

CAPP Intervention Study - Midpoint Report

Benefiting Addicted Mothers and their Newborns



The Comprehensive Addiction in Pregnancy Program (CAPP) is the joint development of The University of Alabama at Birmingham's Department of Psychiatry and Maternal and Fetal Medicine (MFM).

CAPP PRIORITIES

- HEALTHY CHILDREN AND FAMILIES
- FAMILY STABILITY
- CROSS-SYSTEM COLLABORATION

TARGET POPULATION

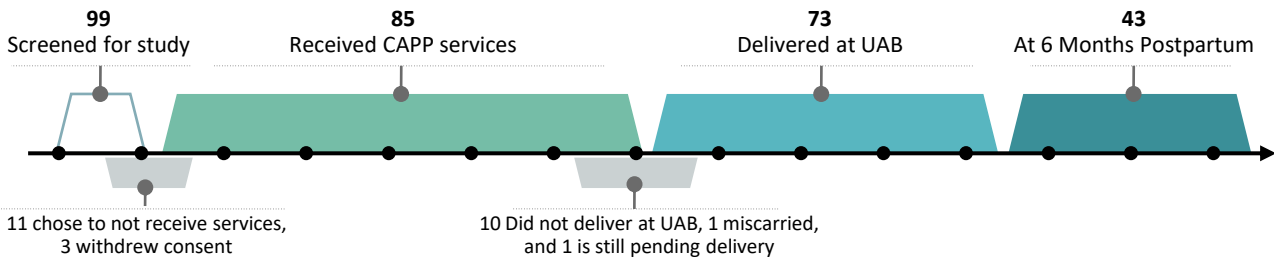
Pregnant women with substance use disorders and their newborns. Services begin in utero and continue until six months postpartum.



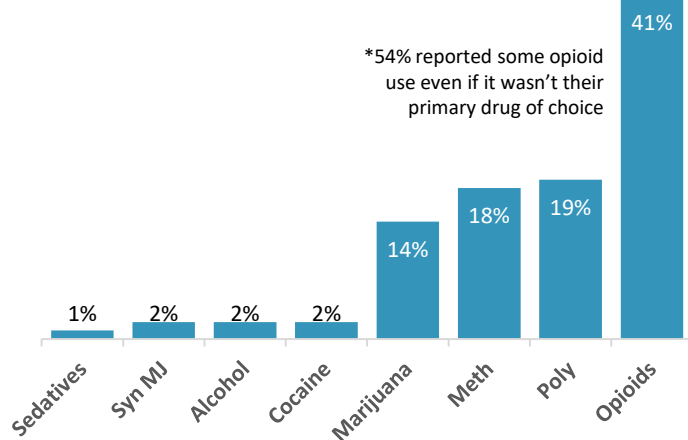
Study Population (n=85)



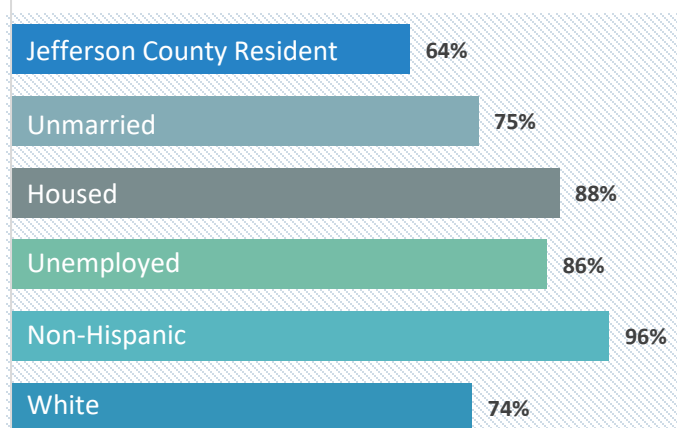
The CAPP study was launched with clinic onset to monitor patient progress and evaluate clinic design both locally and as part of a national cross-site evaluation.¹ The majority of clinic participants have also been recruited to this study, but not all. This report describes the midway point in this five-year project as most patients can be followed for up to 13 months from study entry. Sample sizes vary for each section (n = 85, n = 73, n = 43) depending on how many patients have reached those benchmarks in their timeline.



REPORTED DRUG OF CHOICE AT INTAKE²



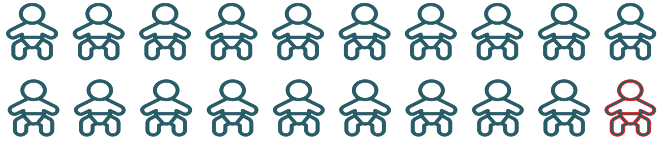
PARTICIPANT CHARACTERISTICS



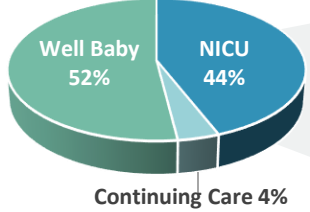


Delivering mothers attend an average of 11 specialized prenatal visits prior to delivery and short-term outcomes are gathered at the delivery event. Newborns and mothers are screened for presence of non-prescribed or illegal substances and metrics like infant presence in the Newborn Intensive Care Unit (NICU) are gathered. Early results indicate that mothers of NICU babies had higher average NIDA screener scores than mothers of non-NICU babies.³ Additionally, reported opioid users' infants were more likely to require NICU.⁴ However, it's noteworthy that 50% of those mother's infants did not require methadone as a treatment. As all women entering the clinic are in active addiction (regardless of substance), it is also of interest that only 5% of infants delivered there are positive for substances.

1 in 20 infants tested positive for non-prescribed or illegal substances (5%)



HIGHEST INFANT LEVEL OF CARE AT DELIVERY



Opioid Status ***	NICU	No NICU
Opioid User	61% (28)	39% (18)
Non-opioid User	15% (4)	85% (23)

Six-Month Postpartum Outcomes (n=43)

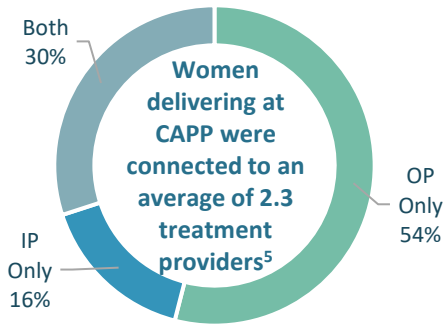
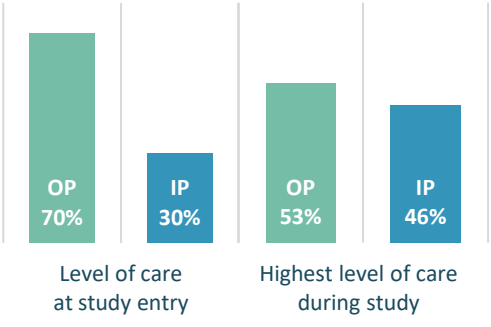


SUBSTANCE USE TREATMENT

Treatment outcomes reference administrative data from the Alabama Department of Mental Health (DMH) monitoring treatment exposure while in the study. As of this report, 43 delivering mothers have reached this six-month benchmark. Of those, 83% were either still active or had completed substance use treatment.

Clinic patients are referred to gender-enhanced substance use treatment per their level of care on the state assessment (ASAM).

- IP = Inpatient/Residential
- OP = Outpatient/Intensive Outpatient



Active, 53%

Completed, 30%

Dropped out, 14%

Other, 2%

83% were either active or had completed substance use treatment as of study exit

SAFETY AND PERMANENCY

The Alabama Department of Human Resources (DHR) dataset is also reviewed to determine whether the delivered (focal) child has resulted in any DHR involvement within the first six months post-delivery. Of this population, 60% had no DHR involvement. Of the remaining 40% where DHR involvement was present, almost half of those investigations were ultimately determined to be "not indicated," meaning an investigation was opened, but resulted in no credible indication of abuse or neglect. The remaining 19% were indicated after investigation by DHR and 2% were still pending investigation outcomes as of this report⁶

79% either had no DHR involvement, or the DHR investigation was found not indicated



REFERENCES AND FOOTNOTES

¹Through a Children and Family Futures Regional Partnership Grant (RPG4)
²As determined by the National Institute on Drug Abuse (NIDA) Modified Assist Screener
³** t(71) = 2.3, p = .023 (NIDA score by Presence in NICU)
⁴*** $\chi^2(1, N = 73) = 14.7, p < .001$ (NICU by Opioid Use) Mothers who scored a 4 or higher on the NIDA for opioid and/or who were on MAT were considered as reported opioid users
⁵98 providers for the delivering population of 43 delivering women
⁶65% of cases were opened prior to infant release from the hospital

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EVALUATION GROUP

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CAPP INFORMATION

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