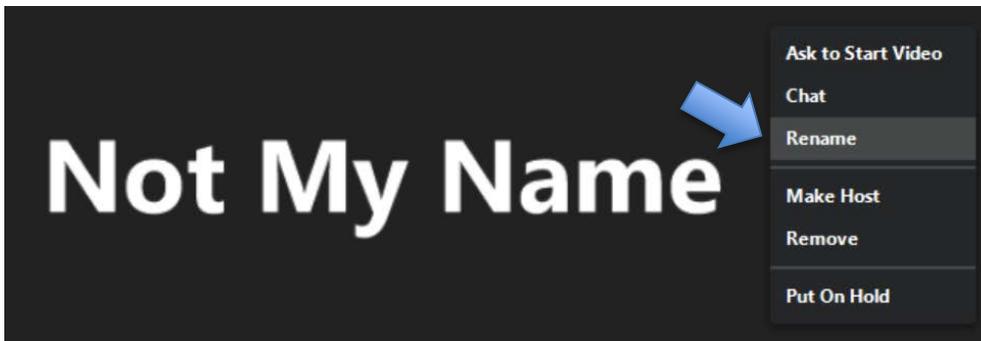




## ECHO Idaho: Perinatal Substance Use Disorder

Welcome! The session will start at 12:00 pm MT.



Please introduce yourself in the chat function: Name, Title, Organization, City

If you need to update your screen name, right click on your image and select rename.

If you need technical support please contact our IT team:

- Zoom Private Chat to Jessica, ECHO
- Email: [boisehelp@uidaho.edu](mailto:boisehelp@uidaho.edu)
- Phone: 208-364-4072

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## ECHO Idaho: Perinatal Substance Use Disorder

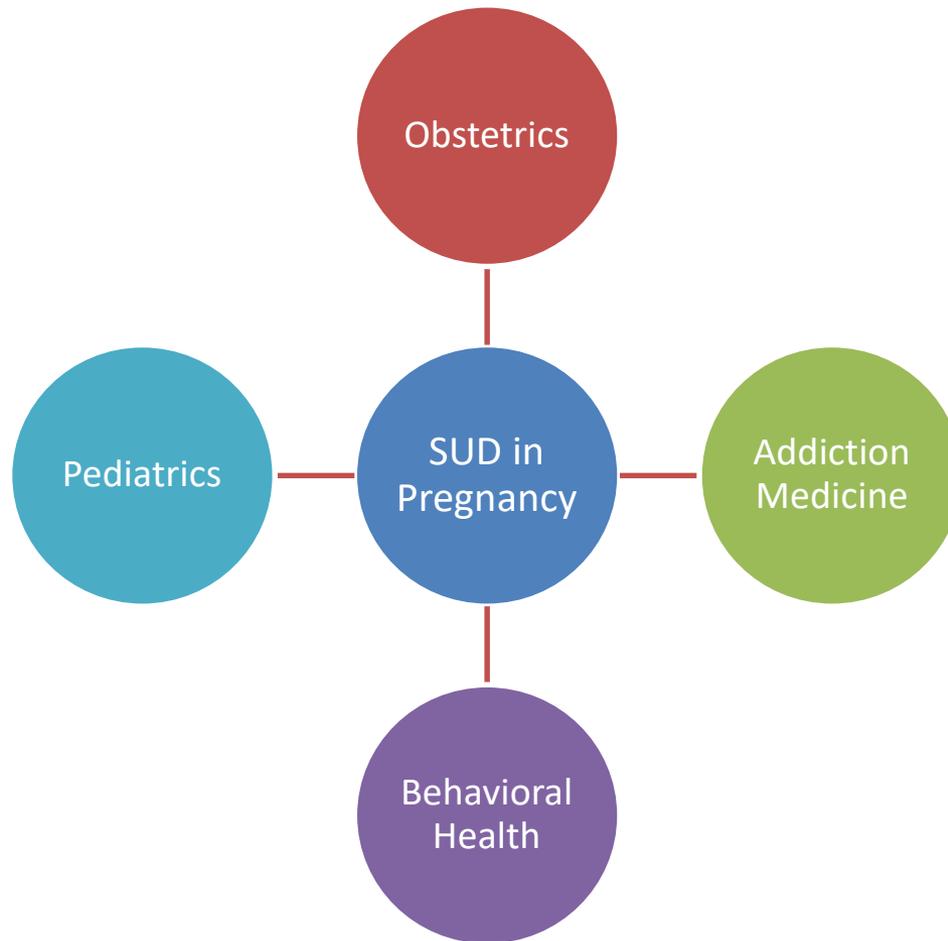
SUD and Mental Health in Pregnancy: Overview and  
Screening

March 11, 2020

Jerri Woodworth, RNC-OB, PMH-C – St. Luke's Health  
System

The speaker has no relevant financial relationship(s) to disclose.

# Who's Responsibility is It???



# Learning Objectives

- Commit to using person centered language associated with caring for the patient with Substance Use Disorder (SUD)
- Become familiar with basic concepts of Addiction
- Become familiar with screening for SUD and Perinatal Mood and Anxiety Disorders (PMADs) in pregnancy
- Gain an understanding of caring for the pregnant woman with SUD

# Language Matters

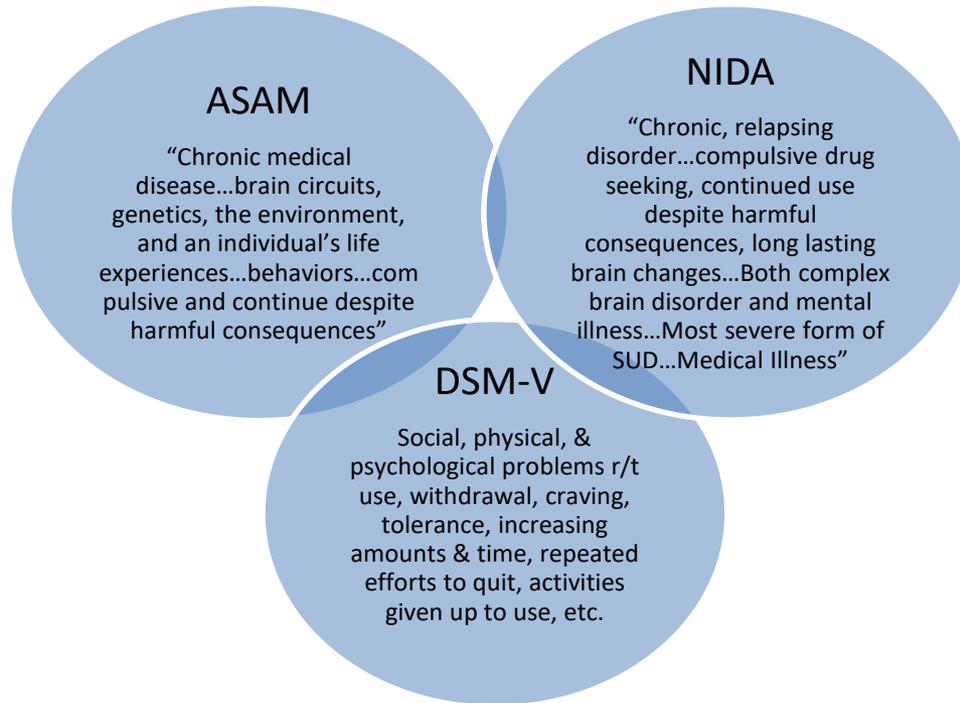
## Don't say....

- Substance Abuse
- Addict/Junkie/Druggie
- Clean
- Dirty/Clean Urine
  
- Born Addicted
  
- Drug Baby

## Instead, say...

- Substance Use Disorder
- Person with Addiction
- Sober or In Recovery
- Positive/Negative or Expected/Unexpected
  
- Physiologically Dependent
  
- Prenatal Opiate Exposure

# What is Addiction?



**\*Addiction is NOT a Moral Failure\***

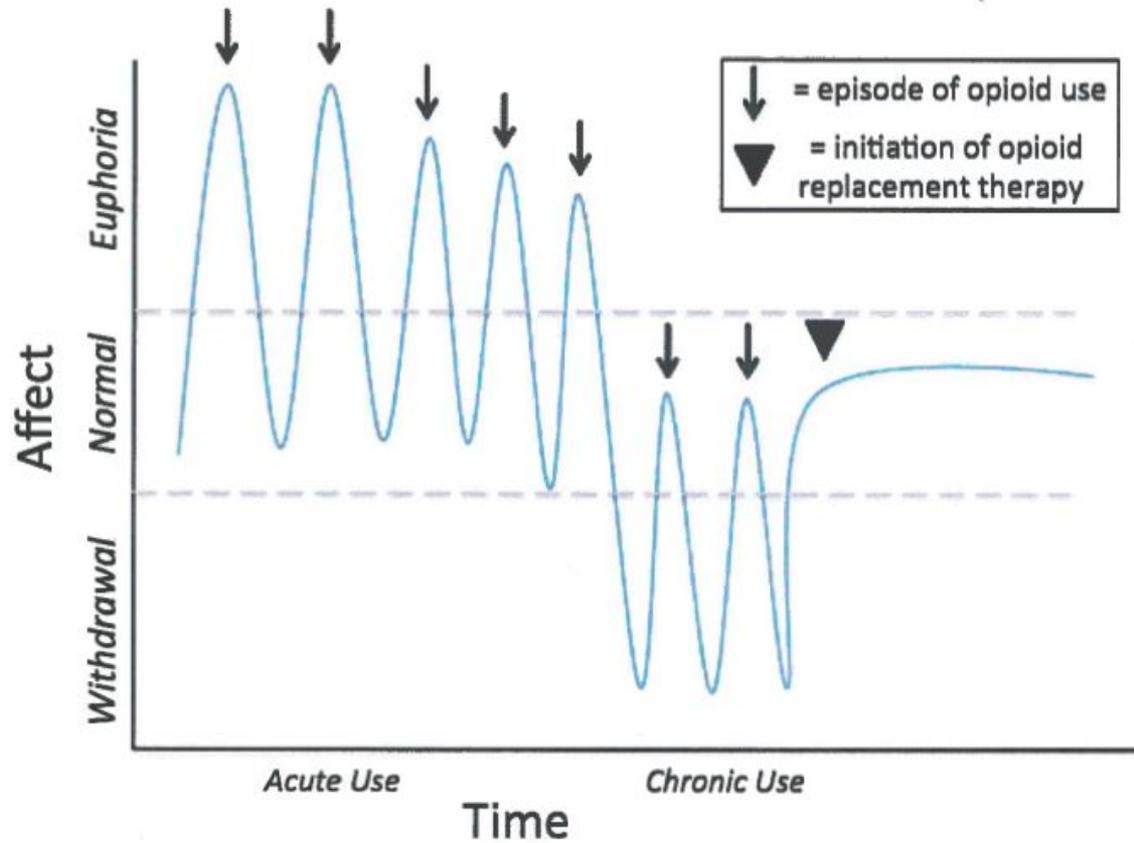
# Why Do People Use Substances?

- Recreation, Trauma, ACEs, Escape, Prescriptions gone wrong, Social Pressure, Mental Illness, Etc...

“The question is never “Why the addiction?” but “Why the pain?”

- Gabor Maté, MD In The Realm of Hungry Ghosts

# Opioid Dependence



Alford, Boston University, 2012

W UNIVERSITY of WASHINGTON

# Harm Reduction

- Harm reduction is a pragmatic public health approach to reducing the negative consequences of risky behaviors

\*Meeting the patient where the patient is at\*

# Naloxone

- Used to reverse Opioid Overdose
- May purchase from a pharmacist without a prescription
- Temporary effect
- If you give, call 911



# Caring for Pregnant Women with SUD and PMADs

- Why
  - Pregnancy is a time of unique motivation for sobriety
  - Treating a pregnant woman has cascading impacts in a family
  - PMAD 21%, SUD 5%
  - These women are already in your practice
  - Risk to treatment and risk of not treating
  - It can be very rewarding
- How
  - Role as advocate for these patients cannot be underestimated
  - Educate: patient, partner, family, colleagues, providers
  - Work in collaboration with other providers
  - Demonstrate empathy
  - Patience, Patience, Patience

# Screening

## Mental Health

- Validated Tool for Pregnancy
  - EPDS, PHQ-9, PDSS, Beck Depression Inventory, Etc
- When to Screen
  - ACOG Guidelines: “Once in the perinatal period. If screened during pregnancy, screen at comprehensive PP visit”
- Reimbursable
- More to Come....

## SUD

- Validated Tool for Pregnancy
  - 4P’s Plus, SURP-P, TWEAK, T-ACE, Etc
- When to Screen
  - ACOG Guidelines: “Early Universal Screening”
- Reimbursable
- Urine Drug Testing is **NOT** Screening

# SBIRT for SUDs

- Screening
- Brief Intervention
  - Raise Subject
  - Provide Feedback
  - Enhance Motivation
  - Negotiate Plan
- Referral to Treatment
  - ?????

# Considerations in Pregnancy

- SUD likely present prior to pregnancy
- Decreased access to medical care and family planning needs
- Women have unique issues r/t SUD
  - Use less of an amount for a shorter duration of time
  - History of traumatic life events
  - Sex hormones can make more sensitive
  - Different changes in the brain
  - May be more likely to relapse
  - May be more likely to have cravings

# Considerations in Pregnancy

- Labs
  - Hep C Ab to initial PNL (Viral Load and CMP if +)
  - Repeat infectious labs in 3<sup>rd</sup> trimester, if indicated
- Ultrasounds
  - Monitor growth in 3<sup>rd</sup> trimester
- Post Partum Birth Control
- Education
  - NOWS/NAS, Pain Management, Legal Issues, Parenting

# Barriers to Treatment

## **Prenatal/Mental Health/SUD Care Barriers**

- Transportation
- Health Insurance
- “Drug Lifestyle”
- Fear of use being identifying by providers
- Fear of legal repercussions
- Fear of judgment – STIGMA and SHAME

## **Additional Mental Health/SUD Care Barriers**

- Lack of providers
- Lack of training for care in pregnancy

# Key Points

- Be nice, use thoughtful words.
- Addiction is a chronic, relapsing and remitting disease, NOT a moral failing.
- Implement screening for both Mental Health and SUD using a validated tool.
- Don't be afraid to treat during pregnancy, lean on your resources.

# Resources for SUD in Pregnancy

- St. Luke's SUPPORT Clinic
  - 208-381-3088    woodworj@slhs.org
- Postpartum Support International
  - [www.postpartum.net](http://www.postpartum.net)
  - Perinatal Provider Psychiatric Consult line
- Pregnant Women & Women with Dependent Children
  - [www.healthandwelfare.idaho.gov](http://www.healthandwelfare.idaho.gov)
- MGH Center for Women's Health
  - [www.womensmentalhealth.org](http://www.womensmentalhealth.org)
- [mothertobaby.org](http://mothertobaby.org)
- [infantrisk.com](http://infantrisk.com)
- ACOG Committee Opinion 711 (OUD in Pregnancy)

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