

Treating Pregnant Women

Heather Momberg, DNP RN
Monday, July 22, 2024



Indigenous Land Acknowledgement

- We respectfully acknowledge that we live and work in territories where Indigenous nations and Tribal groups are traditional stewards of the land.
- Please join us in supporting efforts to affirm Tribal sovereignty across what is now known as California and in displaying respect, honor and gratitude for all Indigenous people.


Whose land are you on?

Option 1: Text your zip code to 1-855-917-5263

Option 2: Enter your location at <https://native-land.ca>

Option 3: Access Native Land website via QR Code:





What we say and how we say it inspires the hope and belief that recovery is possible for everyone.

Affirming, respectful, and culturally-informed language promotes evidence-based care.

PEOPLE FIRST

Language Matters

in treatment, in conversation, in connection.



Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



NATIONAL MINORITY HEALTH MONTH

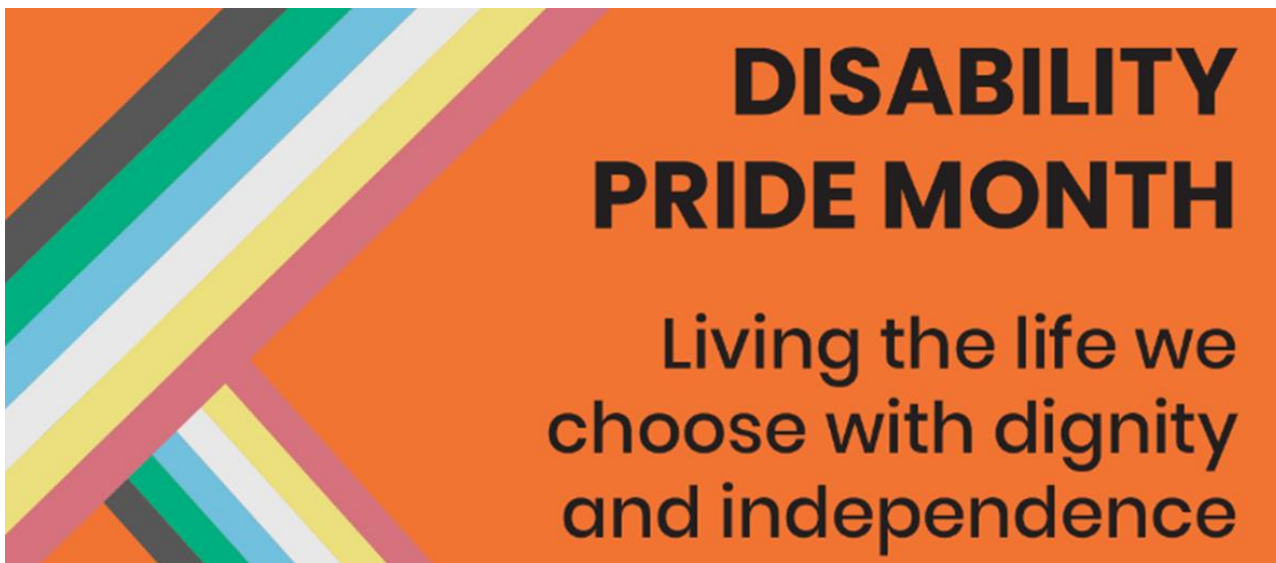
Be the Source for Better Health: Improving Health Outcomes Through Our Cultures, Communities, and Connections

Providing quality, equitable, and respectful care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, economic and environmental circumstances, and health literacy levels leads to better health outcomes for racial and ethnic minority and AI/AN populations.



<https://minorityhealth.hhs.gov/>





2024 Theme: “We Want a Life Like Yours”

This theme comes from The Arc’s National Council of Self-Advocates. It reflects the disability community’s dreams for life experiences that they are too often denied. All month, we’ll share diverse stories of people with disabilities thriving as students, employees, leaders, engaged members of their communities and families, and more given a chance.

Introduction

With more than a decade of health care experience, Heather's career began as a labor and delivery nurse which inspired her to advocate for access to MAT services for pregnant people and families. She uses tribal best practices to combat the opioid crisis in American Indian communities.

To promote cultural identity for Native American patients seeking recovery or those interested in maintaining sobriety, Heather has supported Indigenous language revitalization and culturally centered care resources as part of integrated treatment options.

Heather received a doctorate her nursing practice from Arizona State University's Edson College of Nursing in 2020.

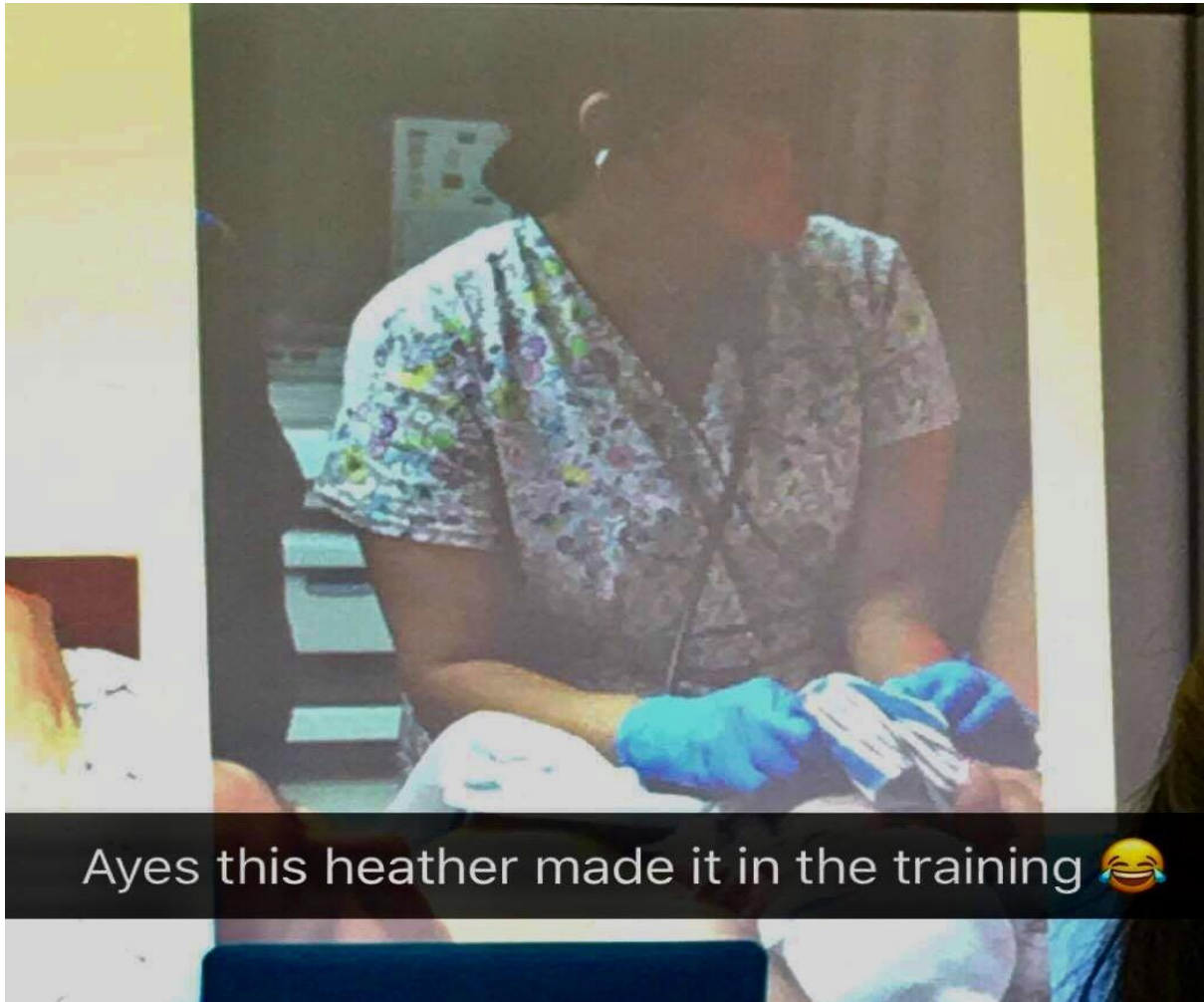


Heather Momberg, DNP, RN

Disclosures

None of the presenters, planners, or others in control of content for this educational activity have relevant financial relationships to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Nurse Heather



Ayes this heather made it in the training 😂

Learning Objectives

- ✦ **1. List at least three (3) common substance use disorders that can complicate pregnancy.**
- ✦ **2. Describe what it means to acknowledge substance use disorders as a chronic disease in the setting of pregnancy.**
- ✦ **3. Explain at least three (3) key components of the "Eat, Sleep, Console" method of managing Neonatal Abstinence Syndrome/Neonatal Opioid Withdrawal Syndrome.**

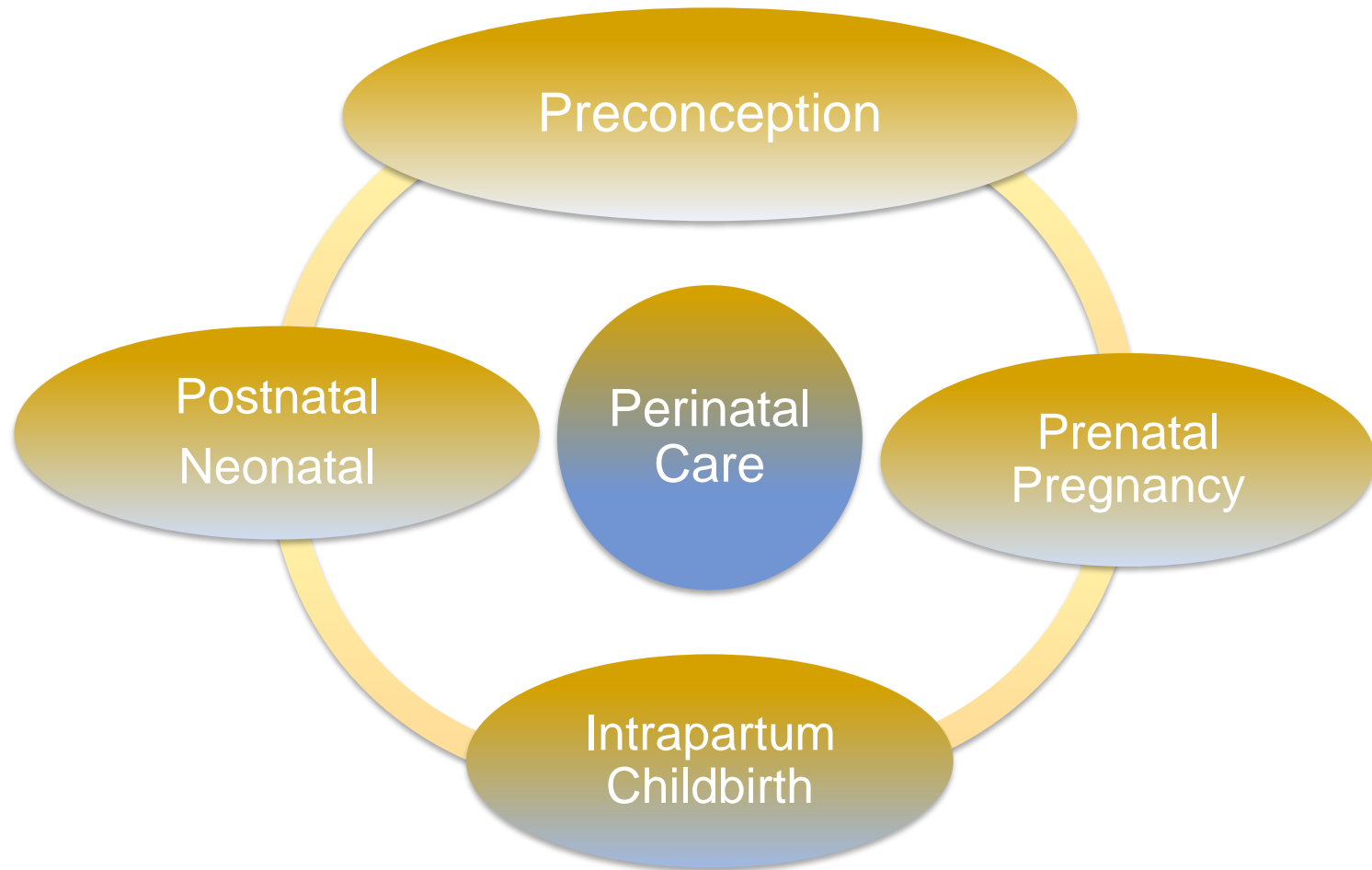


Maternal Health Goals

**Prevent maternal
and neonatal
death and disease**

Perinatal Care

Preconception—Prevention



Common substance use disorders that can complicate pregnancy

- 10% of pregnant women reported current alcohol use. Among them, about 40% also reported current use of one or more other substances.(England LJ, Bennett C, Denny CH, et al.)
- The most frequently used other substances among women using opioids nonmedically were cigarettes (56.2% smoked > 5 cigarettes per day), binge drinking (49.7%), and marijuana (32.4%).¹Jarlenski M, Barry CL, Gollust S, et al2017;
- Polysubstance use was highest in non-Hispanic White women and women with lower educational attainment.
¹Jarlenski M, Barry CL, Gollust S, et al2017;
- After alcohol and marijuana, methamphetamine is the drug most frequently abused in many western and midwestern states. (ACOG, 2011)



Landscape of Opioid Use Disorder in Maternal Childcare

- ✧ In 2015 there were more past-year initiates of **prescription opioid misuse among women** (1.2 million–0.9%) than men (0.9 million–0.7%)
- ✧ There are still more male than female adults who use heroin, **heroin use is increasing twice as fast among women than men**
- ✧ Nearly **50%** of pregnant substance use disorder treatment admissions are for opioids
- ✧ **Overdose** mortality has surpassed **hemorrhage, pre-eclampsia and sepsis** as a cause of pregnancy-associated death

Prevention is #goals

93% of the deaths were determined to be preventable, specifically in the AI/AN population.





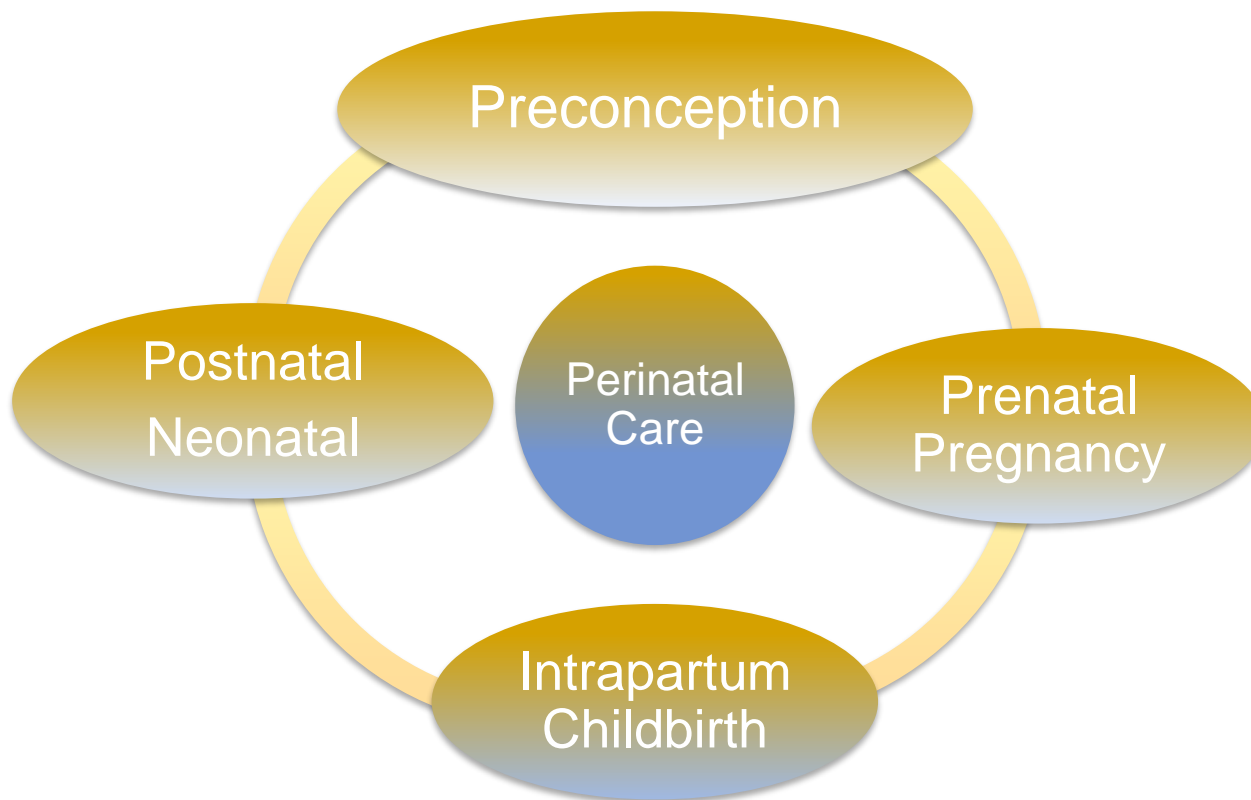
Maternal Health #Goals

Prevent maternal and neonatal
death and disease

**Access to Prenatal
Care**

Perinatal Care

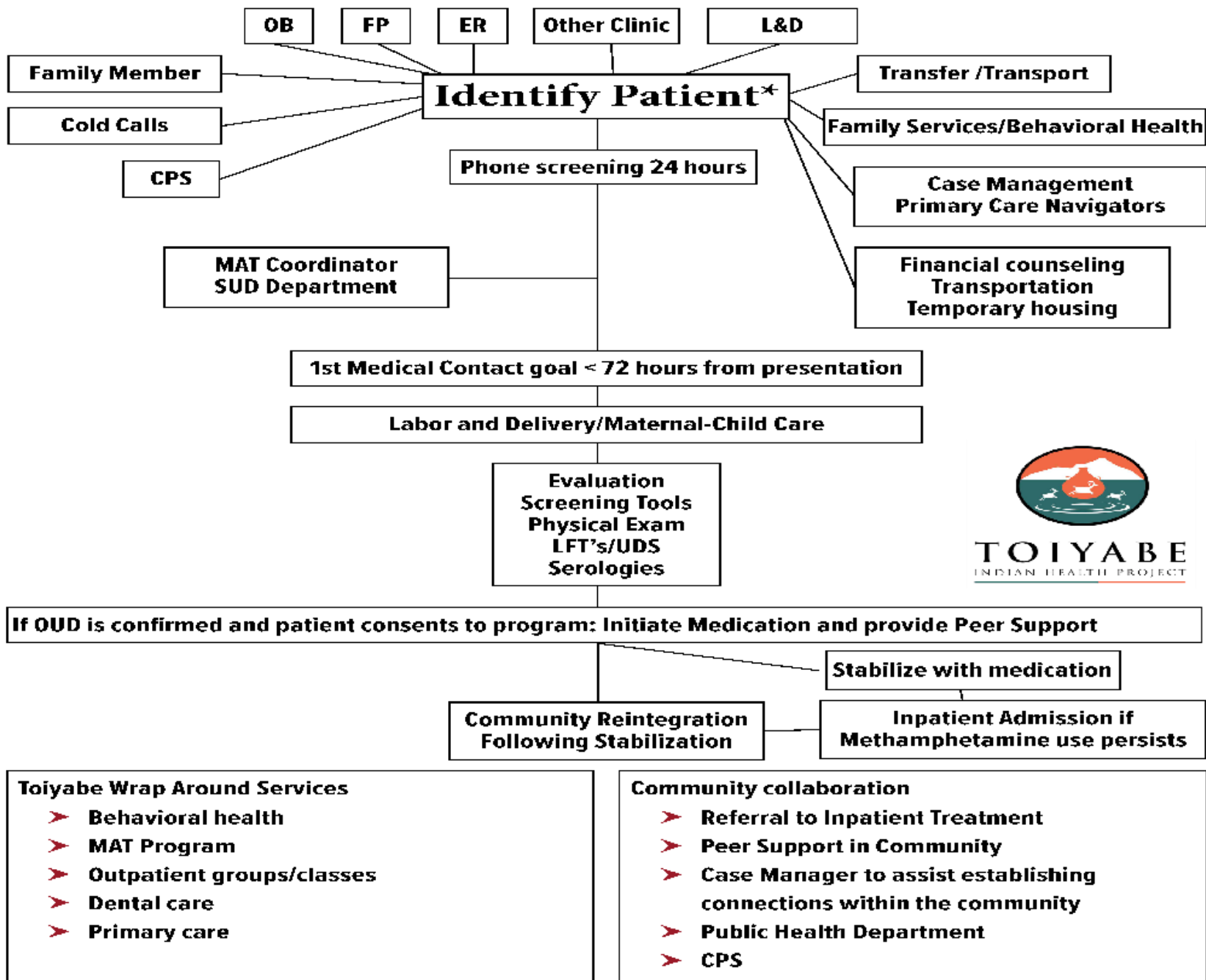
Access to Prenatal Care



How Do We Assess the Risk?

- ✧ Evidence-based Approach
 - ✧ Use validated tools
- ✧ When Do I screen?
 - ✧ First prenatal visit
 - ✧ OB triage/ED visit, primary care, SUD setting





TOIYABE
INDIAN HEALTH PROJECT

Screening Tools

- ✧ Urine Drug Screen(UDS) is **not** a screening tool
 - ✧ Using “risk factors” to obtain a UDS could cause mistrust between provider and pregnant family
- ✧ 5 Ps
- ✧ SBIRT
- ✧ NIDA Quick Screen
- ✧ CRAFFT



5 Ps

1. Did any of your **PARENTS** have problems with alcohol or drug use?
2. Do any of your **PEERS** have problems with alcohol or drug use?
3. Does your **PARTNER** have a problem with alcohol or drug use?
4. Before you were pregnant did you have problems with alcohol or drug use? (**PAST**)
5. In the past month, did you drink beer, wine, liquor, or use other drugs? (**PREGNANCY**)



5 Ps Follow-up Questions

Have you used opioids, narcotics or pain medications in the last year? Were they prescribed and unprescribed? Have you used any other drugs or unprescribed medicine in the past year?

Patients with positive answers who used unprescribed opioids in pregnancy or on prescribed opioids for longer than one month need the referral to MAT.



Taylor

Taylor is a 25-year-old, G2P1 who presents to the clinic after being discharged from OB triage 2 days ago. She presented to ED for abdominal cramping and was surprised to find out she is pregnant. Taylor's last pregnancy was 2 years ago which resulted in a 38-week uncomplicated vaginal delivery. Child protective services were involved with her care due to a positive drug screen during her last pregnancy. She has a history of methamphetamine use disorder, depression and anxiety but otherwise no chronic health conditions. No history of surgeries. She has not been in to see a medical provider since her last pregnancy. She denies any history of overdose or SUD treatment.

Upon review of OB triage records: FHR 145, contractions were non-palpable by nurse but toco showed uterine irritability for 45 mins which resolved with PO fluids. VSS, UDS: +MET, +AMP, +Oxy, no further medication was offered at time of discharge.

LMP: "About three or four months ago"

Taylor cries, "I didn't know I was pregnant."



**What are one of the 5 P's
involved in the Taylor story**

Taylor

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How to Respond

	Past & Present	Partner & Past	Parent/Peers
Suggested Verbal Response	<p>“Thank you for sharing.” “Would it be OK if I ask _____ to come and talk with you about your responses?”</p>	<p>“Thank you for sharing. Sometimes when others close to you have a problem with substance use, it can make it hard for a person to not join in as well. Has this been a concern for you?”</p>	<p>“Thank you for sharing. Sometimes when parents or friends have a current or past problem with substance use, it can put you at risk for substance use as well. Has this been a concern for you?”</p>
Recommended Actions if “YES”	<p>Brief Intervention. Contact SW. Start Checklist</p>	<p>Assess Risk</p>	<p>Discuss Increased Risk for SUD</p>

Know your Community Resources

- ✧ What resources are available to Taylor?
- ✧ Do I have cards or pamphlets available?
- ✧ Is there a direct contact in place? *“CPS sounds SCARY! but they are a support to you.”*
- ✧ Provide education about all resources and process to follow up.
- ✧ Try to understand culture and family norms.

Brief Negotiated Interview

Build Rapport & Bring it up.

One health issue we discuss with all pregnant patients is alcohol and drug use. Having an honest conversation about these behaviors helps us provide you and your baby the best possible care. You don't have to answer any questions if you feel uncomfortable. Would it be okay to talk for a minute about whether alcohol/drugs are part of your life?

Pros & Cons

People use alcohol and drugs for lots of reasons

- Help me understand what you like about using [X]?
- What do you like less about using [X]? "Is there anything you don't like about using {X}?"
- So, on the one hand [PROS], and the other hand [CONS].

Summarize

Information & Feedback

I have some information on the risks of drinking and drug use during pregnancy. Would it be OK if I shared them with you? (Refer to appropriate handouts/cards as needed)

Elicit

There is no known amount of alcohol that is safe to drink during pregnancy or when trying to get pregnant. Drinking anything containing alcohol during pregnancy can cause Fetal Alcohol Spectrum Disorders which include physical problems, intellectual and behavioral disabilities.

Provide

Use of drugs during pregnancy can also increase the risk for other pregnancy complications and health problems for your baby, and behavioral and developmental problems in childhood.

Elicit

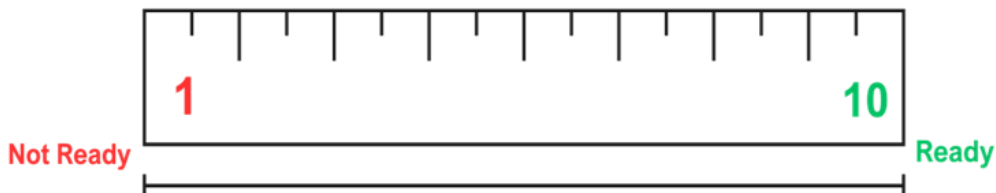
Use of drugs and alcohol while breastfeeding can also have negative effects on your baby

Do you have any thoughts you'd like to share on that?

Brief Negotiated Interview

How ready are you to make any kind of changes in your [X] Use?

Readiness Ruler



Reinforce Positives

Ask about lower number

You marked ___. That's great. That means you are ___\$ ready to make a change.

Why did you choose that number and not a lower number like 1 or a 2?

Action Plan

What are some steps you can take to reduce the things you do not like about using [X]?

What ideas do you have to keep you and your baby healthy and safe?

Affirm Ideas

Those are great ideas! Is it okay for me to write down your plan, your own prescription for change, to keep with you as a reminder?

Write down steps

What Should we write down here?

Seal the deal

I have some additional resources that people sometimes find helpful.

Would you like to hear about them?

Offer Resources

- Introduce to SUD team, offer a warm handoff, if possible.
- Offer handouts or brochures as appropriate.

Thank your patient

Thank you for talking with me today.



Taylor Case

Clinical considerations?

Treatment plan?

Medications?



**Maternal Health Goal:
Prevent maternal and neonatal
death and disease.**

**The Pregnant Family and
Newborn Care**

Neonatal Opioid Withdrawal Syndrome

Neurologic	Gastrointestinal	Autonomic
High pitched cry	Vomiting	Diaphoresis
Irritability	Diarrhea	Nasal congestion
Sneezing	Dehydration	Temperature instability
Tremor	Poor weight gain	Hyperthermia
Hyperreflexia	Poor feeding	Increased respiratory rate
Frequent Yawning	Uncoordinated suck and swallow	Increased blood pressure
Seizures		Sweating

Modified from Hudak ML, Tan RC. Neonatal drug withdrawal. *Pediatrics*. 2012;129(s):e540-60

Table 2. Estimated Onset of Signs of Withdrawal

Drug	Approximate time to onset of withdrawal signs following birth
Barbiturates	Range from 1-14 days
Cocaine	Usually none, decreased arousal and physiologic stress can occur at 48-60 hours of life and can last for months
Alcohol	3-12 hours
Heroin	Within 24 hours
Marijuana	Usually none
Methadone	3-7 days, severity is not correlated to maternal dosage
Methamphetamines	Usually none. Decreased arousal, increased physiologic stress, feeding dysregulation, and poor quality of movement can occur 48-60 hours of life and can last for months
Opioids other than Methadone and Buprenorphine	1-3 days
Methadone and Buprenorphine	2-6 days
Sedatives	1-3 days
Synthetic Opioids	Unknown

Modified from Hudak ML, Tan RC. Neonatal drug withdrawal. *Pediatrics*. 2012;129(s):e540-60



Eat, Sleep, Console

Eat, Sleep, Console Care Approach

Function-based assessment of opioid withdrawal severity, focused on an infant's ability to eat, sleep, and be consoled

Infants are assessed by means of the Eat, Sleep, Console Care Tool to determine if they have difficulties with any of these activities

Does infant take >10 min to coordinate feeding, breast-feed for <10 min, or take <10 ml (or an age-appropriate duration or volume)?

Does infant sleep <1 hr?

Does infant take >10 min to be consoled (or cannot stay consoled for at least 10 min)?

Optimization of nonpharmacologic interventions (e.g., low-stimulation environment, skin-to-skin contact, clustered care, breast-feeding) as first-line treatments

Empowerment of families or caregivers in the care of their infant

Interrupted Roles in the Family



Key Points when recognizing SUD in Perinatal Care

- ✧ All pregnant women with OUD should be offered maintenance therapy with methadone or buprenorphine.
- ✧ Have the Appropriate resources to care within your region, ready and available to share.

Resource

- American College of Obstetricians and gynecologists. (2017).Healthcare Delivery System. In *Guidelines for Perinatal Care*. [acog.org/clinical-information/physician-faqs/-/media/3a22e153b67446a6b31fb051e469187c.ashx](https://www.acog.org/clinical-information/physician-faqs/-/media/3a22e153b67446a6b31fb051e469187c.ashx)
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Resources, Continued

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Self-Paced Learning Opportunities

Stigma

Courses for clinicians interested in addressing stigma related to addiction

Claim up to four (4.0) credit hours of CE/CME

- Dismantling Stigma: Addiction, Treatment, and Policy (1.0 credit hour)
- Stigma in Healthcare (1.0 credit hour)
- Social Determinants of Health and Cultural Competency in Substance Use Treatment (1.0 credit hour)
- Understanding the Impact of Structural Racism on Clinical Care: Lessons from HIV and COVID-19 (1.0 credit hour)



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