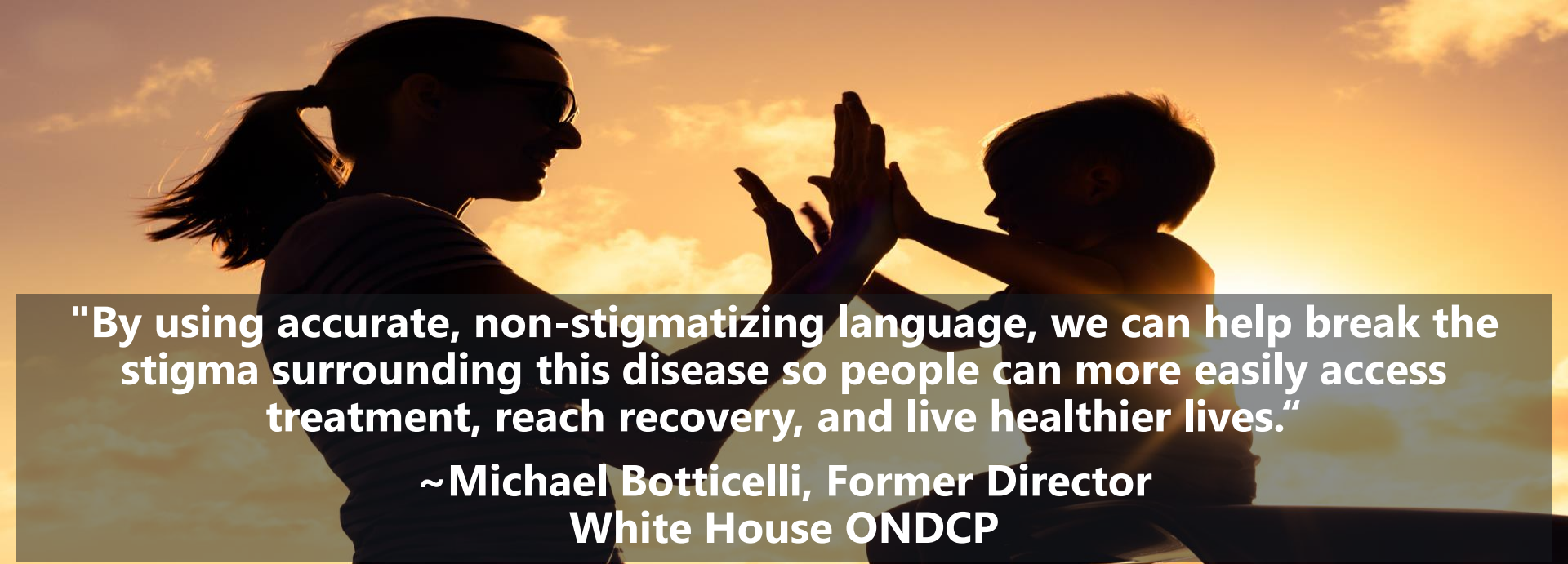
- ✓ Addiction is a complex but treatable disease that affects brain function & behavior
- ✓ No single treatment is appropriate for everyone
- ✓ Treatment needs to be readily available
- ✓ Effective treatment attends to multiple needs of the individual not just their SUD
- ✓ Remaining in treatment for an adequate period of time is critical

NIDA - Principles of Effective Treatment

- ✓ Medications are an important element for some, especially when combined with counseling
- ✓ An Individual's treatment & services plan must be assessed continually & modified as necessary to ensure their changing needs are met
- ✓ Medically assisted detox is only the first stage of treatment & by itself does little to change long-term recovery
- ✓ Treatment does not need to be voluntary to be effective

With Recovery Support Your Clients Can Achieve





"By using accurate, non-stigmatizing language, we can help break the stigma surrounding this disease so people can more easily access treatment, reach recovery, and live healthier lives."

**~Michael Botticelli, Former Director
White House ONDCP**

JENNIFER WHITE, MSW
Director of Health Initiatives

jwhite@fletchergroup.org
(502) 802-7554

www.fletchergroup.org

References

- American Society of Addiction Medicine (ASAM). 2022. What is the Definition of Addiction? (asam.org)
- National Institute on Drug Abuse (NIDA). 2018. Principles of Effective Treatment | National Institute on Drug Abuse (NIDA) (nih.gov)
- Opioid Response Network (ORN). Substance Abuse and Mental Health Services Administration (SAMHSA). 2022. *Fletcher Group Building Rural Recovery Ecosystems Summit 2022* (FGI). Fletcher Group Inc. – YouTube. www.fletchergroup.org/fgisummit2022
- Jilani SM, Jones HE, Grossman M, Jansson LM, Terplan M, Faherty LJ, Khodyakov D, Patrick SW, Davis JM. Standardizing the Clinical Definition of Opioid Withdrawal in the Neonate. *J Pediatr*. 2022. Standardizing the Clinical Definition of Opioid Withdrawal in the Neonate - PubMed (nih.gov)
- Rutherford, Helena & Potenza, Marc & Mayes, Linda. (2013). *The neurobiology of addiction and attachment*. 10.1093/med:psych/9780199743100.003.0001.
- National Institute on Drug Abuse (NIDA) . 2020. Drugs, Brains, and Behavior: The Science of Addiction: Drugs and the Brain | NIDA (nih.gov)
- Substance Abuse and Mental Health Administration (SAMHSA). 2018. Clinical guidance for treating pregnant and parenting women for opioid use disorder and their infants. Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants | SAMHSA Publications and Digital Products
- Fazenbaker, et al. 2017. (PDF) The Impact of Neonatal Abstinence Syndrome: The View from a Rural Kentucky Hospital (researchgate.net)
- US DHHS. 2022. <https://www.hhs.gov/about/news/2022/01/31/hhs-announces-standard-clinical-definition-for-opioid-withdrawal-in-infants.html>
- ASTHO Medication-Assisted Treatment in Pregnancy. 2020. Medication-Assisted Treatment in Pregnancy (astho.org)
- NIDA. 2020. Criminal Justice Drug Facts <https://nida.nih.gov/publications/drugfacts/criminal-justice#:~:text=There%20are%20high%20rates%20of,overdose%20following%20release%20from%20incarceration>
- RxSafe Marin. 2021. <https://rxsafemarin.org/rehab-vs-jail-time-the-choice-is-clear/>
- Guttmacher Institute. 2021. <https://www.guttmacher.org/state-policy/explore/substance-use-during-pregnancy>
- M. Pajulo, N. Suchman, M. Kalland and L. Mayes, Enhancing the Effectiveness of Residential Treatment For Substance Abusing Pregnant and Parenting Women: Focus on Maternal Reflective Functioning and Mother-Child Relationship; *Infant Mental Health Journal*., 2006.
- Addiction Technology Transfer Center (ATTC) Network Mid-America (HHS Region 7). 2021. <https://attcnetwork.org/centers/mid-america-attc/home>