Postpartum Counseling for Women in MAT

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A little about Katie

- SUD and PH crossroads
- BA Health Arts and Sciences Goddard College
- MSPH MCH UNC
- Project Lazarus, Yale, CHER Solutions LLC
- Clinical, Management, Research
- Experience with pregnancy and MAT

Definitions

- MAT: Medication-Assisted Treatment
  - Methadone Maintenance Treatment (MMT)
  - Buprenorphine: Suboxone & Subutex
- Opiates/Opioids
  - Natural vs. synthetic
  - Binds to opiate receptors
  - Heroin, morphine, Vicodin, Oxycontin, etc
- Addicted vs. Dependent
- NAS: Neonatal Abstinence Syndrome

Understanding of Language & Use of Appropriate Terms

- Addiction vs. Dependency
- Detox vs. Withdrawal
- Recovery/Recovering
- Substance Use Disorder
- Lapse/Relapse
- Patient/Client/Consumer

Understanding of Language & Use of Appropriate Terms

- Avoiding
  - Addict, addicted baby, junkie
  - Abbreviations: meth (Methadone, methamphetamine, methylphenidate (Ritalin),
  - Replacement therapy
    - Instead: Using a medicine to treat a brain disorder
- Consider avoiding the word "clean"
  - Various definitions of the term, unclear and nonclinical
  - People in MAT may not be considered "clean"
  - A value word of judgment and implies people are "dirty" when using; may contribute to stigma

Laws & Legal Considerations

- Be aware of laws in your state that apply to pregnant women in SUD tx and those who are using
  - http://www.guttmacher.org/sections/index.php?page=spib
  - Last report- Substance Abuse During Pregnancy
  - https://www.childwelfare.gov/systemwide/laws_policies/state/
  - State-specific child-welfare information
- Mandated reporting to child protective
- Punitive punishments- adverse MCH outcomes
- Be aware of hospital policies & State initiatives
  - http://www.maine.gov/dhhs/mecdc/documents/Snuggle-ME-Guidelines-Letter.pdf

5 Core Facts

- #1: MAT for opiate dependence during pregnancy is best practice and based on research and science.
- #2: Maternal and child health (MCH) outcomes are effected by sustained substance use disorder (SUD) remission beyond pregnancy.
- #3: Stigma effects treatment and women need assistance to combat stigma.
- #4: NAS can be managed.
- #5: Resources are available.

MAT for opiate dependence during pregnancy is best practice and based on research and science.

- MMT: studied in pregnancy for over 25 year

> "Methadone is currently the standard of care in the United States for the treatment of opioid addiction in pregnant women. Methadone has been shown to be safe and effective for both pregnant women and neonates."
>
> -TIP 40 p. 68
> US Department of Health
> And Human Services
> SAMHSA

- Buprenorphine studies look promising

Katie Clark www.methadoneandpregnancy.com 2012

Postpartum Counseling Considerations

- New vs. In tx at time of pregnancy
- New infant
- Stigma
- Father and Family Members
- Dosing
- Breastfeeding
- Postpartum depression
- NAS
- Relapse prevention
- Working with other providers
- Family Planning

New vs. In Tx- Pregnancy

- Outcomes
- Differences-dosing, counseling, overall treatment
- Challenges
- Benefits
- Talking to family/other parent

In vs. New to Treatment

In treatment	New to treatment
• Aware of + aspects of methadone	• Skeptical
• Often are not using illicit drugs	• Have recent illicit drug use
• Have stability	• Are unstable, psychologically, socially, etc…
• Have connection with counselor	• New relationship with counselor
• Are stable on current dose of methadone	• Need to find stable dose of methadone

New infant

- Stressful for anyone
- Flexible with counseling sessions
  - More frequent, shorter sessions
  - Allowing the infant in session +/-
- Honor her efforts
- Provide resources
  - Support groups
  - Activity groups
  - Low cost furniture, clothing, toys
- Consider a free-store at the facility

Talk to Your Neighbor

- What resources do you have at your agency for new moms?
- What resources are in your community?
- Is there something you could start?
- What are the barriers to resources?
  - How to overcome them

Stigma effects treatment and women need assistance to address stigma.

- Stigma= mark of shame
- Stigma: internalized, perceived, and enacted
- Stigma is often based on misinformation
- Women are often not in a position to address, inform, and correct misinformation
- Voices From the Harbor
  - www.methadoneandpregnancy.com

Father & Family Members

- May be in treatment
  - If not assess and engage
- May not be in the picture
- Providing information about MAT and pregnancy
- How to report concerns
- Ways to support mom's treatment
  - Providing child care (counseling sessions)
  - Treating her to special activities
  - Transportation

Methadone Dosing- Pregnancy

- Research shows no strong correlation between dose and severity of NAS
- Women often need an increase in her third trimester
- May need to decrease postpartum
  - Depending on initiation of MAT
  - Decrease risk of over medication
- Decrease can be following delivery
- May actually be tired and not over medicated

Breastfeeding

- Encouraged – methadone and buprenorphine
  - Methadone well studied
  - Buprenorphine- promising and poor bioavailability
- Benefits outweigh possible side effect
- Avoid abrupt cessation of breastfeeding

Breastfeeding

- Hospital cut offs
- Pump and dump
- Pump and bottle feed
- Receiving mixed messages from providers
- Some studies point to breastfeeding helping withdrawal symptoms
- Breastfeeding in the facility

Breastfeeding

"Breast milk intake is associated with reduced neonatal abstinence syndrome severity, delayed onset of NAS, and decreased need for pharmacological treatment, regardless of the gestation and type of drug exposure." -*Pediatrics*. 2006 Jun:117(6):e1163-9

American Association of Pediatrics states a woman in MMT can breastfeed if she:

- Enrolled in a supervised MMT treatment program
- Has negative drug screens
- Negative for HIV

Assess Postpartum Depression

- 4-6 weeks postpartum
- Edinburgh Postnatal Depression Scale
  - http://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf
- Can be administered by clinical staff
- If out of scope of practice, refer for further evaluation
- Addressing depression can reduce risk of relapse

NAS can be managed

- Must discuss emotional aspect of NAS
- Withdrawal symptoms due to drug exposure during pregnancy
- 60-90% of methadone exposed infants may experience withdrawal symptoms
- Infants *should* be observed for a minimum of 5-7 days
  - This may not be practice at all hospitals
- Not associated with maternal dose
- Finnegan Scoring Tool

NAS can be managed

NAS Symptoms

- Frequent yawning
- Frequent sneezing
- Irritability
- Difficulty sleeping
- Jitteriness
- Difficulty consoling
- Fever/Sweating
- Poor feeding
- Loose or watery stools
- Vomiting
- Seizures

Finnegan Scoring Tool

- Identifies the commonly observed NAS symptoms
- Recorded as single entities or in several categories against their degree of severity
- Each symptom and its associated degree of severity are assigned to a score
- Central Nervous System
- Metabolic, Vasomotor, and Respiratory Disturbances
- GI Dysfunction

CNS Symptoms

Neonatal Abstinence Scoring System

Date: | Weight:

System	Signs and Symptoms	Score	Time												Comments
Central Nervous System Disturbances	Crying: Excessive high-pitched	2													
	Crying: Continuous high-pitched	3													
	Sleeps < 1 hours after feeding	3													
	Sleeps < 2 hours after feeding	2													
	Sleeps < 3 hours after feeding	1													
	Hyperactive Moro reflex	2													
	Markedly hyperactive Moro reflex	3													
	Mild tremors: Disturbed	1													
	Moderate-severe tremors: Disturbed	2													
	Mild tremors: Undisturbed	3													
	Moderate-severe tremors: Undisturbed	4													
	Increased muscle tone	2													
	Excoriation (specify area)	1													
	Myoclonic jerks	3													
	Generalized convulsions	5													

Metabolic, Vasomotor, Respiratory

Metabolic, Vasomotor, and Respiratory Disturbances	Sweating	1
	Fever ≤ 101 (37.2-38.3°C)	1
	Fever > 101 (38.4°C)	2
	Frequent yawning (> 3)	1
	Mottling	1
	Nasal stuffiness	1
	Sneezing (> 3)	1
	Nasal flaring	2
	Respiratory rate (> 60/min.)	1
	Respiratory rate (> 60/min. with retractions)	2

Gastro-Intestinal

Gastro-Intestinal Disturbances	Excessive sucking	1
	Poor feeding	2
	Regurgitation	2
	Projectile vomiting	3
	Loose stools	2
	Watery stools	3
	Total score	
	Initials of scorer	

Adapted from Finnegan, L.P. (1986). Neonatal abstinence syndrome: assessment and pharmacotherapy. *In* F.F. Rubetelli and B. Granadi (ed), Neonatal therapy: an update. Exerpta Medica, NY.

NAS can be managed

Non-Pharmaceutical Interventions

- Holding baby close to your body
- Swaddling
- Frequent nursing/feeding
- Keep baby and bedding clean
- Decreasing stimuli
  - Low lights
  - Low noise
- Avoid ‘passing the baby’ – excessive handling

NAS can be managed

Pharmaceutical Interventions

- Morphine
  - UNC
- Phenobarbital
- DTO- Diluted Tincture of Opium
- Methadone
- Others
  - Check with local hospital
- Use of medication to stabilize, then wean

Relapse Prevention

- New vs. in tx at time of pregnancy
- Breaks from baby
- Stress management
- Self-care
- Cessation of breastfeeding
- Guilt/Shame management
- Concrete activities
- Attending in-house pregnancy group

Working with Other Providers

- Provide education
- Do not accept unreasonable goals
  - Leaving tx after delivery
- Negotiate release of information
  - Give the patient the power
- Child Protective
  - If the patient is doing well, nothing to hide
  - Challenge when she isn't in control of the environment
  - Let her know you are her advocate

Family Planning

- Training on this
- Providing referrals
- Discussing in house
  - Meet with medical staff
- Include on treatment plan

Resources are Available

- NC Perinatal and Maternal Substance Abuse Initiative
  - http://www.nchealthystart.org/PerSubUseIniative.htm
  - 800-688-4232
  - Identify other treatment options
- Brochure Methadone Treatment for Pregnant Women by SAMHSA, TIPS 40 and 43
  - http://store.samhsa.gov/product/Methadone-Treatment-for-Pregnant-Women/SMA09-4124
  - http://store.samhsa.gov/
- www.methadoneandpregnancy.com

In Closing…

Take our survey!

Assessment of needs for people working with women of childbearing age at risk/ history of opioid use.

www.ncpoes.org

Questions?

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