The Pregnant Post-Partum Intervention Program: Caring for Mommies with an Opioid Use Disorder

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Tanya Prado, MSW
Objectives:

- Define Neonatal Abstinence Syndrome, identify symptoms and treatment approach
- Discuss substance use in pregnancy, specially Opioid Use Disorder, and review treatment options and outcomes.
- Discuss how to help support mothers with an Opioid Use Disorder and their babies.
- Identify and review community resources for mothers struggling with Opioid use Disorder
What is Neonatal Abstinence Syndrome?

A baby going through withdrawal following in-utero substance exposures, most commonly Opioids.
Most common Opioids abused

- Pain relievers: Vicodin, OxyContin, Percocet, Morphine, Codeine, Synthetic Opioids (e.g., fentanyl (Pain Management))
- Antidepressants (used to treat depression)
- Benzodiazepines (anxiety, epileptic & seizure)
- Illicit substances: Heroin
What causes NAS:

“NAS is most often caused when a women takes drugs called opioids during pregnancy. When they take these drugs during pregnancy, they can pass them through the placenta and cause serious problems to the baby.”

Symptoms of NAS

<table>
<thead>
<tr>
<th>Neonatal Abstinence Syndrome Symptoms</th>
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</thead>
<tbody>
<tr>
<td>Tremors (trembling)</td>
</tr>
<tr>
<td>Irritability (excessive crying)</td>
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<tr>
<td>Sleep Problems</td>
</tr>
<tr>
<td>High-pitched crying</td>
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<tr>
<td>Tight muscle tone</td>
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<tr>
<td>Hyperactive reflexes</td>
</tr>
<tr>
<td>Seizures</td>
</tr>
<tr>
<td>Yawning, stuffy nose, and sneezing</td>
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<tr>
<td>Poor feeding and suck</td>
</tr>
<tr>
<td>Vomiting</td>
</tr>
<tr>
<td>Diarrhea</td>
</tr>
<tr>
<td>Dehydration</td>
</tr>
<tr>
<td>Sweating</td>
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<tr>
<td>Fever or unstable temperature</td>
</tr>
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</table>

Symptoms of withdrawal may begin as early as 24 to 48 hours after birth, or as late as five to 10 days.
How is neonatal abstinence syndrome diagnosed?

- An accurate report of the mother's drug usage

- **Meconium analysis** (Meconium analysis is reliable for detecting opioid and cocaine exposure after the first trimester and can be used to detect a range of other illicit and prescribed medications.)

- Neonatal abstinence scoring system
Treatment for NAS

Treatment depends on:
- The drug involved
- The infant’s overall health and abstinence scores
- Whether the baby was born full-term or premature

Two Treatment Approaches:
- Pharmacological Treatment
  - Morphine
  - Methadone
  - Phenobarbital
- Non-Pharmacological Treatment
  - Infant Massage: reduces tension, stimulates development
  - Vertical Rocking (elevator rock): baby faces away from mommy and is rocked up and down (from head to toe)
Non-Pharmacological Treatment

- Kangaroo care: helps the baby maintain warm temperature, gain weight, sleep more deeply, has less crying, and helps increase breastfeeding.

- Breastfeeding: increases weight, shortens length of stay at hospital, reduces tension,

- Swaddling: helps keep baby calm

- Crescent Moon: helps reduce stress on the baby

* Some babies have a hard time tuning out intense input to their senses, they have sensitivity to light, sound, and touch slowly and gentle.
How common is NAS in our community?
DRAMATIC INCREASES IN MATERNAL OPIOID USE DISORDER AND NEONATAL ABSTINENCE SYNDROME

Opioid use during pregnancy can result in a drug withdrawal syndrome in newborns called neonatal abstinence syndrome, or neonatal opioid withdrawal syndrome (NAS/NOWS), which causes costly hospital stays. A recent analysis showed that an estimated 32,000 babies were born with this syndrome in the United States in 2014, a more than 5-fold increase since 2004.

EVERY ~ 15 MINUTES, A BABY IS BORN SUFFERING FROM OPIOID WITHDRAWAL.

NAS/NOWS and Maternal Opioid Use Disorder on the Rise
Rates per 1,000 Hospital Births

Growing Hospital Costs for Treatment of NAS/NOWS
Inflation-Adjusted U.S. Dollars (millions)

National Trends in Opioid Use

- Opioid dependence is a serious global health concern: “opioid pain reliever sale quadrupled in the U.S from 1999 to 2010 (KO, et al., 2017.).”
- In 2012, an estimated 2M in the U.S. with opioid pain reliever (OPR) addiction
- An estimated 467,000 with heroin addiction
Substance Use Disorders in Pregnancy

- There has been a 23% increase among women who are Medicaid enrolled who report having purchased at least one opioid prescription during pregnancy (Ko, et al., 2017).

- 21,732 babies born with NAS between 2009 and 2012 (Ko, et al., 2017)

- The length of hospital stay for an infant with NAS is 16.9 days which costs about $667,000 (Ko, et al., 2017).
## Substance Use Disorders in Pregnancy: Local Data

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What are the options for Pregnant Women?
Treatment Recommendations

- MAT is a form of treatment that includes regular administration of medications such as methadone or buprenorphine (ACOG, 2012)
  - Should not result in intoxication, euphoric effects, or sedation

- Opioid detoxification during pregnancy is not recommended (ACOG, 2012)
  - Relapse into addiction
  - Risk for overdose if relapse occurs
  - Abrupt withdrawal or “detox” associated with higher rates of fetal loss
Methadone Reduces Pregnancy Risk by Stabilizing Opioid Levels

More consistent opioid blood levels reduce repeated fluctuations
Substance Abuse Effects on Baby

- **Heroin** and other **Opiates**, including **Methadone**, can cause significant withdrawal in the baby, with some symptoms lasting as long as four to six months.

- Prenatal use of **Amphetamines** is associated with low birthweight and premature birth.

- A mother’s prenatal **Cocaine** use is associated with poor fetal growth, developmental delay, learning disabilities, and lower IQ in her child.

- **Marijuana** use is linked to babies with lower birthweights.

- **Alcohol** use results in slowed growth during pregnancy and after birth, specific deformities of the head and face, heart defects, and intellectual disability are seen with FASDs.

- **Cigarette** smoking results in smaller babies and increased risk for premature birth, SIDS and stillbirth.
How can WE help?
Increase our understanding to decrease the stigma...

If we embrace the concept of addiction as a chronic disease in which drugs have disrupted the most fundamental brain circuits that enable us to do something that we take for granted—we will be able to decrease the stigma, not just in families and workplaces, but also in the healthcare system among providers and insurers.

WE CANNOT HELP THE BABIES IF WE DO NOT HELP THEIR MOMMIES!
Journey of Hope: Mommies and Babies overcoming NAS

Video:
For referrals related to accessing support and services for opioid treatment or information related to Neonatal Abstinence Syndrome contact the Caring for Mommies Program:

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References


Videos: Links
