

DRUG FREE MOMS AND BABIES

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Substance Use in Pregnancy
West Virginia Perinatal Partnership

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Better Health Workgroup of the WV Health
Innovation Collaborative



WHO WE ARE

The Mission of the WV Perinatal Partnership

We are a statewide partnership of health care professionals and public and private organizations working to improve perinatal health in West Virginia.





The Partnership Gets Involved in this Issue

- 2006 – Key informant survey identified drug use in pregnancy as factor
- 2007 – *Blueprint to Improve Perinatal Health* recommended developing an approach to treat pregnant women using drugs and alcohol
- 2008 – Committee developed model policy that recommends screening all pregnant women



WE HAVE A PROBLEM!

- From 2001-2010 West Virginia had a 214% increase in the number of prescription drug overdoses in the state.
- In 2010, opiates were the #1 cause of death associated with drug overdoses in West Virginia.

WHAT DO WE KNOW ABOUT SUBSTANCE ABUSE IN WEST VIRGINIA?

- We have lower rates of binge drinking and heavy drinking when compared to the U.S.
- In 2010, West Virginia had the highest percentage of adults smoking cigarettes in the U.S.
- In 2009, pregnant women in West Virginia reported a higher incidence of smoking at 28.9% than the general population as a whole (25.6%).

Umbilical Cord Tissue Study 2009

- Study funded by Office of Maternal, Child and Family Health, WV Bureau for Public Health.
- 8 hospitals across the state collected all newborn cords for one month.





Cord Tissues Tested for:

- Amphetamines
- Cocaines
- Opiates
- Cannabinoids
- Benzodiazepines
- Methadones
- Buprenorphines
- Alcohol

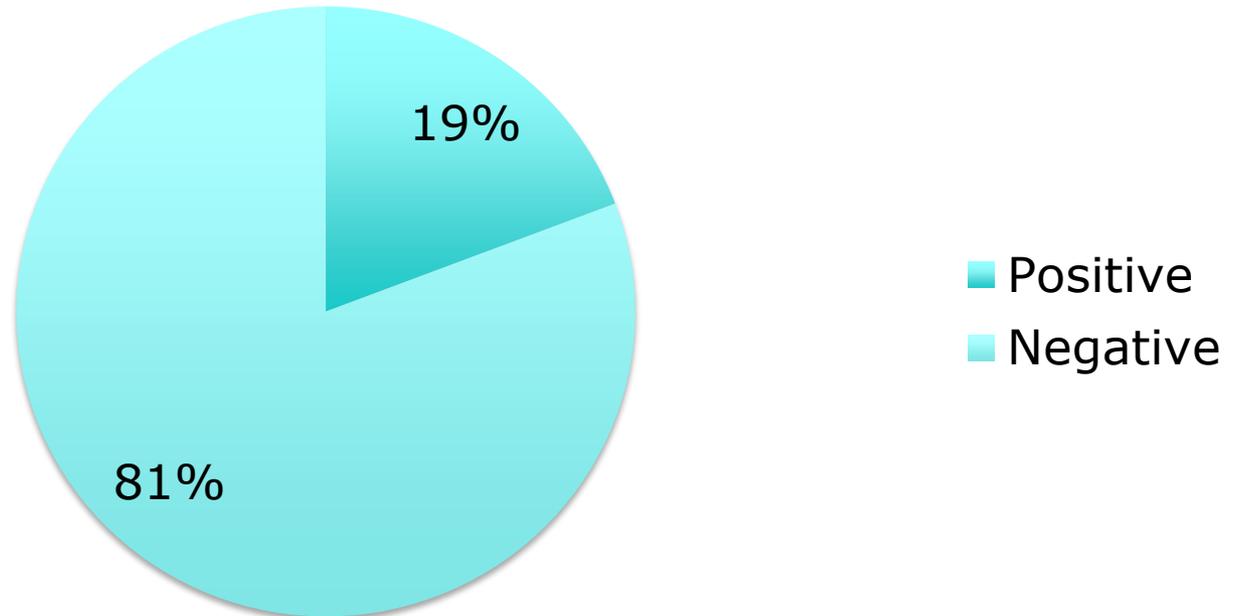
STUDY LIMITATIONS

- No other information
- No account for legal use



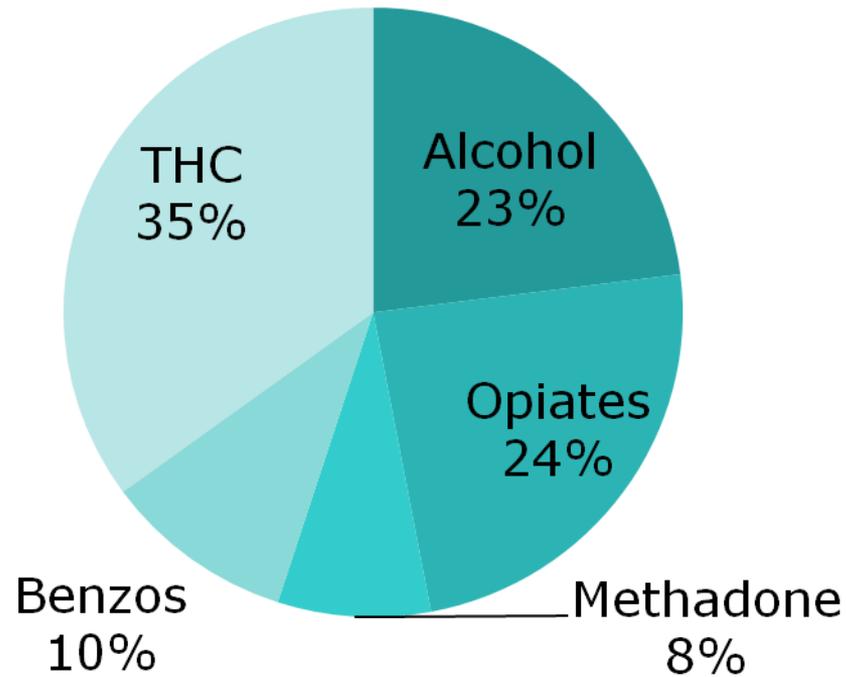
WHAT DID WE FIND?

759 Total Cords

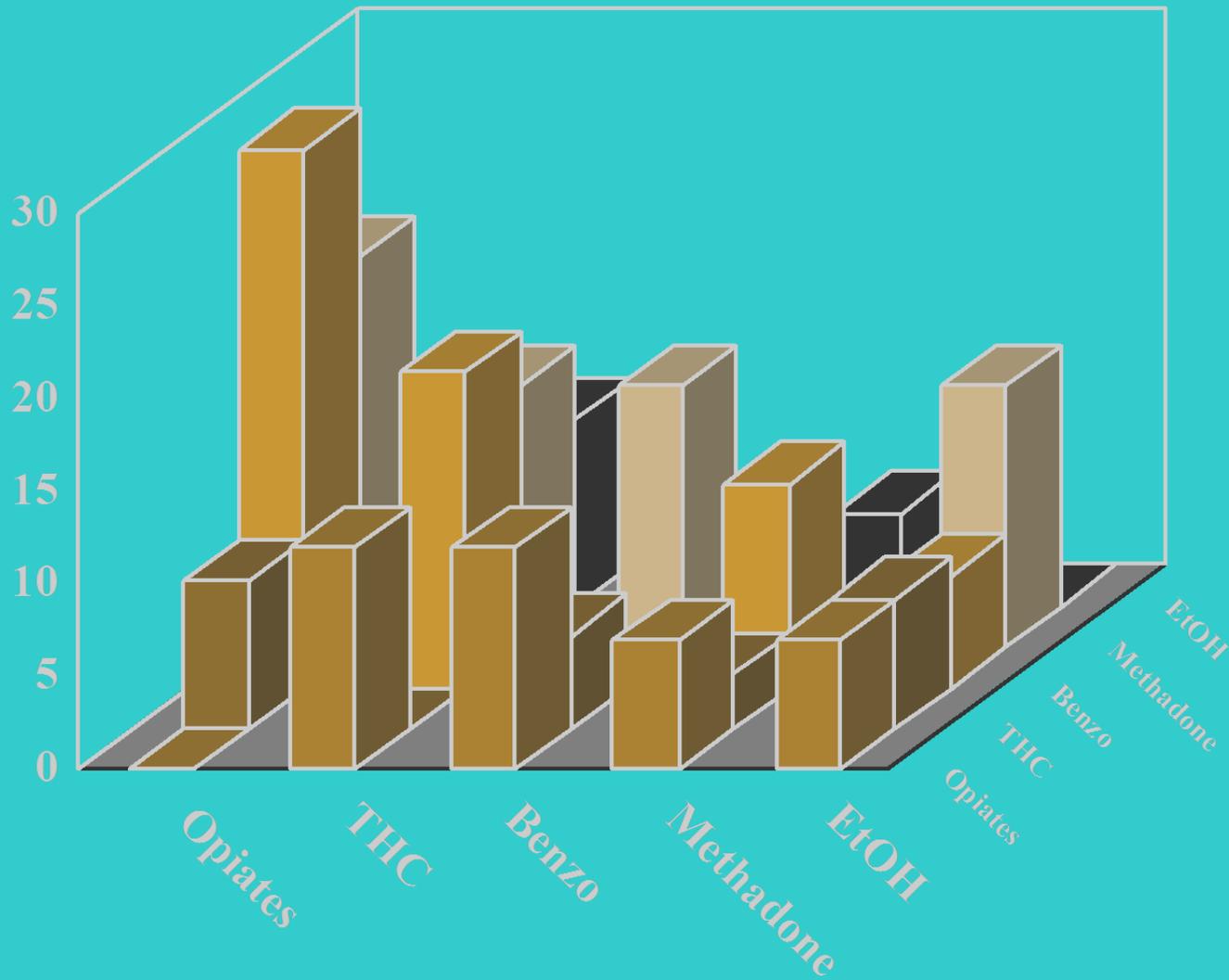


Results: Drugs Found in Cords

Drugs



Polysubstance Abuse





LESSONS LEARNED

- Almost 1 in 5 babies in West Virginia is exposed to drugs or alcohol
- Polysubstance Abuse is common
- There are regional distributions of drug use

NEONATAL ABSTINENCE SYNDROME

- Respiratory complications (31%),
 - Low birth weight (19%),
 - Feeding difficulties (18%), and
 - Seizures (2%).
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- Length of stay remained relatively constant at 16 days.
 - Increase in costs from \$39,400 in 2000 to \$53,400 in 2009.
 - The majority of infants (78%) and mothers (60%) were covered by Medicaid.

NAS: Long Term Outcomes

- No definitive studies
- Most find no long term differences, but certainly at-risk
- Combination of in-utero exposure and environment/biology
- “Confounding variables such as environment and dysfunctional caregivers, complicates the interpretation of outcomes.”

- Hudak, ML, RC Tan and the Committee on Drugs and the Committee on the Fetus and Newborn. Neonatal Drug Withdrawal. Pediatrics 2012;129:e54



Drug Free Moms and Babies Project

3 yr project funded by Benedum Foundation and DHHR's Bureau of Behavioral Health and Health Facilities and the Office of Maternal, Child, and Family Health:

- Seek to lessen effects of exposure or deliver drug free babies.
- Comprehensive and integrated programs to identify and treat pregnant women and newborns for up to 2 years.
- Data component to adequately assess programs' effectiveness.



Services Provided Under Project

- Screening of all pregnant women for substance use through SBIRT (Screening, Brief Intervention, Referral and Treatment) program;
- Comprehensive medical care;
- Drug and alcohol counseling;
- Recovery Coaching;
- Long term follow-up of moms and babies;
- Home visitation.

Evaluation



- Urine tests throughout and after pregnancy
- Cord tissue
- Surveys of sites to identify strategies and barriers

Perinatal Outreach Education

- Educational sessions regarding treatment options, guidelines, and policies.
- Sharing lessons learned from pilot sites
- Articles in professional journals





Drug Free Moms and Babies Pilot Project Site

Shenandoah Valley Medical Systems,
Martinsburg, WV

- Federally Qualified Health Center that provides maternity, pediatric and behavioral health services.
- New program utilizes existing staff.
- Added Recovery Coach and substance abuse provider to coordinate women's care (help with transportation, social services, etc).

Began services May 2012.



Drug Free Moms and Babies Pilot Project Site

Thomas Memorial Hospital,
South Charleston, WV

- Private, community hospital serving 12 counties
- Pregnant women identified by OBs, ER, or referrals
- Individual and group sessions in outpatient clinic setting
- Participants receive enhanced services
- Recovery Coaches through collaboration with Partnership of African American Churches.

Began services August 2012



Drug Free Moms and Babies Pilot Project Site

Greenbrier Valley Medical Center,
Ronceverte, WV

- Rural hospital serving 6 counties in southeastern WV
- Social worker on-site at physicians' office
- Case management services
- Utilizes existing substance abuse program for individual and group counseling

Began services December 2012



Drug Free Moms and Babies Pilot Project Site

Ob-Gyn Dept. WVU,
Morgantown, WV

- Large tertiary care center serving all counties, mainly northcentral WV
- Will add substance abuse counselor at OB office to identify and plan services
- Work with Chestnut Ridge's existing programs for pregnant women
- Collaborate with home visitation programs

Not implemented



Early Lessons from DFMB Pilot Project Sites -- Strengths

- Identification of substance use in pregnancy improved
- More collaboration between obstetrical and behavioral health care
- Increased communication and case management



Early Lessons from DFMB Pilot Project Sites -- Strengths

- Increase in self-referrals through word of mouth
- Strengthened partnerships and referrals to community resources
- Incentives are important part of programs



Early Lessons from DFMB Pilot Project Sites -- Challenges

- Transportation and child care are significant barriers to treatment
- Co-occurring conditions common
- Programs are challenging to establish and implement in the beginning



Early Lessons from DFMB Pilot Project Sites -- Challenges

- Establishing trust takes time and affects early enrollment
- Post partum follow up
- Working with physicians in private practice