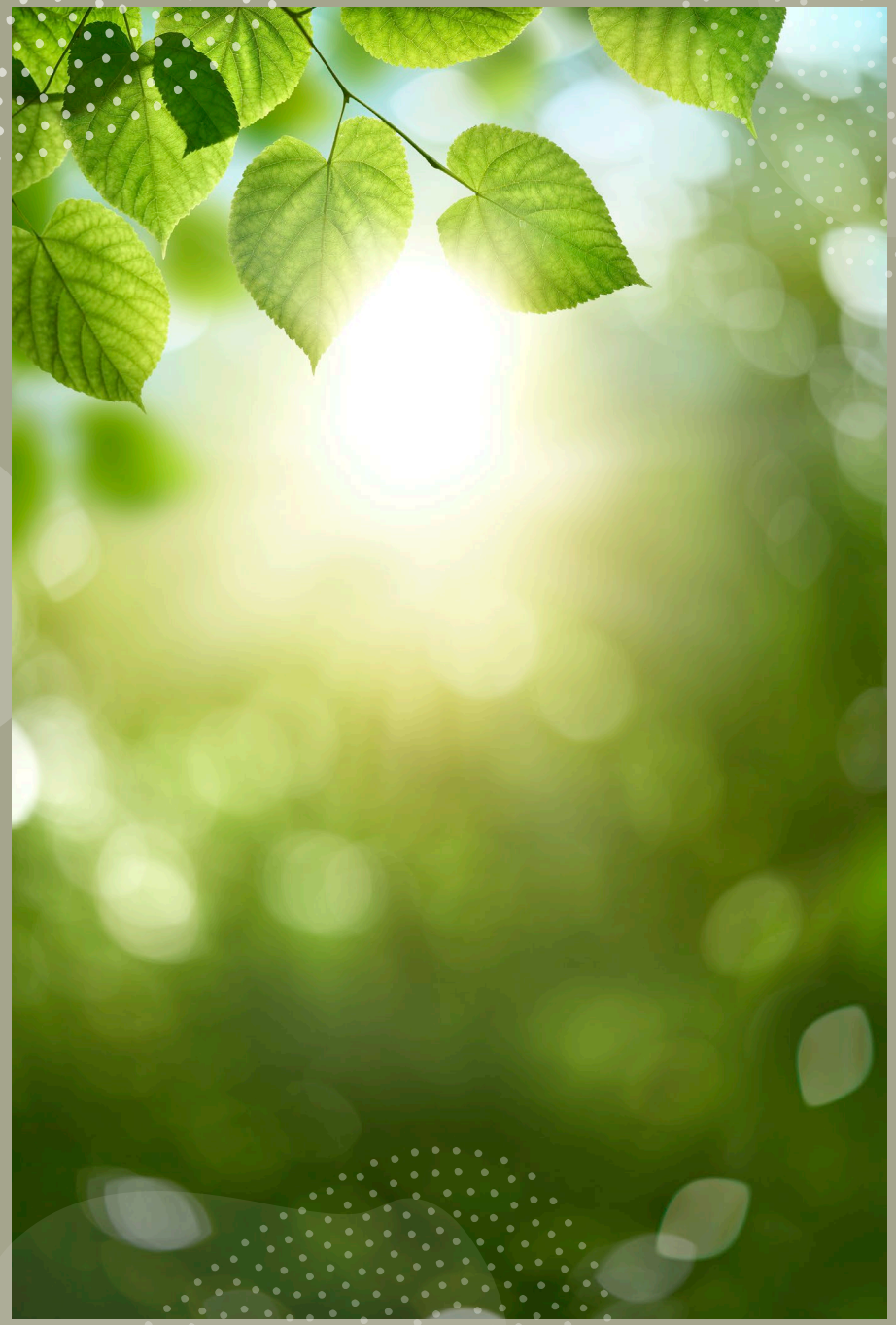

B.R.I.G.H.T Program

Birth and Recovery Integrating Group Holistic Treatment

University of Kentucky

D. POLITO, DNP CNM FACNM

2023

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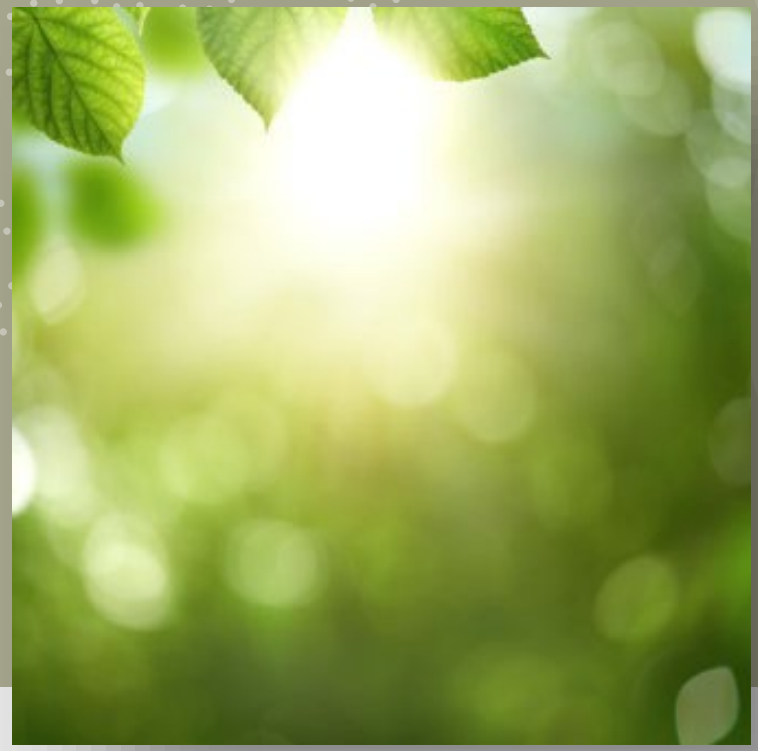
I have no financial disclosure or conflicts of interest with the material in this presentation.

Objectives



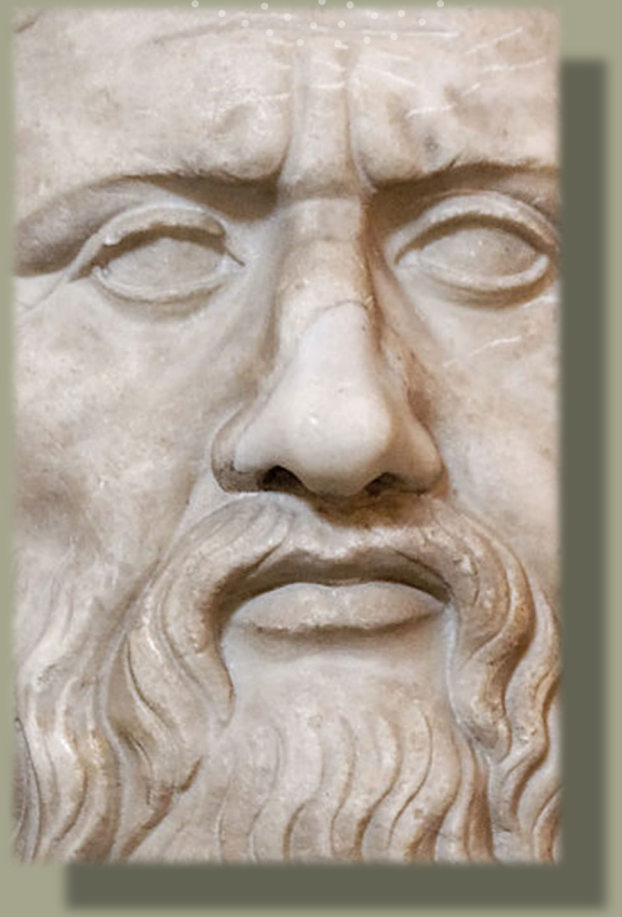
1. Identify the need for innovation in care delivery models for the treatment of substance use disorder in pregnancy.

2. Describe barriers to treatment of substance use disorder in pregnancy.

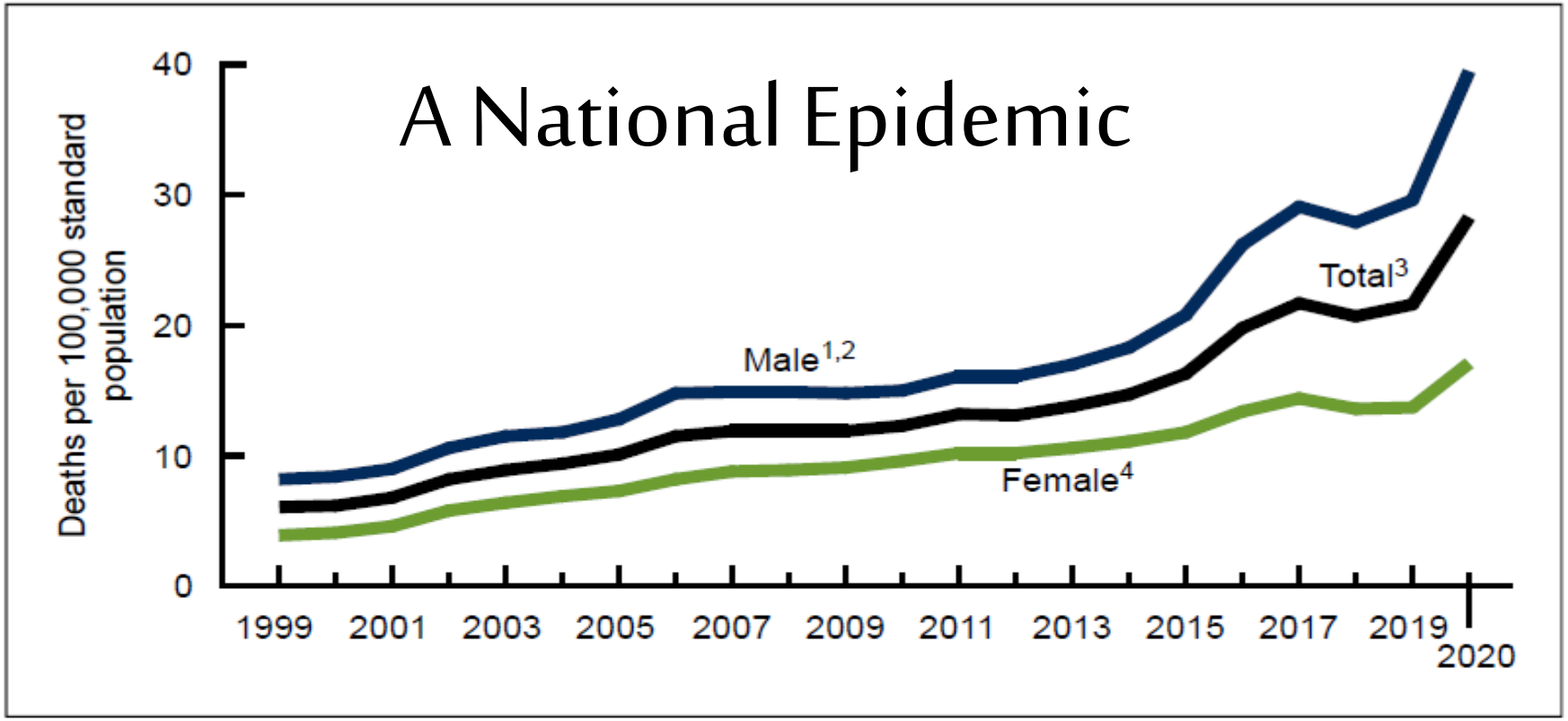
3. Analyze an evidence-based model of care delivery in the treatment of substance use disorder during pregnancy and the first year postpartum.

“Necessity is the mother of invention”

Plato



A National Epidemic



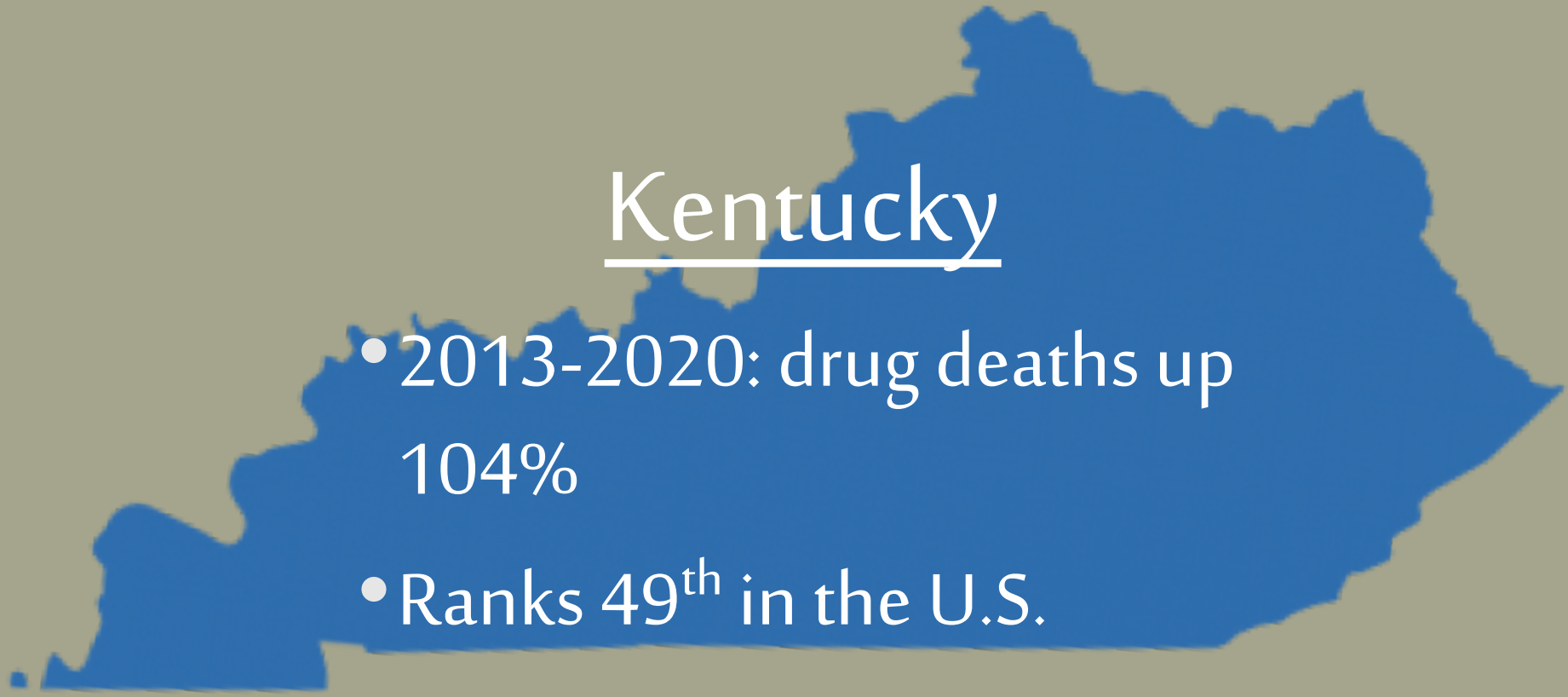
[1]Rates for males were significantly higher than for females for all years, $p < 0.05$.
[2]Significant increasing trend from 1999 to 2006, stable trend from 2006 to 2012, and increasing trend from 2012 through 2020, $p < 0.05$.
[3]Significant increasing trend from 1999 to 2006, stable trend from 2006 to 2013, and increasing trend from 2013 through 2020, $p < 0.05$.
[4]Significant increasing trend from 1999 through 2020, with different rates of change over time, $p < 0.05$.
NOTES: Drug overdose deaths are identified using the *International Classification of Diseases, 10th Revision* (ICD–10) underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. The number of drug overdose deaths in 2020 was 91,799. Access data table for Figure 1 at: https://www.cdc.gov/nchs/data/databriefs/db428-tables.pdf#1.
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

Overdose Deaths in U.S.

31% higher in 2020 than 2019

2020 – 92,000

Overdose Deaths



Kentucky

- 2013-2020: drug deaths up 104%
- Ranks 49th in the U.S.

2017 – 46%

Maternal Deaths

Figure 8: **Substance Use as a Contributing Factor in 2017 Maternal Deaths**

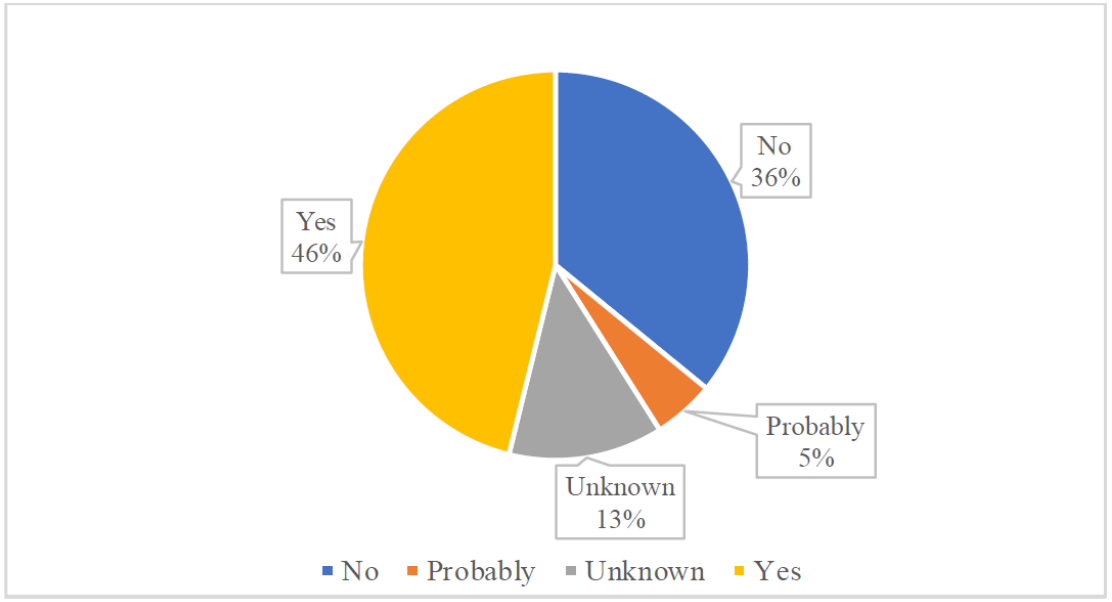
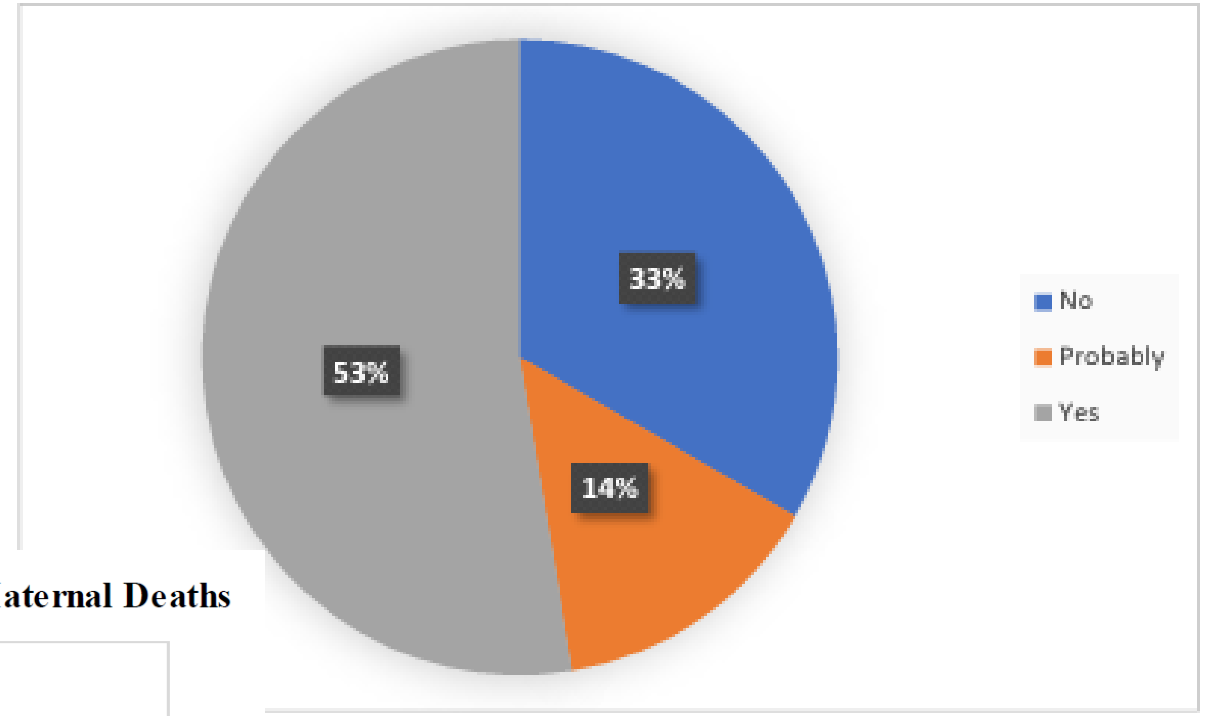


Figure 10: **Substance Use as a Contributing Factor in 2018 Maternal Accidental Deaths**



2018 - 53%

Maternal Deaths

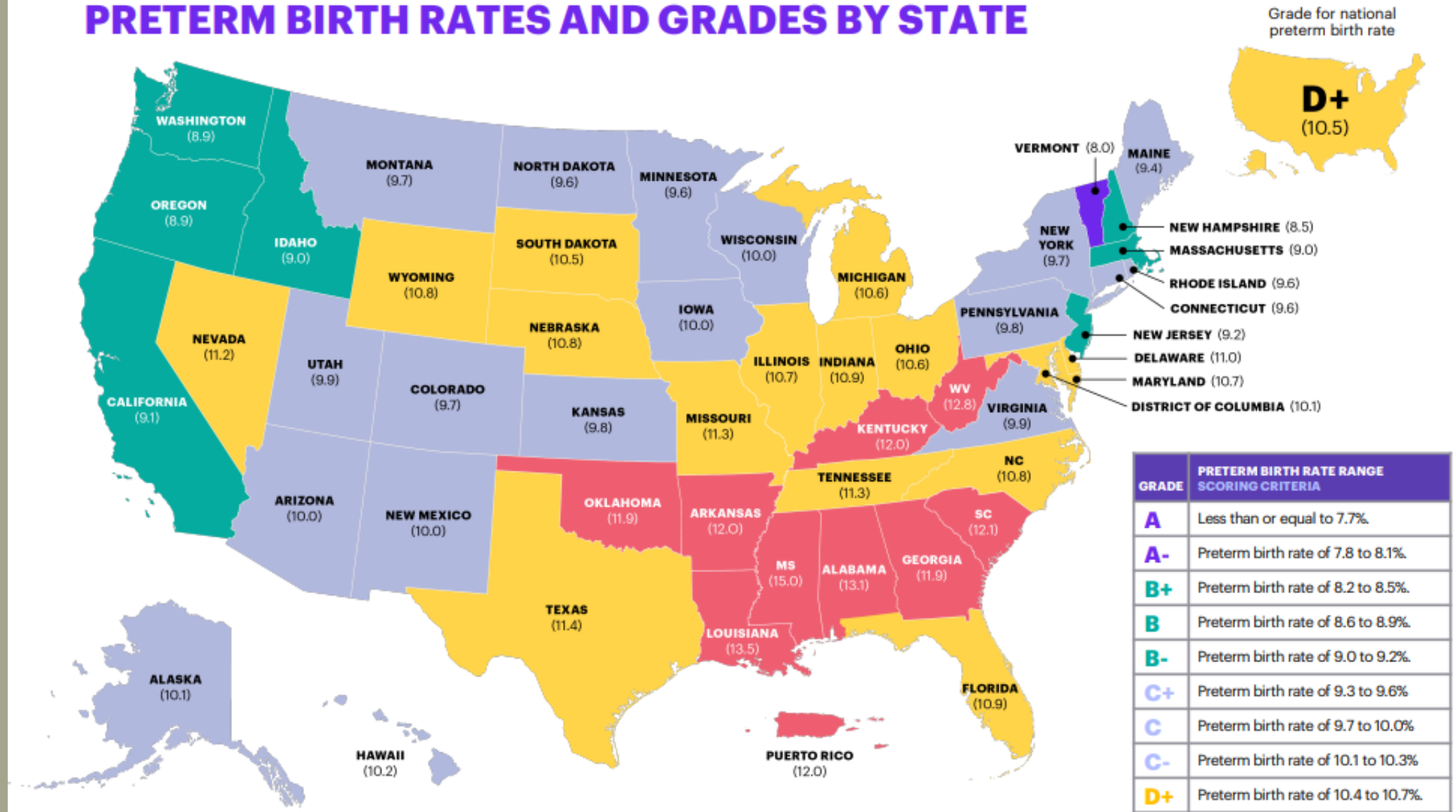
Substance Use Disorder -vs- Opioid Use Disorder

Opioid Use Disorder	OUD is chronic, causing clinically significant distress or impairment
	Short-term treatment associated with relapse
	OUD in pregnancy has increased dramatically
	2010-2017 rate of maternal OUD increased by 131%
	NAS increased by 82%

OUD contributes to maternal morbidity

Withdrawal also has risks

PRETERM BIRTH RATES AND GRADES BY STATE



GRADE	PRETERM BIRTH RATE RANGE SCORING CRITERIA
A	Less than or equal to 7.7%.
A-	Preterm birth rate of 7.8 to 8.1%.
B+	Preterm birth rate of 8.2 to 8.5%.
B	Preterm birth rate of 8.6 to 8.9%.
B-	Preterm birth rate of 9.0 to 9.2%.
C+	Preterm birth rate of 9.3 to 9.6%
C	Preterm birth rate of 9.7 to 10.0%
C-	Preterm birth rate of 10.1 to 10.3%
D+	Preterm birth rate of 10.4 to 10.7%.
D	Preterm birth rate of 10.8 to 11.1%.
D-	Preterm birth rate of 11.2 to 11.4%.
F	Preterm birth rate greater than or equal to 11.5%.

Preterm is less than 37 completed weeks of gestation, based on obstetric estimate of gestational age.

Grades assigned by March of Dimes Perinatal Data Center.

Puerto Rico is not included in the United States total.

Source: Preterm birth rates are from the National Center for Health Statistics, 2021 final natality data and U.S. Territories natality data.

Barriers and Obstacles

Stigma

Comprehensive Treatment

Evidence-Based Management Modalities

1. COLLABORATIVE CARE MODEL

2. ONE-STOP SHOP MODEL

GROUP CARE MODEL

Group Care Model

Advantages

- Increase patient education
- Increase patient satisfaction
- Improves practice efficiency

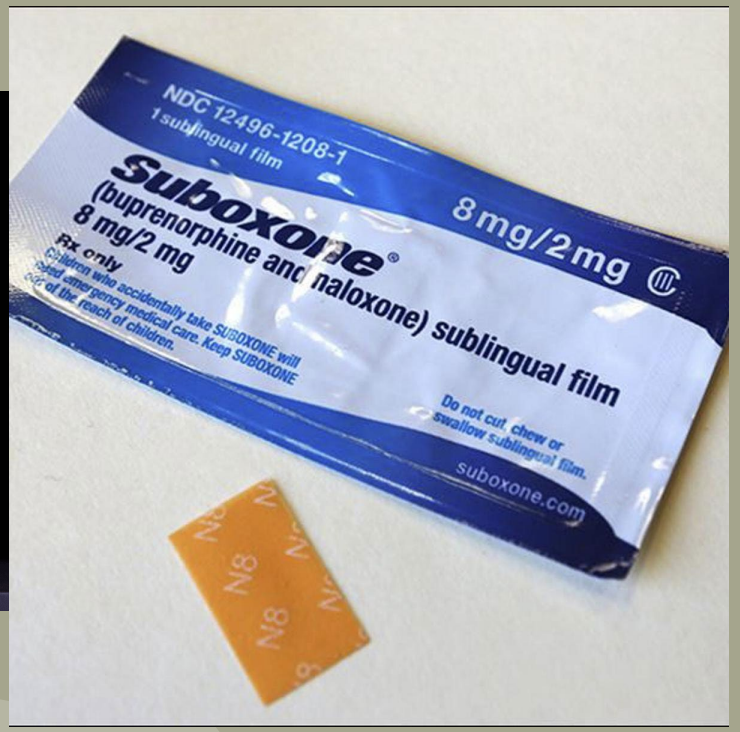
Disadvantages

- Requires dedicated facility
- Staff can be prohibitive.
- Volume and space prohibitive
- Intense, complex level of organization
- Requires administrative by-in

CenteringPregnancy Model

Medications for OUD (MOUD)

- Buprenorphine



- Methadone

University of Kentucky
Perinatal Assistance and Treatment Home

The Beginning

PATHways

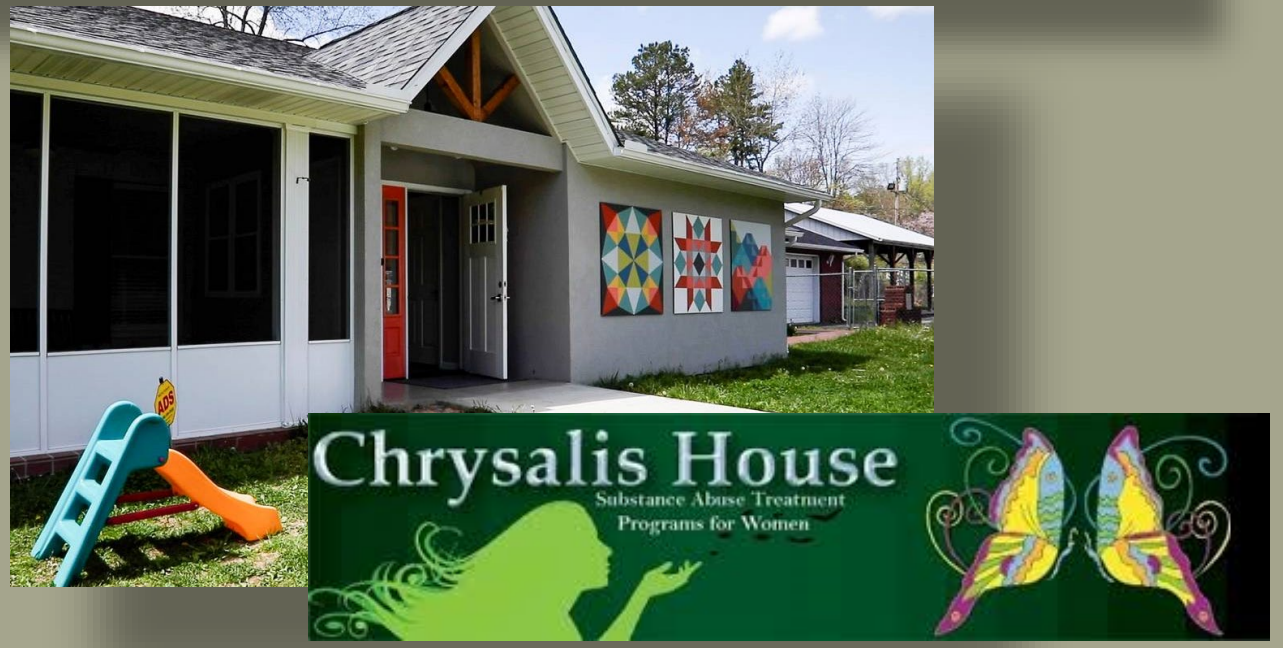
- Buprenorphine maintenance therapy
- Case management
- Group counseling
- Individual therapy
- Peer support
- Prenatal/Postpartum care
- Consultation with Addiction Medicine, MFM, Nursing, Social Work, Substance Use Counselors

UK Receives $4.9 Million to Expand Program for Pregnant Women with Opioid Use Disorder in Rural Kentucky

2023

D. POLITO, DNP CNM FACNM

Chrysalis House, Inc.



Birth and Recovery Integrating Group Holistic Treatment

- Multidisciplinary Group Care Model
- Grew from UK's PATHways Program (2014-2019)
- Patterned from "CenteringPregnancy" model
- MFM, Nurses, Counselors, Social Workers, Peer-Support Specialists
- Grant funded program with "Chrysalis House"
- Weekly throughout pregnancy, to 1 year postpartum

Gabi and Ashlee

Additional points...

Addiction is complex

Chronic brain disorder that is not completely understood.

Screening is vital

Screening for tobacco, drug, and alcohol use should occur at each prenatal visit with validated screening tools.

Trust is important

Non-judgmental approach, motivational interviewing techniques, are important in working with addiction.

2 patients to care for

Challenging to keep perspective when caring for these patients. Consider the baby is innocent in this situation and deserves our best care.

Penalizing can be harmful

Efforts to penalize pregnant women for drug use are more likely to have harmful effects including nondisclosure to clinicians or avoidance of prenatal care.

The truth that's difficult to hear...

There is no single solution to address opioid use disorders in our communities. It is a "wicked problem" — those problems considered so overwhelming that they can't be completely solved, like poverty, crime, or climate change. There is a need for all of us to recognize the "inherent wickedness" of OUD to be able to confront it with understanding and respect.

From: *Rx Appalachia Stories of Treatment and Survival in Rural Kentucky* by Lesly-Marie Buer (2019)

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Thank you
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