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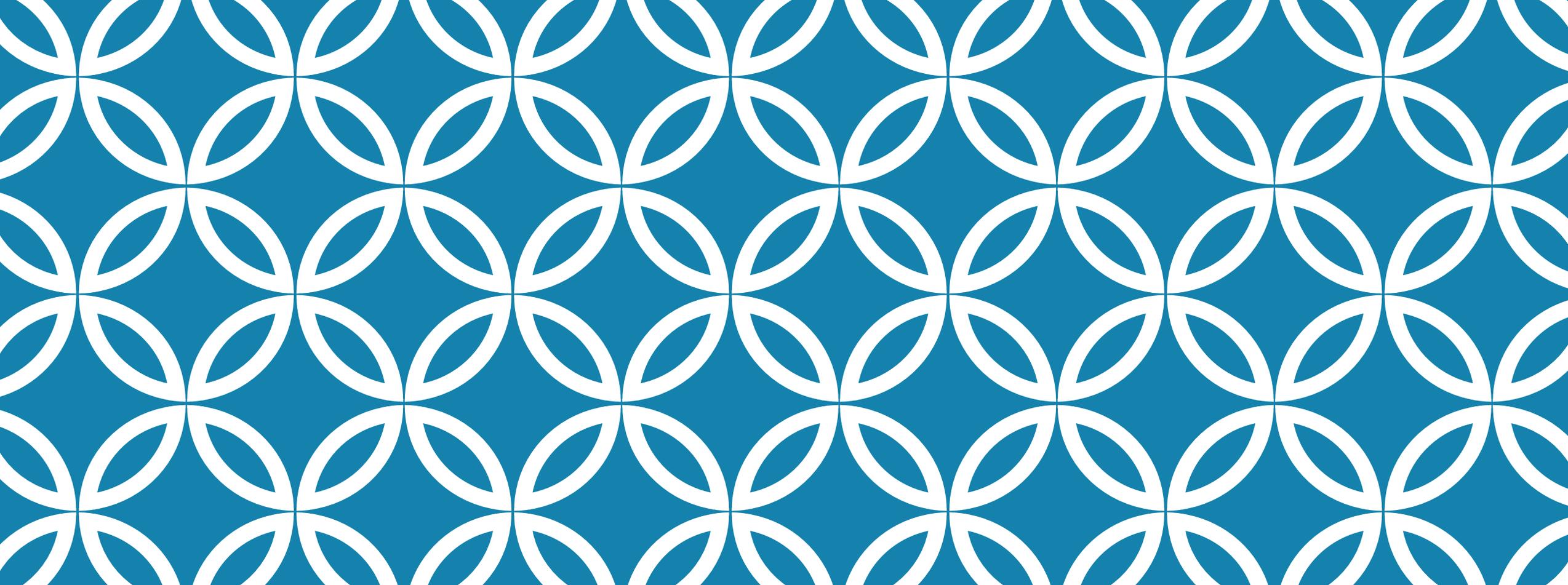


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RESOURCES FOR MOMS: OPIATE USE IN PREGNANCY

Amy Schumer
Family Medicine Clerkship
Springfield, VT
January 2016

PROBLEM IDENTIFICATION

Substance use in pregnancy is not uncommon and the use of substances increases the risk of complications during pregnancy and of birth defects.

Vermont PRAMS data from 2012 indicated that 14% of women drank alcohol and 16% of women smoked during the last trimester of pregnancy. Despite these rates, only 66.5% of mothers reported that their healthcare provider had discussed illicit substance use and its side effects during their pregnancy.

During pregnancy, women can be highly motivated to change behaviors. One study found that 57% of pregnant women using illicit drugs abstained during pregnancy.

OPIATE ADDICTION IN PREGNANCY

According to the 2013 National Survey on Drug use, 5.4% of pregnant women reported illicit drug use in the past 30 days.

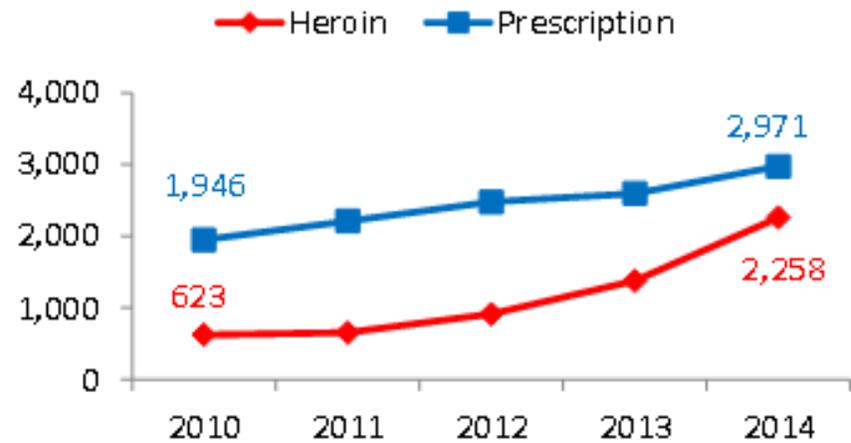
0.1% of pregnant women estimated to have used heroin

1.0% of pregnant women reported nonmedical use of opioid-containing medication

Infants exposed to opioids in utero are diagnosed as having neonatal abstinence syndrome (NAS) at birth.

OPIATE ADDICTION IN VERMONT

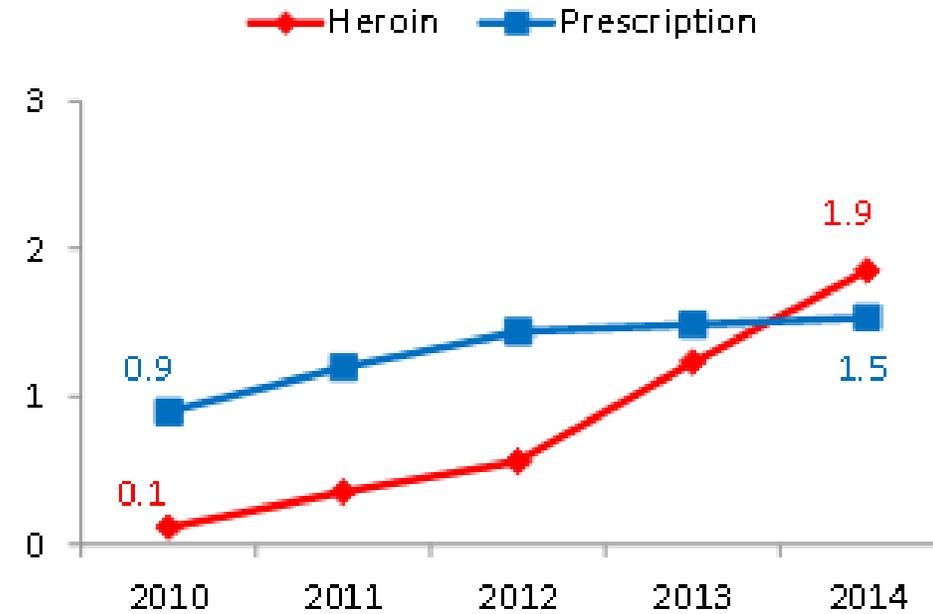
Number of people treated in the Vermont Substance Abuse Treatment System for opioids



Source: Vermont Substance Abuse Treatment Information System

Rate of emergency department visits related to opioids has sharply increased over the past 5 years. The number of people in treatment receiving either buprenorphine or methadone has also increased.

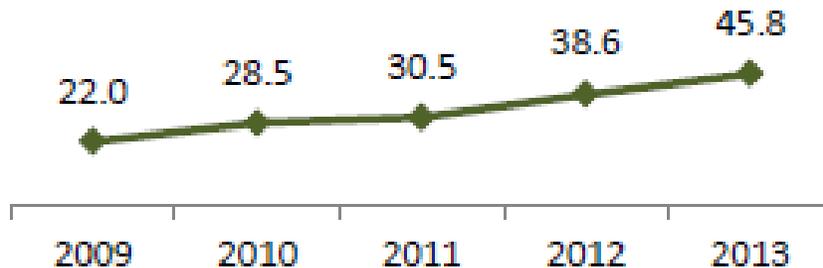
Rate of emergency department visits related to opioids per 10,000 Vermonters by type of opioid



Source: Vermont Early Aberration Reporting System

Rates of infants exposed to opioids is also on the rise.

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



Neonates Exposed to Opioids in Vermont, Vermont Hospital Discharge Data Set, Vermont Department of Health, June 2015

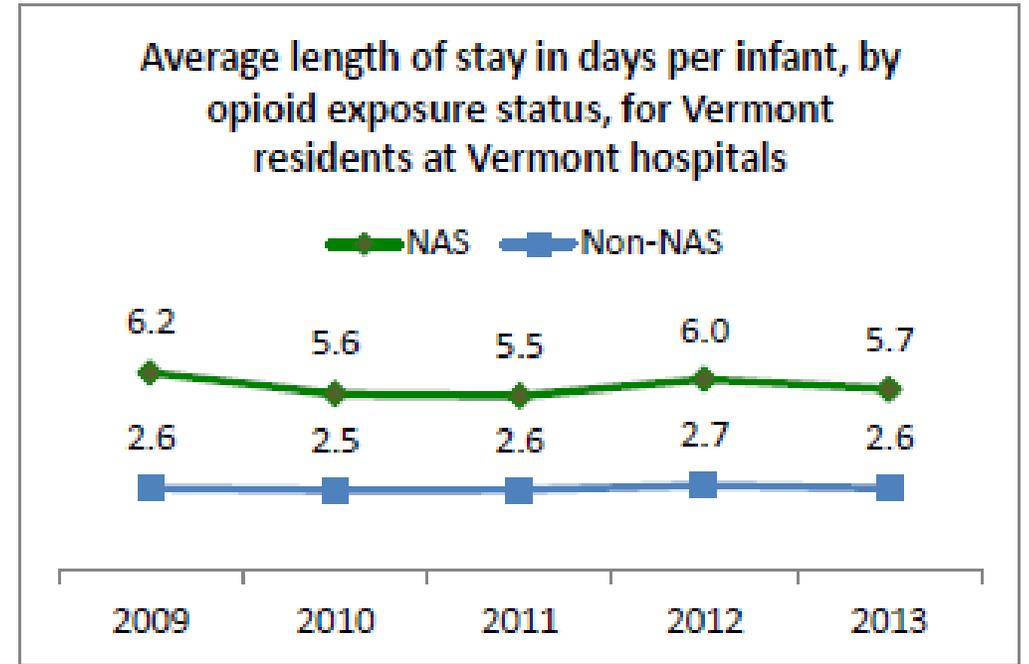
IMPACT ON THE FETUS

Nationally, neonatal abstinence syndrome (NAS) cases have gone from 7 to 27 cases per 1000 NICU admissions between 2003 and 2014.

In Vermont, infant hospital stay length is shortening but remains longer than in non-opiate exposed infants.

Direct birth defects due to opiates are difficult to tease apart from coexisting medical, nutritional, psychological and socioeconomic issues. Multiple complications, however, have been associated with opiate use in pregnancy including:

Placental abruption, fetal death, intra-amniotic infection, fetal growth restriction, preeclampsia, premature labor, premature rupture of membranes, and septic thrombophlebitis



Neonates Exposed to Opioids in Vermont, Vermont Hospital Discharge Data Set, Vermont Department of Health, June 2015

COMMUNITY PERSPECTIVE

Julie Merrill, Learning Together Coordinator at the Springfield Area Parent Child Center

- Discussed programs offered to moms requiring additional supports in the areas of work skills, life skills, and parenting skills as well as their childcare center, case management and Children's Integrated Services (a comprehensive program through DCF that babies born with NAS get automatically referred to)

Lyndsy McIntyre, Nurse Manager of the ChildBirth Center at Springfield Hospital

- Discussed resources available to opiate using pregnant women in Springfield, VT and the procedures in place for identifying opiate using women during prenatal care and during hospital stay
- Feels more information is needed for pregnant women using opiates

COMMUNITY PERSPECTIVE, CONT.

James Walsh, PMH-NP at Springfield Health Center

- Discussed buprenorphine substitution therapy in pregnancy available through the Windham Center and learned about the role of community health workers in coordinating care of opiate using pregnant women
- Feels more resources are needed for primary care physicians on how to identify and better assist opiate-using mothers

Amelia Carson, Clinical Care Coordinator at The Women's Health Center

- Office performs drug screen on all pregnant woman as part of first prenatal visit. The current struggle is bridging opiate replacement from when a mom needs help until she can be placed into a buprenorphine substitution program

DEVELOPMENT AND IMPLEMENTATION

In talking to community members in Springfield, VT I identified several challenges to good prenatal care in this population:

Pregnant moms may deny opiate use due to fear of legal consequences since Vermont mandates notifying the Department of Children and Families (DCF)

In the primary care office it is challenging to have a non-threatening and productive conversation on opiate use in pregnancy when suspected

Pregnant moms and providers alike may be unaware of the all the resources available to opiate using pregnant women in the area

PROJECT: COMPILATION OF RESOURCES FOR PRIMARY CARE PROVIDERS IN THE SPRINGFIELD AREA

Through discussions with community members in addition to identifying that opiate use in pregnancy is an issue, I learned that some women avoid seeking prenatal care due to fear of DCF involvement and the possibility that their child could be taken away. I decided to put together a handout that explains what to expect during pregnancy as an opiate user.

Many of the providers discussed the difficulty of finding buprenorphine prescribers so I also attempted to locate all the area prescribers and medically-assisted treatment programs within 1.5 hour drive of Springfield, VT. This way the handout could be helpful to providers and patients.

The handout will be available for distribution at Turning Point, The ChildBirth Center, and at a few sites associated with the Springfield Health Center including PCP offices and the Women's Health Center.

EVALUATION OF EFFECTIVENESS

In order to evaluate the effectiveness of this handout one could:

- Measure if there is an increase in pregnant women using opiates that seek prenatal care in Springfield, VT
- Measure the number of pregnant women seeking buprenorphine or methadone treatment
- Measure increased enrollment at the Parent Child Center

LIMITATIONS AND FUTURE WORK

With this handout I struggled between providing all the information I felt was necessary and designing something that is brief and fits onto a smaller, less intimidating pamphlet.

Next steps could include: educating PCPs to better screen for opiate misuse, providing information to PCPs about opiate use in pregnancy and the resources available, identifying other boundaries that prevent women using opiates from seeking prenatal care, improving access to transportation in Springfield so that more women can take advantage of area services, or coordinating with the BAMBI program in Rutland to see if Springfield could work to have a more centralized system for providing all the services necessary for pregnant women using opiates

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INTERVIEW CONSENT

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview. Yes / No

If not consenting as above: please add the interviewee names here for the department of Family Medicine information only.

Name: Lyndsy McIntyre

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview. Yes /

No _____

If not consenting as above: please add the interviewee names here for the department of Family Medicine information only.

Name: James Walsh

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Name: Amelia Carson

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview. Yes ___x___ /

No _____

If not consenting as above: please add the interviewee names here for the department of Family Medicine information only.

Name: Julie Merrill