Caring for opioid dependent pregnant women within the PCMH

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The problem...

• We have an opioid epidemic in Maine.
• 1/3 of those seeking treatment are women of child bearing age.
• Treating pregnant women improves maternal-fetal outcomes and reduces costs of care.

Screening for substance use during pregnancy

• At first prenatal visit and again in mid-second trimester. Also if signs/symptoms indicate:
  – Opioid intoxication or withdrawal.
  – Erratic behavior, missed visits.
• Fear of being identified. Often avoid treatment.
• Privacy and confidentiality extremely important.
• Verbal screening is standard of care.
4 Ps

• Did any of your parents have a problem with alcohol or other drug use?
• Does your partner have a problem with alcohol or drug use?
• In the past, have you had difficulties in your life because of alcohol or other drugs, including prescription medications?
• In the past month (present) have you drunk any alcohol or used other drugs?
• Scoring: Any “yes” should trigger further questions.

CRAFFT

• C Have you ever ridden in a CAR driven by someone (including yourself) who was high or had been using alcohol or drugs?
• R Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
• A Do you ever use alcohol or drugs while you are by yourself or ALONE?
• F Do you ever FORGET things you did while using alcohol or drugs?
• F Do your FAMILY or friends ever tell you that you should cut down on your drinking or drug use?
• T Have you ever gotten in TROUBLE while you were using alcohol or drugs?
• Scoring: Two or more positive items indicate the need for further assessment.

MDFMR’s response

• Developed integrated medical and behavioral health treatment program in 2007.
  – Substance abuse treatment and prenatal care in same setting improves outcomes.
• Offer obstetric, pediatric and substance abuse treatment in one setting.
  – Limits barriers to seeking treatment. Provides comprehensive patient centered care.
• Opioid dependent pregnant women have a variety of health needs.
Opioid dependent pregnant women

• Medical care:
  – Higher risk for obstetric complications.
  – Infectious diseases (most commonly hepatitis C).
  – Cellulitis/endocarditis secondary to IV drug use.
  – Increased risk of sexually transmitted infections.
  – Other addictions (e.g., tobacco).

• Behavioral health care:
  – About 70% have co-occurring mental health diagnoses (anxiety, depression, bipolar, PTSD).
  – Those with co-occurring disorders tend to have more severe addiction history.

Opioid dependent pregnant women

• Psychosocial issues:
  – Domestic violence (more than 70% have been physically abused).
  – Homelessness.
  – Limited financial resources. Poor nutrition.
  – Previous involvement with DHHS. Limited parenting skills/experience.
  – Transportation. Care of existing children.

Conclusions

• Early identification and treatment of opioid dependent pregnant women improves outcomes.
• Maintain confidentiality and trust by screening in private and in a nonjudgmental manner.
• Providing patient centered, compassionate care in one setting limits barriers to treatment.