Comprehensive Addiction in Pregnancy Program
Partnering with expectant mothers to provide holistic, family-centered care in promotion of recovery and intact families.
Meet the CAPP Physician Team

Dr. William Perez  Dr. Brian Brocato  Dr. Carolyn Webster  Dr. Brian Casey
“We partner with women to overcome challenges posed by addiction in pregnancy.”

William Perez, MD
Assistant Professor
UAB Dept. ObGyn

“Women with substance use disorder who initiate or continue recovery during pregnancy should be proud, and most importantly, they should be supported.”

Carolyn Webster, MD
Assistant Professor
UAB Dept. ObGyn

“ For many women, pregnancy provides a unique opportunity to identify, treat and begin to recover from an opioid use disorder.”

Brian Brocato, MD
Assistant Professor
UAB Dept. ObGyn
L-R: Kenya Franklin, Case Worker, Lauren Patalino, Social Worker, Pam Files, NP, Leslie Moon, Peer Support, Stephanie Cannon, RN, Carolyn Webster, MD, William Perez, MD, Marion Coleman, Substance Abuse Counselor not pictured.
Program Overview

One stop treatment model
- Prenatal care/education
- Medication assisted treatment
- Social work
- Case management
- Peer recovery support
- Substance use assessment
- Substance use treatment

Additional Components
- Universal screening – self-report only
- Timely, coordinated entry to residential treatment
- In-home parenting education
- Biweekly multi-disciplinary staffing
- Partnership with child welfare
- Trauma-based treatment model – outpatient & residential
CAPP Clinic

Reception and waiting area

Group Sessions

Clinic Room
• 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.
Individual 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.
• Rewards healthy, positive behaviors – i.e. engagement in treatment, completion of parenting education, attendance at WIC education sessions

• Incentivizes participation and adoption of behaviors linked to successful recovery and overall improvements in newborn health

• Supported by the Jefferson County Public Health Advised Fund of the Community Foundation of Greater Birmingham
Aletheia House is a community-based organization that has been providing low-cost substance abuse treatment and prevention services to individuals, and the communities in which they live, since 1972. It is one of Alabama’s largest providers of substance abuse treatment, substance abuse/HIV prevention, employment services, health care and affordable housing.

Family Centered Residential Treatment
IMPACT Family Counseling is a 501 (c)(3) Christian-affiliated, United Way agency located in Birmingham, AL. Founded in 1991, we continue to make an impact in the lives of others. The agency provides outpatient counseling and a variety of other services such as mentoring, relationship education, family strengthening and anger management to all people, regardless of religion, sex, race, ethnicity, age, or disability.

Safe Care Parenting Education
Newborn Follow-Up

Brian Sims, MD, PhD
Associate Professor,
Division of Neonatology
Department of Pediatrics
Beacon Integrated Health Clinic

Leah Leisch, MD
Assistant Professor
Director of Addiction Services
Departments of Medicine and Psychiatry
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.
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. 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.

11 chose to not receive services, 3 withdrew consent
10 did not deliver at UAB, 1 miscarried, and 1 is still pending delivery

REPORTED DRUG OF CHOICE AT INTAKE:

*54% reported some opioid use even if it wasn’t their primary drug of choice

<table>
<thead>
<tr>
<th>Substance</th>
<th>Screened for study</th>
<th>Received CAPP services</th>
<th>Delivered at UAB</th>
<th>At 6 Months Postpartum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solvents</td>
<td>1%</td>
<td>14%</td>
<td>16%</td>
<td>19%</td>
</tr>
<tr>
<td>Syn Mtx</td>
<td>2%</td>
<td>18%</td>
<td>19%</td>
<td>19%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>2%</td>
<td>17%</td>
<td>16%</td>
<td>18%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>2%</td>
<td>13%</td>
<td>13%</td>
<td>13%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>14%</td>
<td>14%</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Meth</td>
<td>18%</td>
<td>18%</td>
<td>18%</td>
<td>18%</td>
</tr>
<tr>
<td>Poly</td>
<td>19%</td>
<td>19%</td>
<td>19%</td>
<td>19%</td>
</tr>
<tr>
<td>Opioids</td>
<td>41%</td>
<td>41%</td>
<td>41%</td>
<td>41%</td>
</tr>
</tbody>
</table>

PARTICIPANT CHARACTERISTICS:

- Jefferson County Resident: 64%
- Unmarried: 75%
- Housed: 88%
- Unemployed: 86%
- Non-Hispanic: 90%
- White: 74%
Delivery Outcomes (n=73)

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. Additionally, reported opioid users’ infants were more likely to require NICU. 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

<table>
<thead>
<tr>
<th>Opioid Status</th>
<th>NICU</th>
<th>No NICU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioid User</td>
<td>61%</td>
<td>39%</td>
</tr>
<tr>
<td>Non-opioid User</td>
<td>15%</td>
<td>85%</td>
</tr>
</tbody>
</table>

Well Baby: 52%

Continuing Care: 4%
**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**

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<thead>
<tr>
<th>Level of care at study entry</th>
<th>Highest level of care during study</th>
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<tbody>
<tr>
<td>OP 70%</td>
<td>OP 53%</td>
</tr>
<tr>
<td>IP 30%</td>
<td>IP 46%</td>
</tr>
<tr>
<td>Both 30%</td>
<td>OP Only 54%</td>
</tr>
<tr>
<td>IP Only 16%</td>
<td></td>
</tr>
</tbody>
</table>

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 report.

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

<table>
<thead>
<tr>
<th></th>
<th>60%</th>
<th>19%</th>
<th>2%</th>
<th>19%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No DHR involvement</td>
<td></td>
<td>Investigated but Not Indicated</td>
<td>Indicated</td>
<td></td>
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<tr>
<td>Investigation Still Pending</td>
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**REFERENCES AND FOOTNOTES**

1. Through a Children and Family Patterns Regional Partnership Grant (OPM).
2. As determined by the National Institute on Drug Abuse’s MEIS (Methamphetamine and Other Substance Abuse) project.
3. **a** terrific by the National Institute on Drug Abuse’s MEIS (Methamphetamine and Other Substance Abuse) project.
4. **b** terrific by the National Institute on Drug Abuse’s MEIS (Methamphetamine and Other Substance Abuse) project.
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28. **z** terrific by the National Institute on Drug Abuse’s MEIS (Methamphetamine and Other Substance Abuse) project.

**EVALUATION GROUP**

Cenczyk, C., Henderson, M., Tarter, J., Dantler, J.  
Student Researchers  
Thies, C., Little, K.  
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**CAPP INFORMATION**

To learn more about CAPP, contact Suzanne Muir: suzannedementalhealth@abmh.edu  
205-913-5887
Contact Us

Brian Casey, MD
Vice Chair Obstetrics
Department of OBGYN
Director, Division of Maternal Fetal Medicine
bcasey@uabmc.edu

William Perez, MD
Assistant Professor
Department of OBGYN
Division of Maternal Fetal Medicine
williamperez@uabmc.edu

Suzanne Muir
Associate Director
Department of Psychiatry and Neurobiology
suzannemuir@uabmc.edu
Thank you!

UAB Comprehensive Addiction in Pregnancy Program

The University of Alabama at Birmingham