

"Pregnant women and their infants are victims of the opioid epidemic that has been labeled a public health crisis in the United States,"

Dr. Lorie Harper

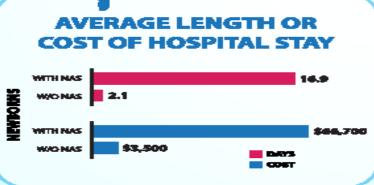


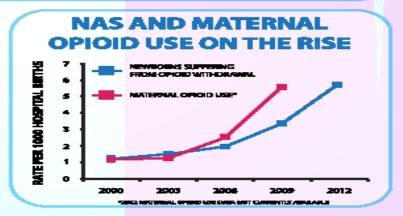
DRAMATIC INCREASES IN MATERNAL OPIOID USE AND NEONATAL ABSTINENCE SYNDROME

THE USE OF OPIOIDS DURING PREGNANCY CAN RESULT IN A DRUG WITHDRAWAL SYNDROME IN NEWBORNS CALLED **NEONATAL ABSTINENCE SYNDROME** (NAS), WHICH CAUSES LENGTHY AND COSTLY HOSPITAL STAYS. ACCORDING TO A NEW STUDY, AN ESTIMATED 21,732 BABIES WERE BORN WITH THIS SYNDROME IN THE UNITED STATES IN 2012, A **5-FOLD INCREASE** SINCE 2000.



EVERY 25 MINUTES, A BABY IS BORN SUFFERING FROM OPIOID WITHDRAWAL.





Why women don't seek help?

- Shame and social stigma
- Physical and Sexual Abuse
- Relationship issues (fear of losing children, fear of losing partner)
- Needing partners permission to get treatment
- Legal consequences
- Transportation
- Poor Communication between providers
- Limited facilities for treatment



UAB Comprehensive Addiction in Pregnancy Program CAPP

Will provide coordinated, multidisciplinary care to women with substance use disorders during pregnancy and postpartum.



Our mission is healthy women, healthy babies & intact families.



Our comprehensive approach to substance use...

- Universal substance use screening.
- Women identified as moderate to high risk who desire addiction treatment during pregnancy are evaluated and referred to OBCC for CAPP.



- ASAM evaluation.
- Pharmacotherapy
- Intensive outpatient program for addiction.
- Obstetric consultation.
- Group prenatal care (total care only).
- Telemedicine consultations at ADPH (coming soon!)

What's next?

Pregnancy Considerations

- Abrupt discontinuation of opioids in pregnancy can lead to an increased risk of:
 - Intrauterine growth restriction
 - Abruptio placentae
 - Preterm labor and birth
 - Intrauterine passage of meconium and neonatal aspiration
 - Fetal distress
 - Fetal death

American College of Obstetricians and Gynecologists (ACOG) Committee on Health Care for Underserved Women & American Society of Addiction Medicine (2016); Kocherlocota (2014)

Rationale for Pharmacotherapy

- Substance use disorders are a chronic condition.
- Medications can target neurotransmitters involved in reinforcing behaviors and provides anxiolytic effects.
- Pharmacotherapy is beneficial in combination with nonpharmacologic therapy (counseling and group therapies).
- Can reduce relapse and help maintain abstinence.
- Reduces the risk of HIV, Hep C & B transmissions.



Group Prenatal Care

- Group prenatal care includes all the same components as traditional prenatal care.
- Additional time is provided for education and group sharing.
- The group usually consists of 8 to 10 pregnant women, a group facilitator and a physician.
- Two-hour sessions occur every two to four weeks.

Group Prenatal Care

- Mom's take control of their health and pregnancy.
- Weighs self, takes blood pressure and plots the findings in a chart.
- Individual "Tummy Time" with her provider to check on the baby's health.



Services Available

- Full Care Service, Telemedicine, or Consultative Services.
- Comprehensive Prenatal Care
- Ultrasonography
- Care Coordination
- Social Services
- Nutrition consultation
- Peer Recovery support
- Parenting education in home post delivery

How we help and what we do...

- Enhanced prenatal services and social support through group care
- Assistance navigating government systems
- Alabama Department of Human Resources
- Family Wellness Program
- Social Services, Medicaid, WIC
- Neonatal Abstinence Inpatient Services

Dr. Lorie Harper



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Partnerships

- UAB OB Complications Clinic
- Beacon Addiction Recovery program
 - UAB Addiction Medicine
 - DHR
 - Family Court
 - Aletheia House & Olivia's House
- Impact Family Counseling
 les us to offer prepatal care like power before

enables us to offer prenatal care like never before!