

# Treating and Supporting Pregnant Women with Substance Use Disorder

Sarah Turner, MD IBCLC  
Family Medicine-Obstetrics, Lactation  
Lutheran Medical Group



# Substance Use Disorder (SUD)

- ⊗ Is defined by the American Medical Association and the American Society of Addiction Medicine as a *DISEASE*

*It is not a choice*

- ⊗ Is caused by a combination of behavioral, environmental and biological factors
  - ⊗ Genetics – 40-60% of the likelihood of Addiction
  - ⊗ Diabetes, COPD, Cancers
- ⊗ Cannot be cured, but can be controlled

# Opioid Use Disorder

- ⊗ People addicted to alcohol are two times more likely to be addicted to heroin; marijuana three times, cocaine 15 times, prescription drugs 40 times.
- ⊗ 80% of new heroin users started out by misusing prescription painkillers
- ⊗ 94% of people reported switching to heroin because it was cheaper
- ⊗ Repeated use of heroin changes the physical structure and physiology of the brain → chronic imbalances in neuronal and hormonal systems
  - ⊗ Affects the decision making abilities, the ability to regulate behavior, and responses to stressful situations

# SUD in Pregnancy

- ⊗ Reproductive age women at highest risk
- ⊗ Pregnant women in the United States in 2012...
  - ⊗ 5.9% used illicit drugs
  - ⊗ 8.5% drank alcohol
  - ⊗ 15.9% smoked cigarettes
- ⊗ Most common used
  - ⊗ Nicotine → Alcohol → THC → opiates, cocaine, meth
- ⊗ Pregnancy often a time of recovery for women
- ⊗ High rates of relapse postpartum
  - ⊗ Support is crucial!

# SUD in Pregnancy

- ⊗ Associated with:
  - ⊗ Decreased prenatal care
  - ⊗ Poor nutrition
  - ⊗ Increased fetal and neonatal morbidity and mortality
  - ⊗ Increased complications of pregnancy
- ⊗ Other associations:
  - ⊗ History of, or current issues with domestic violence, sexual abuse
  - ⊗ Mental health issues including anxiety, depression, PTSD
  - ⊗ Food insecurity, housing issues/poverty, lack of transportation
  - ⊗ Increased rates of HIV, HCV
  - ⊗ Chronic medical problems

# SUD in Pregnancy

- ⊕ Can lead to:
  - ⊕ Ectopic/Tubal pregnancy
  - ⊕ Miscarriage
  - ⊕ Growth restriction → low birth weight
  - ⊕ Birth Defects (Alcohol and Benzodiazepines)
  - ⊕ Placental Detachment
  - ⊕ Preterm labor/delivery
  - ⊕ Stillbirth
  - ⊕ Increased infant mortality and SIDS
  - ⊕ Abnormal cognitive development and behavioral disorders

# Screening of Patients

- ⊗ Ideally, universal during prenatal care
- ⊗ Urine drug screens underestimate use
  - ⊗ meconium positive in 88% of women admitting use compared to urine toxicology positive in 52% (Ostrea Pediatrics, 1992)
- ⊗ Self reporting underestimates use
  - ⊗ 48% of women with positive drug screens still denied drug use on admission (Gillooley AJOG, 1990)
- ⊗ Selective screening based on “educated guesses” plays on provider’s attitudes and biases



# House Bill 1007

- ⊗ Indiana Bill passed July 1, 2019
- ⊗ Requires an obstetric health care provider to
  - ⊗ Do verbal screening with a validated, evidence-based screening tool
  - ⊗ If positive - treat or refer to treatment
  - ⊗ Cannot report results of screens or tests to law enforcement or DCS without a court order or patient permission

# The Five Ps

- ⊗ Did any of your *PARENTS* have problems with alcohol or drug use?
- ⊗ Do any of your friends (*PEERS*) have problems with alcohol or drug use?
- ⊗ Does your *PARTNER* have problems with alcohol or drug use?
- ⊗ Before you were pregnant (*PAST*) did you have have problems with alcohol or drug use?
- ⊗ In the past month (*PREGNANCY*), did you drink any beer, wine, or liquor, or use illicit drugs?

# MEDICATION ASSISTED TREATMENT

*It's a medical disease, so we treat it with medication*

# Medication Assisted Treatment in Pregnancy (MAT)

- ⊗ Methadone or Buprenorphine (Subutex)
  - ⊗ Improved prenatal care, nutrition
  - ⊗ Increased birth weight
  - ⊗ Reduced infections
  - ⊗ Reduced crime
  - ⊗ Both have similar maternal and delivery outcomes
  - ⊗ Both have risks of neonatal abstinence syndrome (NAS)
- ⊗ Detoxification officially not recommended, often pursued
  - ⊗ Small potential risks of fetal loss, preterm labor
  - ⊗ Lack of effectiveness with potentially high risk of relapse and NAS

# Opiates in Pregnancy

- ⊗ ACOG recommends against detoxification

“Withdrawal from opioid use during pregnancy is associated with poor neonatal outcomes, including early preterm birth or fetal demise, and with higher relapse rates among women; robust evidence has demonstrated that maintenance therapy during pregnancy can improve outcomes.”  
(ACOG Statement 2016)

# Methadone

- ⊗ Long-acting opiate medication
  - ⊗ Half-life for opiate-tolerant person is ~24 hours
- ⊗ Must be dispensed by a treatment program
  - ⊗ Daily dosing
  - ⊗ More accountability
  - ⊗ Difficult for remote patients
- ⊗ Doses based on cravings and withdrawal symptoms
  - ⊗ Expect dose increases in pregnancy
- ⊗ Doesn't require withdrawal for induction

# Buprenorphine

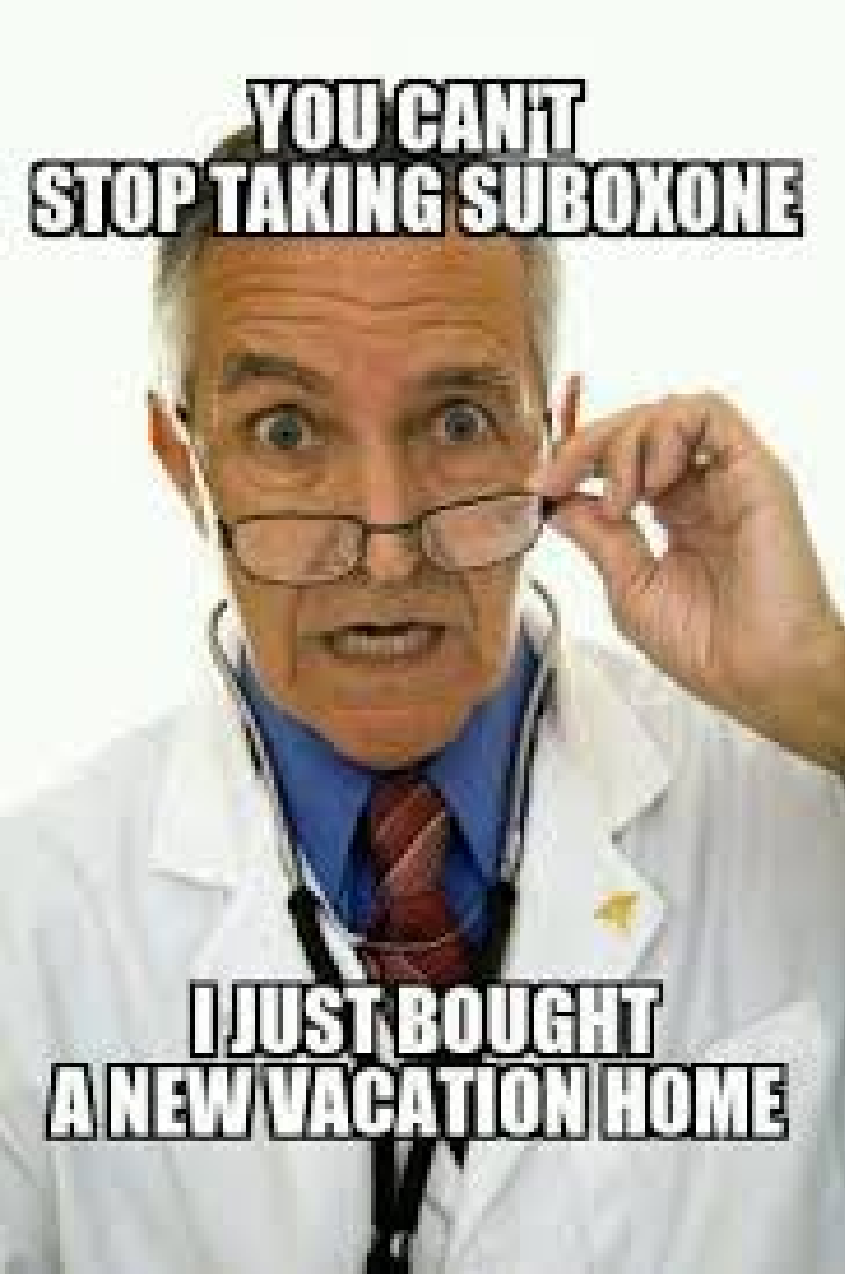
- ⊗ Alternative to Methadone for MAT
- ⊗ Take-home prescription
- ⊗ Partial agonist/antagonist
  - ⊗ Ceiling effect
  - ⊗ Blocks other opiates
- ⊗ High affinity for receptor – will displace opioids
- ⊗ Long half-life with once a day dosing as the norm
  - ⊗ Many use multiple times a day (as with their previous use)
  - ⊗ Shorter half-life than methadone
- ⊗ Requires patient to be in withdrawal to initiate use
  - ⊗ If given prior to, can precipitate severe withdrawal symptoms

# Barriers to Treatment

- ⊗ Location
  - ⊗ Remote from Methadone clinics
  - ⊗ Scarcity of Buprenorphine Providers
- ⊗ Cost
  - ⊗ Out-of-pocket
  - ⊗ Lack of insurance
- ⊗ Don't know about resources
- ⊗ Fear of getting in trouble
  - ⊗ DCS
  - ⊗ Jail
- ⊗ Stigma
  - ⊗ Work, Family, Neighbors, Friends



**YOU CAN'T  
STOP TAKING SUBOXONE**



**I JUST BOUGHT  
A NEW VACATION HOME**

**It's Government drug**

**PEOPLE ON METHADONE AND  
SUBOXONE ARE ACTUALLY CLEAN**



**WHAT IF I TOLD YOU**

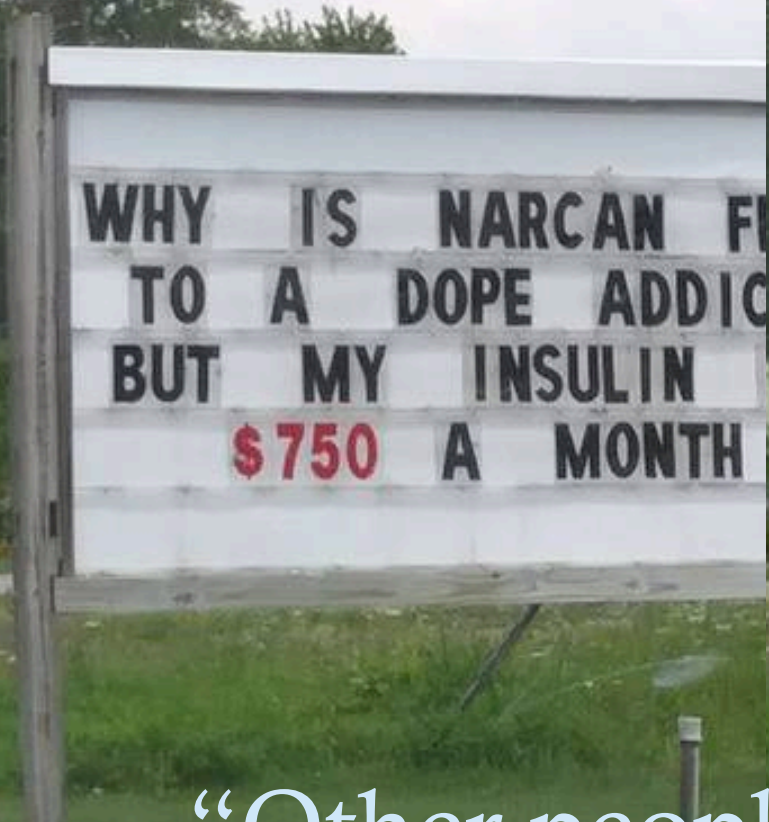
**BEING ON METHADONE OR SUBOXONE  
ISN'T BEING SOBER AT ALL**

**IF A KID HAS A LIFE-THREATENING  
ALLERGIC REACTION THE PARENTS HAVE TO  
PAY A RIDICULOUS PRICE FOR AN EPIPEN.**

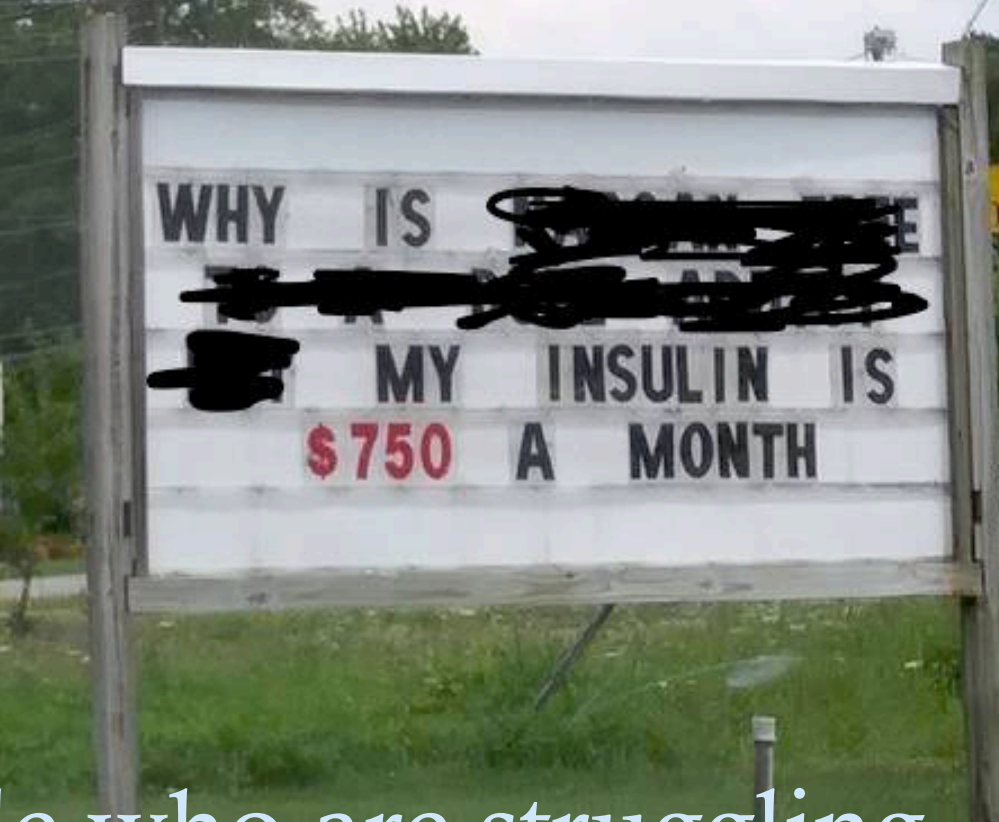
**BUT A JUNKIE WHO OD'S FOR THE  
15TH TIME GETS NARCAN FOR FREE?**

**SERIOUSLY?**





WHY IS NARCAN FREE  
TO A DOPE ADDICT  
BUT MY INSULIN  
**\$750** A MONTH



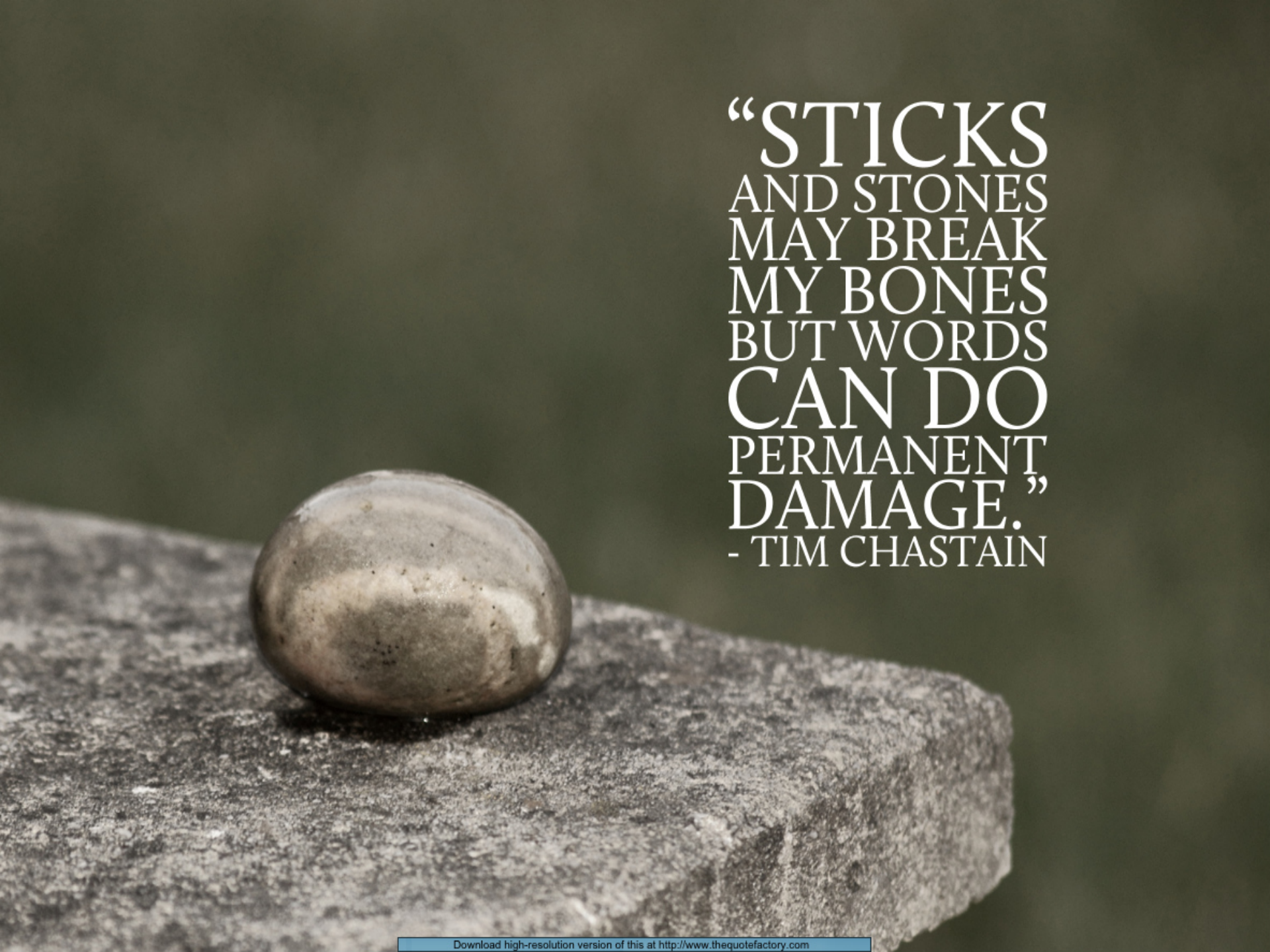
WHY IS [REDACTED]  
[REDACTED]  
[REDACTED] MY INSULIN IS  
**\$750** A MONTH

“Other people who are struggling aren’t your enemy. It’s embarrassing that this needs to be explained.”

*-Jim Carrey*

# Special Considerations

- ⊗ Family and interpersonal relationship issues
  - ⊗ History of abuse
  - ⊗ Partners/Family/Peers also have SUD
- ⊗ Social considerations
  - ⊗ Food insecurity
  - ⊗ Housing
  - ⊗ Money and Employment
- ⊗ Guilt and mood disorders
  - ⊗ 37.9% of people with SUD also have mental illness
    - ⊗ Depression and anxiety
    - ⊗ PTSD
- ⊗ Language and non-verbal cues



“STICKS  
AND STONES  
MAY BREAK  
MY BONES  
BUT WORDS  
CAN DO  
PERMANENT  
DAMAGE.”  
- TIM CHASTAIN

“Those of you that have never dealt with addiction need to have more compassion. We are talking about people. Fathers, mothers, sons, daughters, husbands, wives, friends. They aren’t losers in back alleys these days. It doesn’t matter if you believe it’s a disease or not. It’s a horrible part of our world and our community today.”

# Language Matters

- ⊗ Patients don't see themselves as sick, but rather as "bad" people
  - ⊗ Shame
  - ⊗ Embarrassment
  - ⊗ Ostracism
- ⊗ Focus on the patient, not their disease
  - ⊗ People-centered language
- ⊗ Stigmatizing language reinforces negative stereotypes
  - ⊗ Clinicians more likely to favor punitive measures
  - ⊗ Can become self-fulfilling
  - ⊗ Prevents people from accessing care

<b>Don't Say...</b>	<b>Say...</b>
Addiction	Substance use disorder
Addict/Junkie/Druggie/Drug Abuser/User	Person with substance use disorder
Addicted	Having substance use disorder
Drug Use/Abuse	Substance use/mis-use
Drug Problem/Habit	Substance use disorder
Clean (in relation to use)	Abstinent, not actively using
Dirty (in relation to use)	Actively using
Clean/Dirty drug screen	Negative/Positive drug screen
Former addict/alcoholic	Person in recovery from...
Opiate Replacement/Methadone Treatment	Medication assisted treatment



Babies are not born

**ADDICTED,**

they are born

**DEPENDENT**

(addicted implies behavior + dependency)

# Non-Verbal Cues

- ⊗ Patient's can be extremely/overly sensitive
- ⊗ Show respect for them without language
  - ⊗ Eye contact
  - ⊗ Tone of voice
  - ⊗ Body language
- ⊗ Be aware that many aren't comfortable with touch

# Questions?



# References

- ⊗ American Society of Addiction Medicine. Opioid Addiction 2016 Facts and Figures.
- ⊗ SAMHSA National Survey on Drug Use and Health
- ⊗ SAMHSA CBHSQ Report
- ⊗ National Institute on Drug Abuse
- ⊗ CDC National Center for Health Statistics