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# Opioid Abuse Treatment in Pregnancy: Babies and Mothers Beginning In-sync

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# The Problem: Opioid Abuse

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## **Opioid abuse remains an enormous issue in the United States**

- ❖ 80% of the global opioid supply is consumed in the US
- ❖ Heroin use has increased across all age groups across the US as of 2014
- ❖ As of 2008, there were nearly 2 deaths per hour attributable to opioid use and abuse

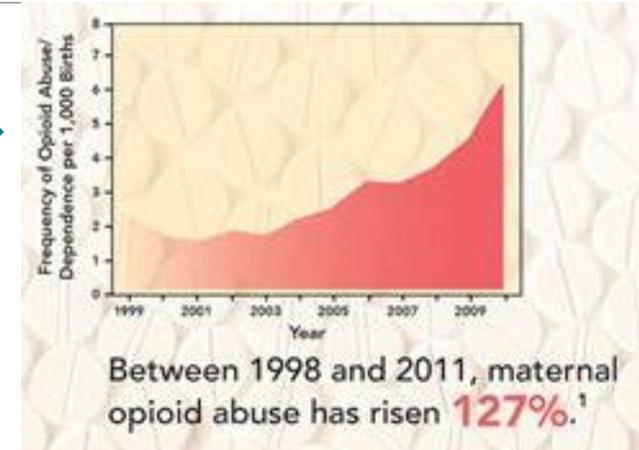
## **And in Vermont**

- ❖ Vermont ranks second in per capita admissions for opioid treatment
- ❖ Opioid treatment budget for Vermont almost tripled between 2014 and 2015
- ❖ Heroin and prescription opioid related deaths has increased annually as of 2013 in Vermont

# An Even Bigger Problem: Opioid Abuse among Pregnant Women

## And among pregnant women

- ❖ The rate of maternal opioid abuse is rising
- ❖ 5.4% of pregnant women aged 15-44 are current illicit drug users in the US
  - ❖ Rutland comes in slightly higher at almost 6.5% as of 2013
- ❖ The rate of infants born exposed to opioids is increasing in Vermont
- ❖ 12.75% of babies born at RRMC were exposed to opioids in utero
  - ❖ 20% of those babies' moms were not receiving any kind of drug abuse treatment during pregnancy
- ❖ 25% of opioid exposed babies need treatment upon birth for withdrawal



**Rate of infants exposed to opioids per 1,000 deliveries, Vermont residents at Vermont hospitals**



# What are the Costs?

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- ❖ 85% of pregnancies in women who use opioids or are on MAT are unintentional
  - ❖ This leads to psychosocial costs for families, direct expenditures, unplanned loss in productivity
- ❖ Maternal opioid abuse is associated with an odds ratio of 4.6 for in-hospital death for mom compared to non-using mothers
- ❖ The average length of stay for an opioid exposed baby (NAS baby) was 5.7 days in 2013, while only 2.6 for a non-NAS baby
- ❖ In 2013, the average charge per infant exposed to opioids in utero in VT was \$11,129 while that for non-NAS babies was \$4,739
  - ❖ In 2009, while the charge of delivering a NAS baby in Vermont was \$9,064, nationally, it was \$53,000!
- ❖ Additionally, opioid use in mom increases many risks to baby in-utero (though no specific syndrome has yet been identified in children exposed to opioids and most data on direct outcomes is controversial and limited)
  - ❖ Infection (hepatitis B, C, HIV), decreased fetal growth, placental abruption, preterm labor, meconium aspiration, fetal death, possible low birth weight, neonatal abstinence syndrome and early life stress

# The Need

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1. A program specifically designed to help and treat pregnant women with opioid dependence issues
2. Comprehensive, appropriate and pertinent educational programming for women who wish to treat their opioid dependence
3. Community knowledge of the program among providers and patients
4. Community support for the program
5. A way to reach and attract patients in the community who are eligible and would benefit from the program

# A Solution?

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Babies and Mothers Beginning In-sync (BAMBI) is a Rutland regional program aimed at providing comprehensive drug abuse, medical, social and community support to women who are pregnant, currently using non-prescribed opioids, and have the desire to stop. The program is monetarily supported by grants and the Rutland Regional Medical Center. It has served almost 100 women since its beginning in October 2011.

BAMBI provides patients with support from:

- ❖ Rutland Regional Medical Center including Rutland Women's Healthcare, inpatient units, emergency department and staff physicians
- ❖ West Ridge Center for Addiction, Evergreen Substance Abuse Programs and Mental Health Services
- ❖ Physicians from Community Health Centers of Rutland Region, CHCRR Pediatrics, Green Mountain Family Medicine and Rutland Area Visiting Nurse Association and Hospice
- ❖ Medicaid, WIC, Children's Integrated Services, Food Stamps

Additionally, BAMBI has contacts within the Agency of Human Services, including The Vermont Departments of Health, Corrections, Health Access and Children and Families.

# Perspective:

## Discussions with Community Support

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To better understand the BAMBI program and assess its needs, I:

- ❖ Met with Jeremy Ashton, MS, LADC, a lead coordinator and educator for the BAMBI program
  - ❖ Discussed what BAMBI entailed and program logistics, who the program served, and the strengths and weaknesses of BAMBI to gain a better understanding of how I could be involved.
  - ❖ From this meeting, it was clear BAMBI needed to a way disseminate information about the program to women who were pregnant or recent mothers and interested in addressing their opioid abuse
- ❖ Met with Jill Merrill, BSN, RN, the care coordinator for BAMBI at Rutland Women's Healthcare
  - ❖ Discussed program educational content and the role medical providers played in BAMBI, and got additional contact information for people who could provide me with data on BAMBI.
  - ❖ From this meeting, I was able to determine what information would be the most helpful to put into the community and how to get it distributed throughout the community.
- ❖ Observed a weekly BAMBI session with current members, providers and community support to further understand the program as well as discuss the potential of creating more awareness of the program. This included gaining member perspective on BAMBI, getting feedback on how to best create awareness, and what the best information to disseminate would be.

# Intervention and Methods

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Based on the information gathered from meetings with BAMBI staff and patients, I:

- ❖ Realized awareness about the BAMBI program came mostly from word-of-mouth and direct contact with BAMBI personnel who then referred women to the program. Additionally, BAMBI had an outdated poster for “advertising” that was not currently in production or in the community.
- ❖ Determined that a brochure women could find at various locations around the community would be an ideal resource to more effectively spread the word about BAMBI.
- ❖ Coordinated with BAMBI leaders to determine brochure content. Worked with Rutland Regional Medical Center public relations to ensure content and format were within RRMC publication guidelines.
- ❖ Developed a brochure for BAMBI to be stocked at community locations, including doctors’ offices, Rutland Regional Medical Center, substance abuse treatment centers, and mental health centers to increase awareness about the program amongst both patients and providers.
- ❖ Gathered anonymous feedback from the BAMBI group on the brochure to ensure it would be an effective tool

# Response and Results: Qualitative

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## **Response among BAMBI staff**

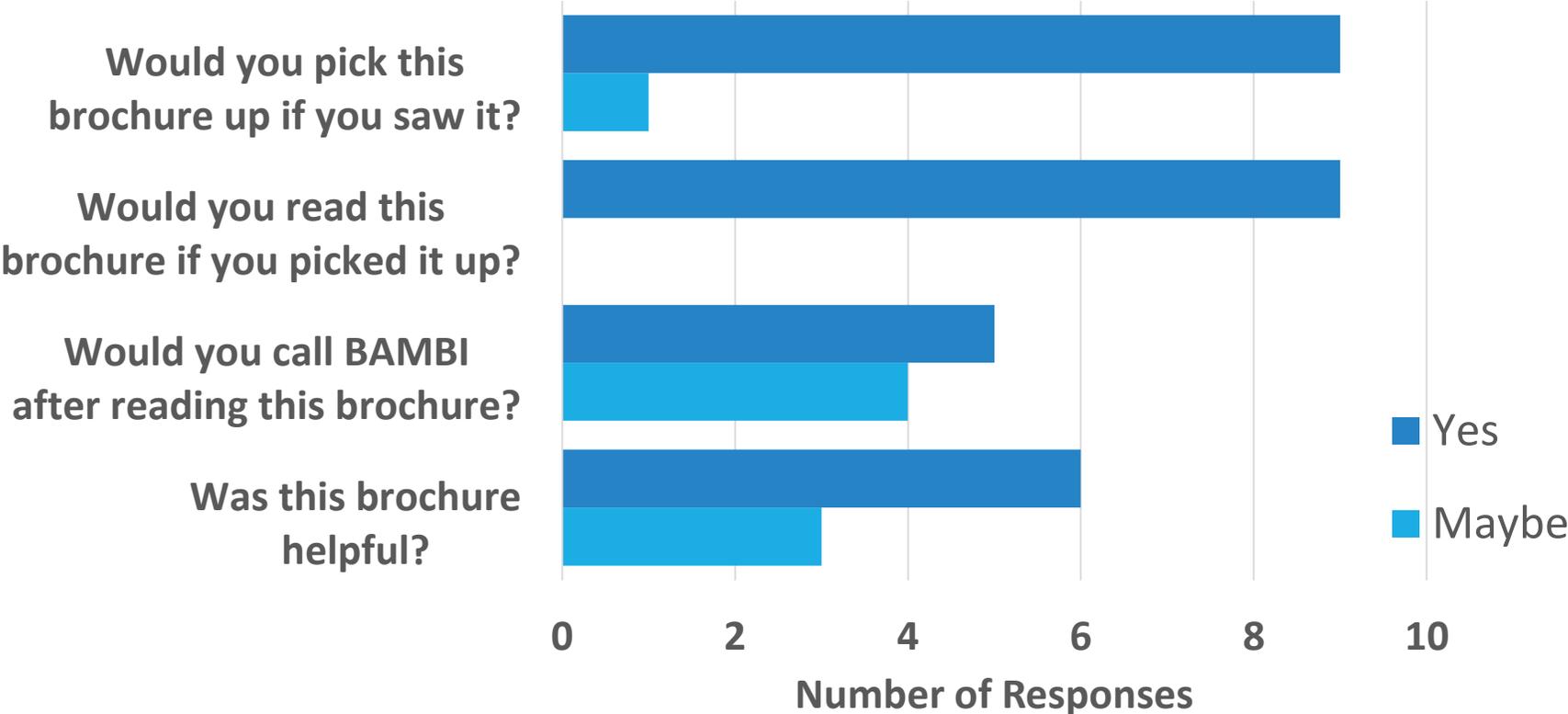
- ❖ BAMBI staff members were happy to meet with me, and were aware they needed a better way to create awareness about the program in the community.
- ❖ The brochure was approved and well received by the BAMBI staff members. BAMBI staff is excited to have an effective tool to create awareness of the program.
- ❖ The brochure is currently waiting approval with the Rutland Regional Medical Center public relations department for printing and distribution.

## **Response among BABMI patients**

- ❖ BAMBI staff members reported that the group members were more interactive and attentive during my visit, and they were happy to share their stories and experiences with me.
- ❖ Group members gave me feedback on what should be included in the brochure, the language to use, and how to most effectively reach the women BAMBI aims to engage.
- ❖ BAMBI members gave positive feedback on the finished brochure (next slide).

# Response and Results: Quantitative

Feedback on BAMBI Brochure from Current and Past BAMBI Members



# Effectiveness and Limitations

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## Effectiveness

- ❖ It is estimated that the brochure will be placed in **over 100 locations** around Rutland County, including hospitals, outpatient offices, drug abuse treatment centers, community resource centers, nonprofits, state department offices and so many more!
- ❖ Feedback from BAMBI members and staff indicate that most women who see the brochure will read it and call BAMBI, or at the least, read it and learn about drug addiction, pregnancy, and delivering an opioid exposed baby.

## Limitations

- ❖ Not all pregnant women are ready to tackle their drug addiction. Many pregnant women remain in the community, not seeking treatment for opioid abuse.
- ❖ Opioids are not the only drug pregnant women use. BAMBI and my brochure are aimed at opioid specific addiction.
- ❖ Not all pregnant women ready to face their addiction receive care or receive care where they would learn about BAMBI.
- ❖ Opioid abuse is not an issue limited to the Rutland region. Women outside this region need a program and resources too, and BAMBI does not have the capacity to help everyone, even with adequate awareness of the program.
- ❖ Rutland Regional Medical Center Public Relations had to vet the brochure. Content and timeline of distribution is ultimately dependent upon them.
- ❖ Despite suggestions that women who read the brochure will call to learn more about BAMBI, we do not know if these women will actually join or if they will be successful in the program.

# Recommendations for Future Work

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1. Streamline program content and improve communication between similar groups in the state
  - ❖ There are several programs around the state aimed at helping pregnant women who abuse opioids. There is room for improvement in standardizing programming and communication between these groups and for creating a framework to set up more programs like them.
2. Develop tracking methods and questionnaires for BAMBI
  - ❖ Tabulating information about the program would help to better understand successes and weak points within the program.
3. Develop a provider specific informational packet about BAMBI
  - ❖ Many providers in the Rutland region are unaware that BAMBI exists, what it aims to accomplish, and the extent of resources BAMBI as access to.
4. Develop specific content for group sessions
  - ❖ While BAMBI has a multitude of resources and programming in place, there is always room for improvement. BAMBI members attend many sessions throughout their time as patients, and are eager to learn many life and coping skills in addition to specifics about their health and addiction.

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