

WELCOME

Addiction Medicine ECHO Clinic



The session will begin promptly at 12 pm.



Please mute the audio on your device.



Sessions take place Thursday on the 2^{cd} and 4th week of the month.



Please connect your camera.

Need technical assistance? Call [907.729.2622](tel:907.729.2622) or text your phone number into the chat.



Recording

We will record the **didactic portion** of every session. After the session, the didactic portion of this clinic will be available on the ANTHC Addiction Medicine ECHO page.

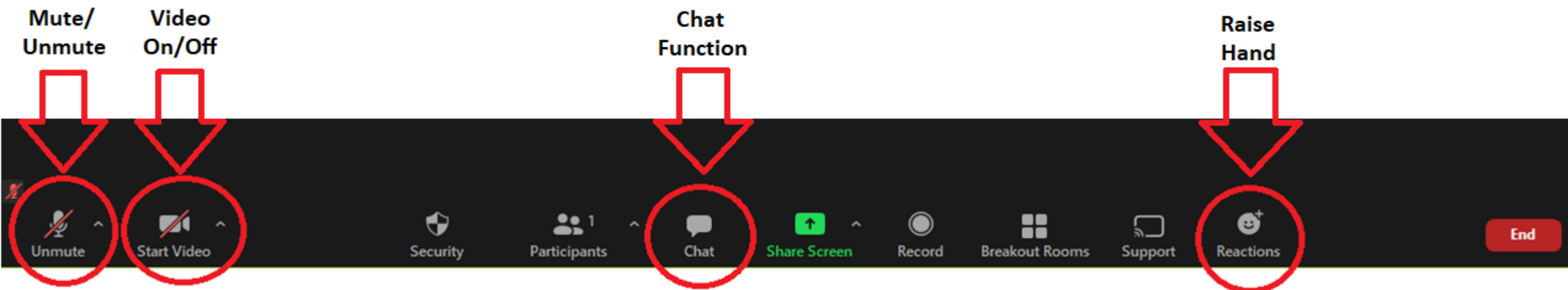
By participating in this clinic you are consenting to be recorded.

If you do not wish to be recorded, please email behavioralhealth@anthc.org at least one week prior to the ECHO Clinic you plan to attend.

Some Helpful Tips

- ▶ Please mute microphone when not speaking
- ▶ Use chat function
- ▶ Position webcam effectively
- ▶ Test both audio & video

Need technical assistance? Use the chat function or call **907.729.2622**



ANTHC Clinical ECHO Series

Approved Provider Statements:



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

In support of improving patient care, Alaska Native Medical Center (ANMC) is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Contact Hours:

ANMC designates this activity for a maximum of 25 contact hours, including 12 total pharmacotherapeutics contact hours, commensurate with participation.

Financial Disclosures:

None of the presenters and planners for this educational activity have any relevant relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Approved for 1 CHAP CE

Conflict of Interest Disclosures:

None of the presenters and planners for this educational activity have any relevant relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Requirements for Successful Completion:

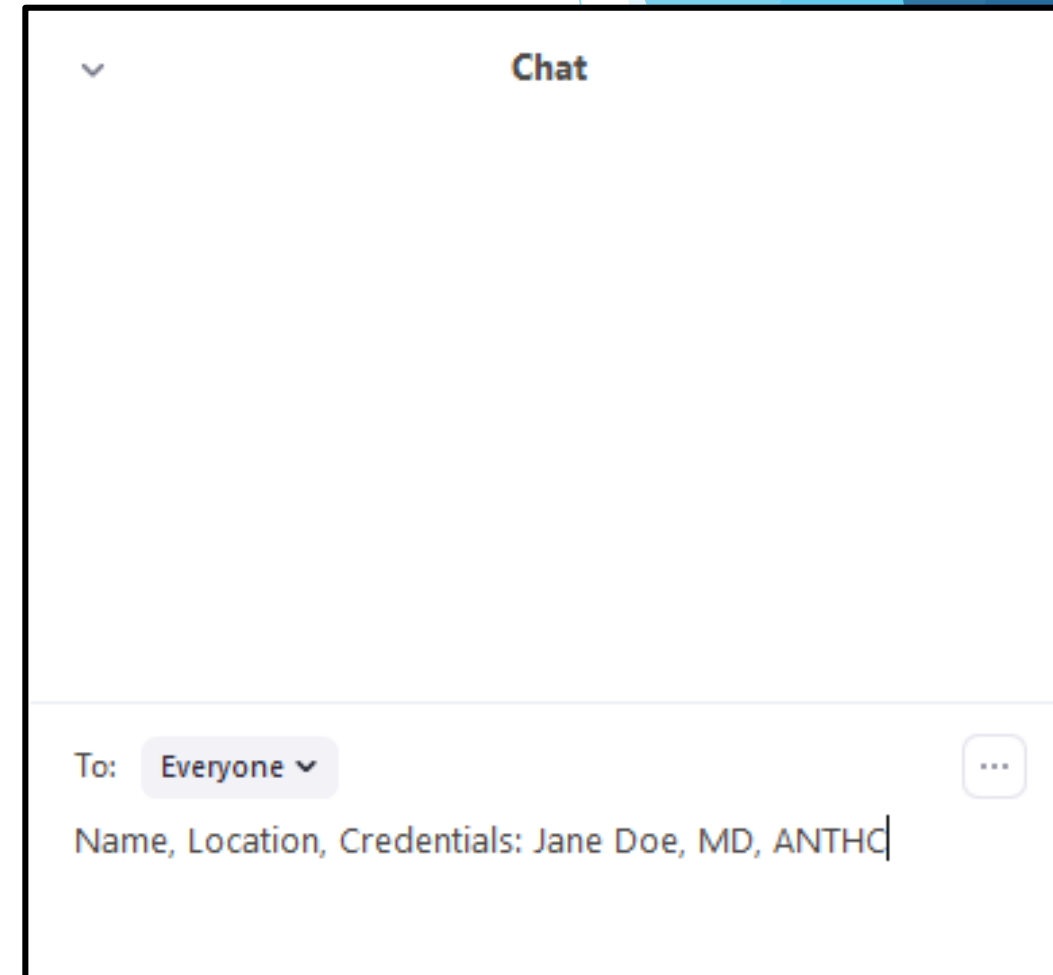
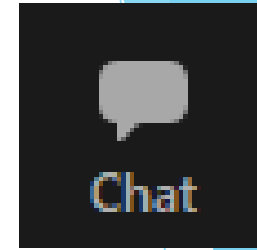
To receive CE credit be sure you are included in attendance record as directed by the facilitator/session moderator, and complete the course evaluation or post session survey via this link: <https://forms.gle/QhwCeGTf4zLNwpBX7>

For more information contact Jennifer Fielder at jfielder@anthc.org or (907) 729-1387

Introductions

Addiction Medicine ECHO

- Please introduce yourself in the chat :
 - Name
 - Location
 - Profession/Credentials
 - *Note:* The chat will be saved as our attendance record for continuing education credits.



Pregnancy and MAT

- ▶ Bethany Berry
Senior Certified Nurse Midwife
Southcentral Foundation OB-GYN

Conflict of Interest

I have no conflict of interest or disclosures

Objectives

- ▶ Participants will learn two ways to enhance patient engagement with individuals who are pregnant and utilize medication for addiction
- ▶ Participants will be able to name two medications that have demonstrated efficacy for addiction medicine for patients who are pregnant



Morphinism

By the late 19th century, **two-thirds** of those battling opioid addiction were likely middle to upper class white women who may have been initially prescribed the drugs for menstrual and other gynecologic issues.



Gender differences of substance use

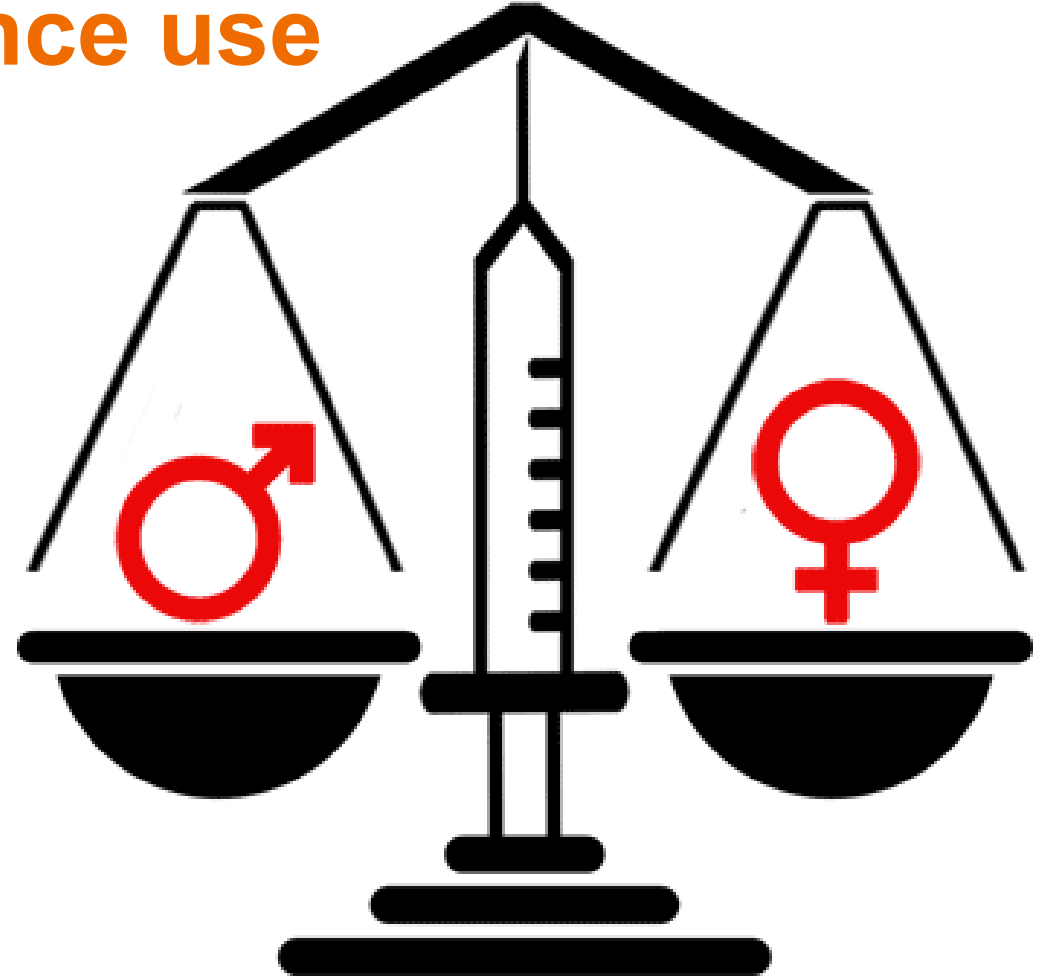
Women

Improved energy, better focus, and weight loss can be driving factors behind use (productive), treat anxiety/depression

Men

More likely to use illegal drugs for their sense of euphoria they can create (fun)

Women more often have co-occurring mental health diagnoses: depression, anxiety, PTSD



Gender differences continued

- Women's use of heroin increased to similar rates in men
 - 1960s 4:1 Male to Female ratio
 - 2010s 1:1 Male to Female ratio
- Greater risk of contracting Hepatitis C (38%) and HIV (2x) with IV drug use
 - Biological/genetic reasons? More research needed.
- More likely to be prescribed prescription opioids for pain than men
 - Greater likelihood of reporting chronic pain
- Women are less likely to die of prescription opioid overdose but:
 - Women: 596% increase in overdose between 1999 and 2016
 - Men: 312% increase in overdose during the same time period
- 2016 study showed women who died from opioid overdose were **three times less likely to receive naloxone** than men

Reproduction and SUD/OUD Collide



Surge in babies addicted to drugs

Prescription abuse on rise across USA

By Donna Leirwand Leger
USA TODAY

Medical authorities are witnessing explosive growth in the number of newborn babies hooked on prescription painkillers, innocent victims of their mothers' addictions.

The trend reflects how deeply rooted abuse of powerful narcotics such as OxyContin and Vicodin has become. Prescription-drug abuse is the nation's fastest-growing drug problem, classified as an epidemic by the Centers for Disease Control and Prevention.

Opioid use disorder (OUD) rose more than 4x among pregnant women from 1999 to 2014.



TARGET 12 INVESTIGATORS

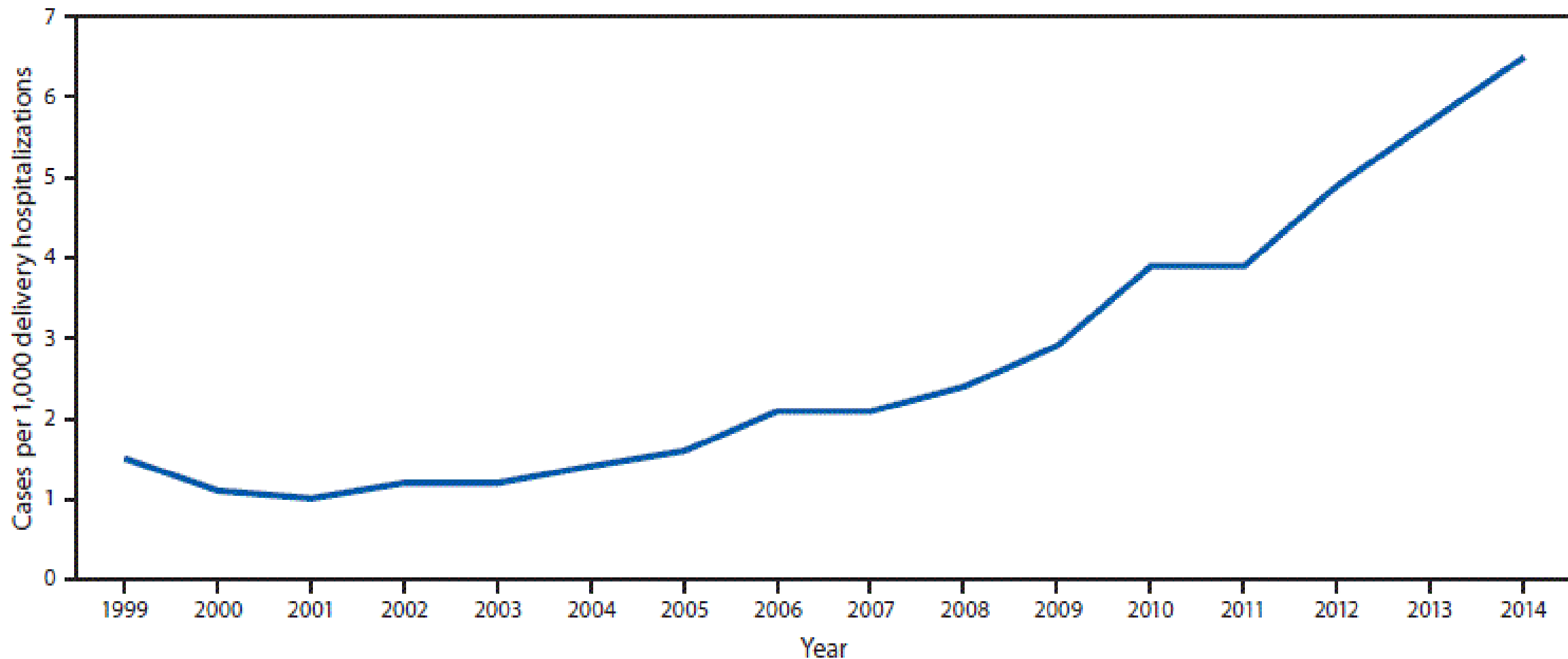
Uncovering the heartbreaking trend of babies

Born Drug Dependent

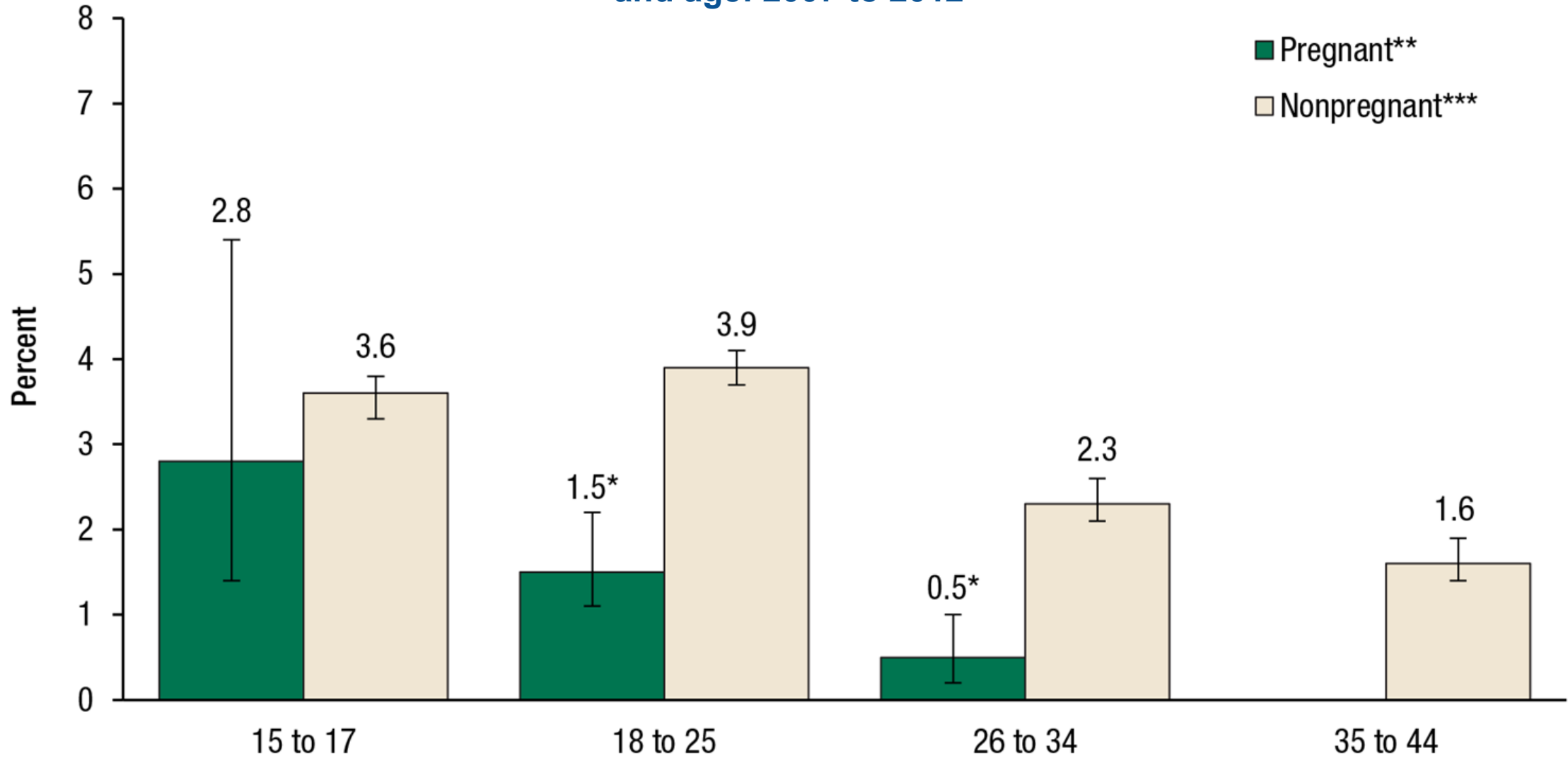
EYEWITNESS NEWS 12 WEDNESDAY 5PM

National prevalence of opioid use disorder per 1,000 delivery hospitalizations

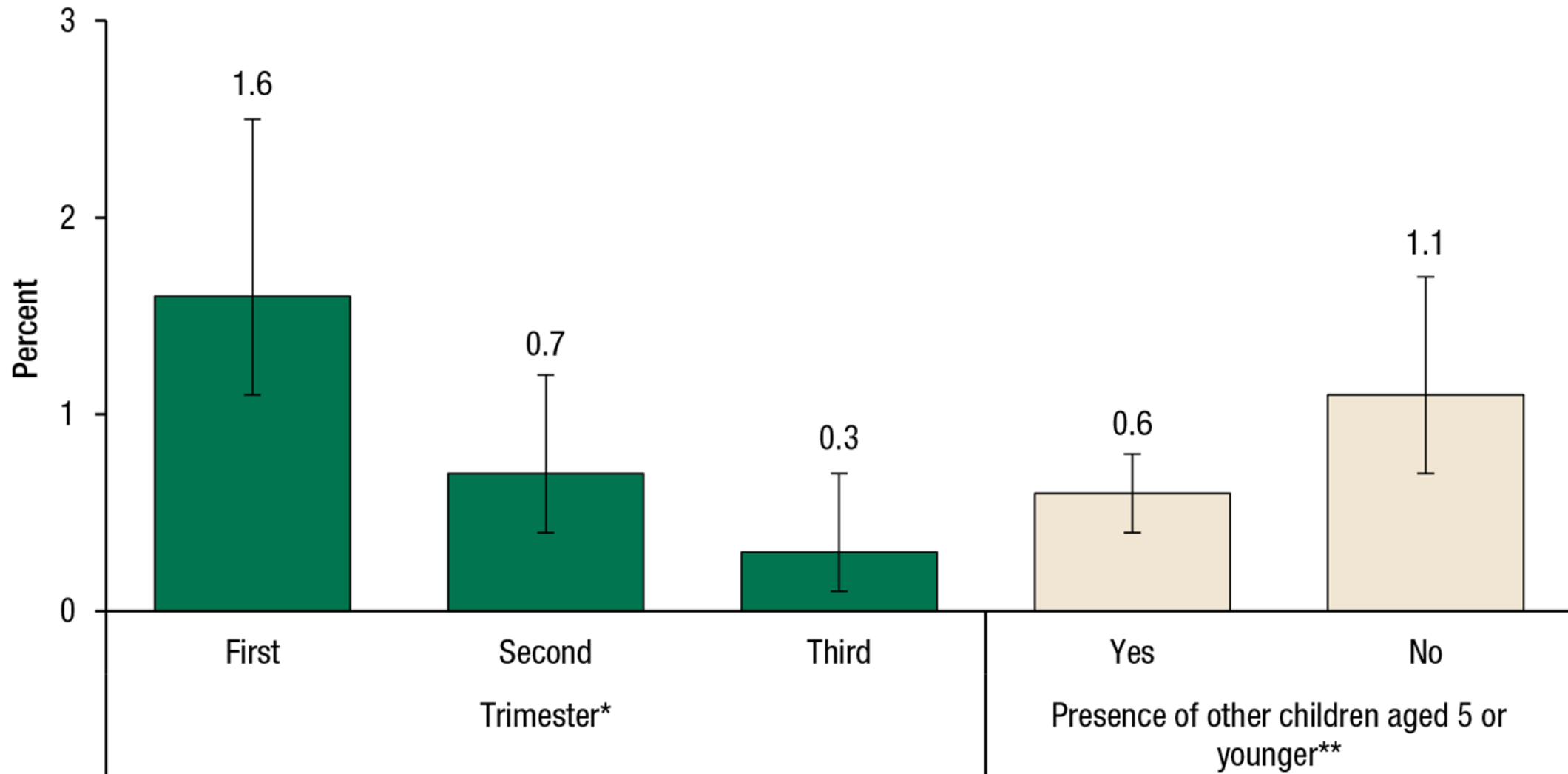
— National Inpatient Sample (NIS),† Healthcare Cost and Utilization Project (HCUP), United States, 1999–2014 (MMWR, 8/2018)



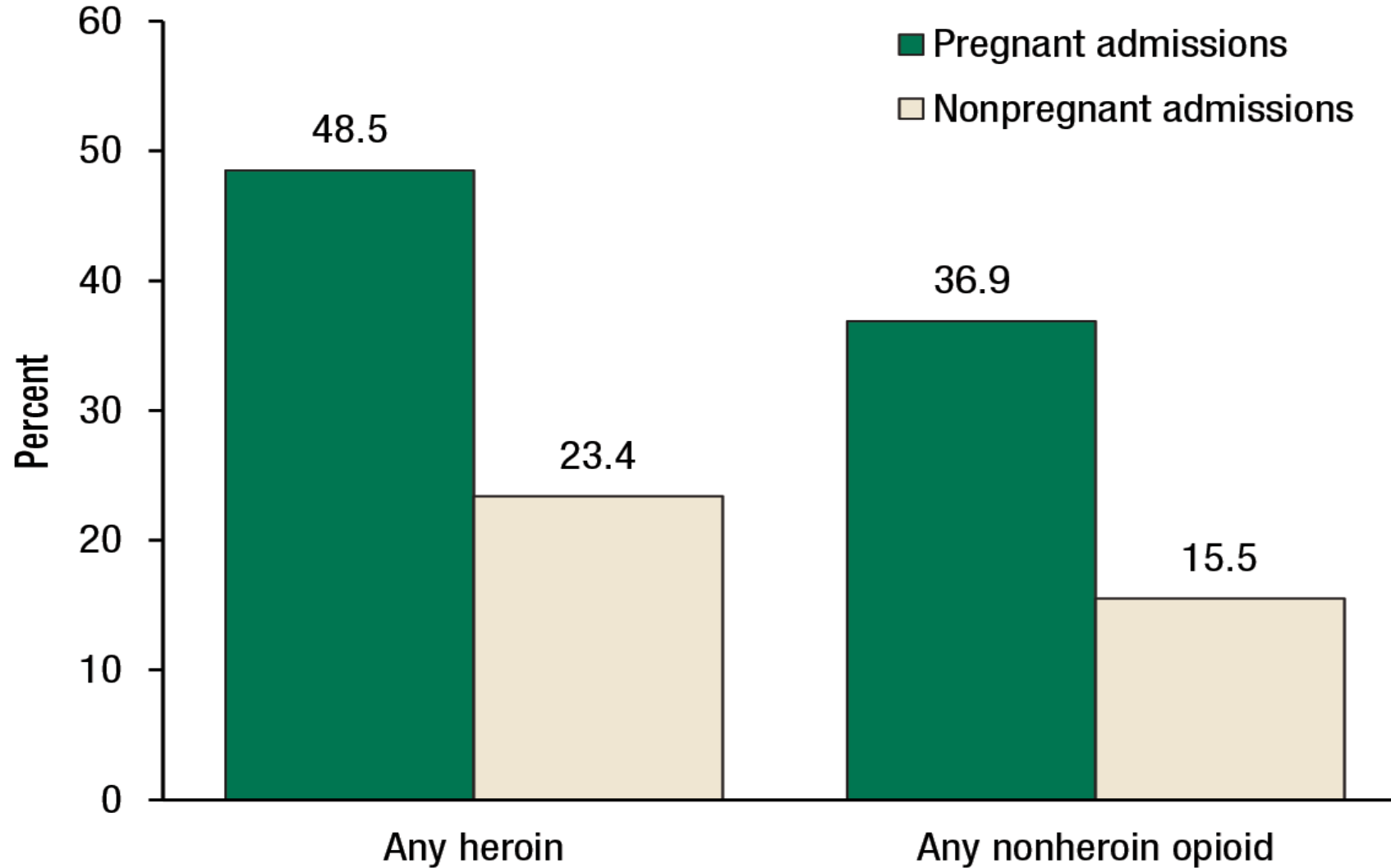
Past month opioid misuse among women aged 15 to 44, by pregnancy status and age: 2007 to 2012



Past month opioid misuse among pregnant women aged 15 to 44, by pregnancy trimester and presence of other children aged 5 or younger: 2007 to 2012



Proportion of female substance use treatment admissions aged 15 to 44 for whom medication-assisted opioid therapy was planned, by pregnancy status and reported opioid substance: 2012



Love Hurt Trauma
Insensitive Family
Mental Codependence
Friends Embarrassment Lonely
Pain Resilience Disease
Trouble Depression
Addiction
Heartbroken Fathers
Jobless
Mothers Brothers Sisters
Stealing Incarceration
Elders Sick
Fear Treatment
Relationships Violence
Children Broken
Recovery
Confusion Weak
Homeless
Health

Fetal outcomes improve with treatment of OUD



	No Addiction	Treated Addiction	Untreated Addiction
Preterm Birth	8.7%	10.1%	19.0%
Low Birthweight	5.5%	7.8%	18.0
Fetal Death	0.4%	0.5%	0.8%
Neonatal Mortality	0.4%	0.4%	1.2%
Post Neonatal Mortality	0.05%	0.03%	0.1%

Maternal outcomes also improve

- 70% reduction in overdose related deaths
- Decrease in risk of HIV, HBV, HCV acquisition/transmission
- Increased engagement in prenatal care and recovery treatment
- Treatment is platform for delivery of other services (mental health, social services, nutritional services, etc)

Pregnancy people do not have to meet DSM criteria for use disorder to receive medication for OUD.

SAMHSA Clinical Guide Recommendations

- Buprenorphine and methadone are the safest medications for managing OUD during pregnancy
- Transitioning from methadone to buprenorphine or from buprenorphine to methadone during pregnancy is not recommended
- Medically supervised withdrawal is not recommended during pregnancy

Closing the treatment gap: Integrating MAT into Prenatal Care Clinics

- “One stop shopping”: Decreases amount of appointments
- Continuity/Relationship
- Group prenatal care/Centering
- Wrap around services: Behavioral Health Consultant, Psychiatry, Community Resource Specialist, Family Health Resources, Lactation Consultants, Registered Dietician

At SCF OBGYN all OB providers, physicians and nurse midwives, are expected to obtain their DEAX and be able to prescribe MAT

ANMC OBGYN Service Medication Assisted Treatment in Pregnancy and Postpartum Initiation and Management Guidelines 06/2020

The 4th Trimester - Postpartum

- Critical Period
 - Newborn care, breastfeeding, maternal/infant bonding
 - Mood changes, sleep disturbances, physiologic changes
 - Cultural norms, “the ideal mother” in conflict with what it is like to have a newborn
 - Insurance and welfare realignment
- Neglected Period
 - Care shifts from frequent to infrequent
 - From Mom-focused (PNC provider) to Baby-focused (Pediatrician)
 - From “medical” to “social” WIC
 - Continuity of Care: Addiction Provider



Case Presentation

Project ECHO's goal is to protect patient privacy

- ▶ To help Project ECHO accomplish that goal, please only display or say information that doesn't identify a patient or that cannot be linked to a patient.
- ▶ **References: For a complete list of protected information under HIPAA, please visit www.hipaa.com**

Thank you for joining us today.
We appreciate your participation and hope
to see you at the **NEXT ECHO Session:**
October 28, 2021 from 12pm -1 PM

You will be receiving a follow up survey that we hope you will complete to help us improve. If you are requesting continuing education credits, you will be required to complete the survey to receive your CEs.

