

# Comprehensive Addiction in Pregnancy Program



**UAB** SCHOOL OF  
MEDICINE

The University of Alabama at Birmingham

December 9, 2020

# Mission Statement

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

# The CAPP Providers



William Perez, MD  
Assistant Professor  
UAB Dept. ObGyn

“We partner with women to overcome challenges posed by addiction in pregnancy.”

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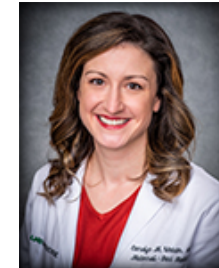
“Women with substance use disorder who initiate or continue recovery during pregnancy should be proud, and most importantly, they should be supported.”

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Brian Brocato, 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.”



Carolyn Webster, MD  
Assistant Professor  
UAB Dept. ObGyn

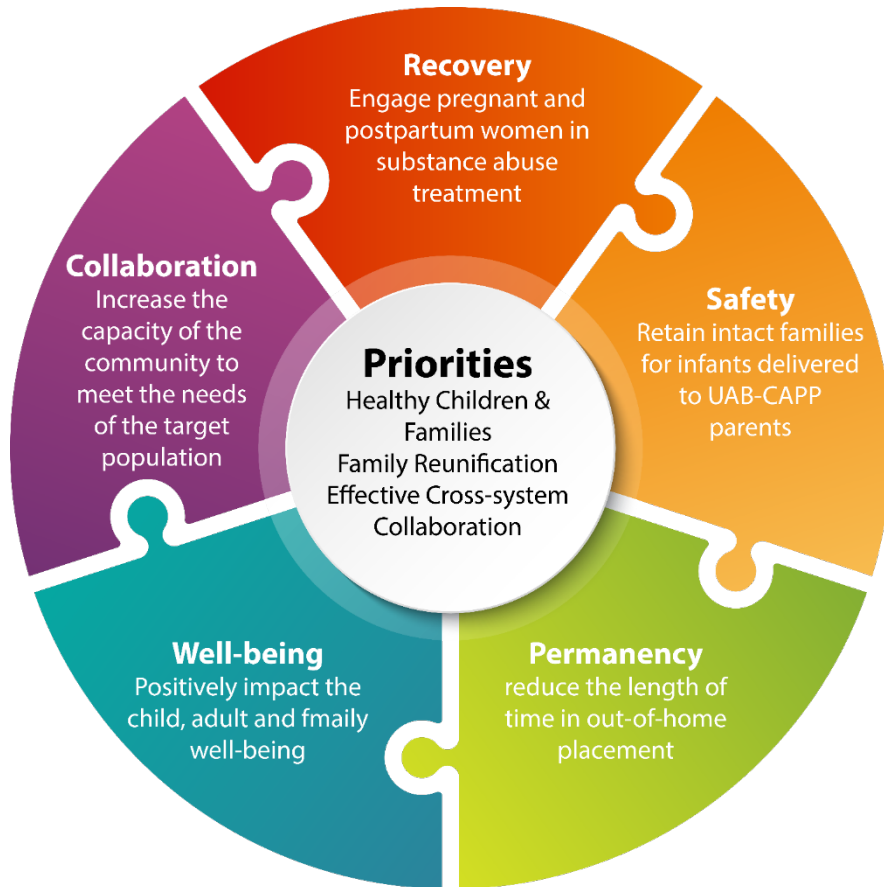


# The CAPP Team



L-R: Kenya Franklin, Case Worker, Lauren Padalino, 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

- 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.

# CAPP Ca\$h



- 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

# Partner highlight...

## ALETHEIA HOUSE

### ALETHEIA HOUSE

*A Special Kind of Caring*



Yakima Burch, LPC, NCC  
Central Alabama Treatment  
Services Coordinator

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



# Partner highlight...

## IMPACT FAMILY COUNSELING



LaCrecia Day  
MENTORING PROGRAMS DIRECTOR  
IMPACT FAMILY COUNSELING

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

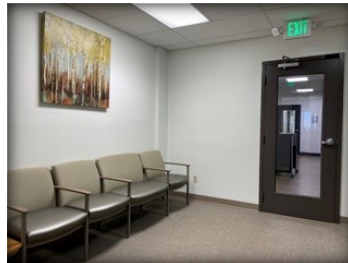


Leah Leisch, MD

Assistant Professor

Director of Addiction Services

Departments of Medicine and Psychiatry



**UAB MEDICINE**

BEACON RECOVERY



# Midpoint Report

## CAPP Intervention Study - Midpoint Report

Benefiting Addicted Mothers and their Newborns



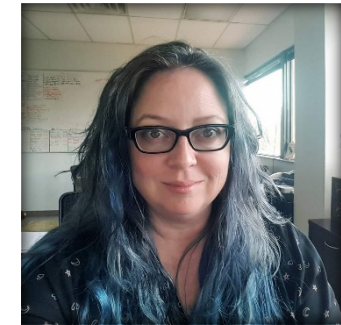
The Comprehensive Addiction in Pregnancy Program (CAPP) is the joint development of The University of Alabama at Birmingham's Department of Psychiatry and Maternal and Fetal Medicine (MFM).

### 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.



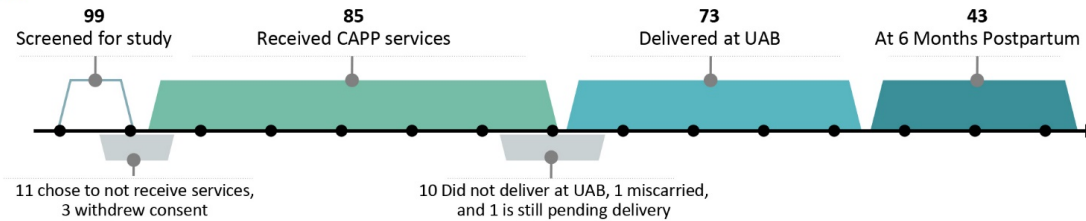
Christina Cenczyk

# Midpoint Report

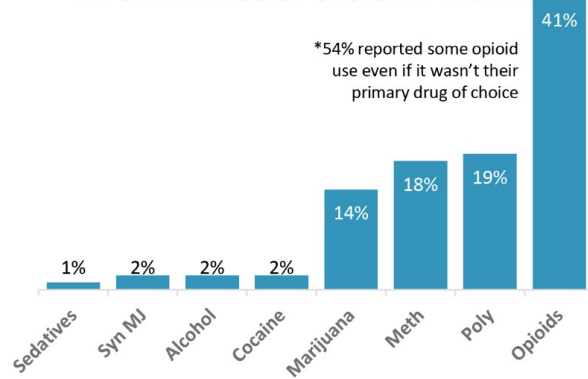
## Study Population (n=85)



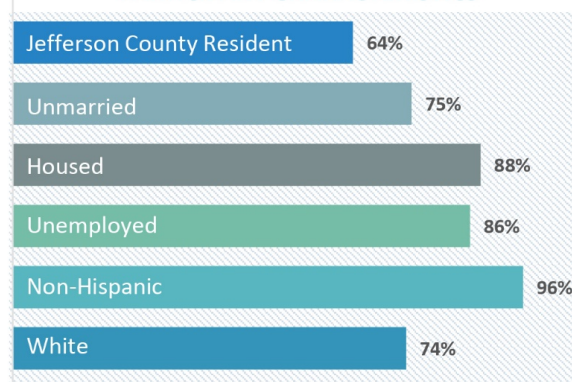
The CAPP study was launched with clinic onset to monitor patient progress and evaluate clinic design both locally and as part of a national cross-site evaluation.<sup>1</sup> The majority of clinic participants have also been recruited to this study, but not all. This report describes the midway point 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 INTAKE<sup>2</sup>



## PARTICIPANT CHARACTERISTICS



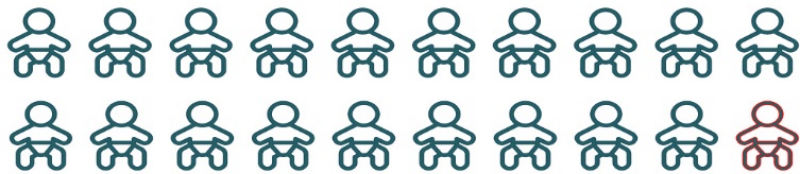
# Midpoint Report

## Delivery Outcomes (n=73)

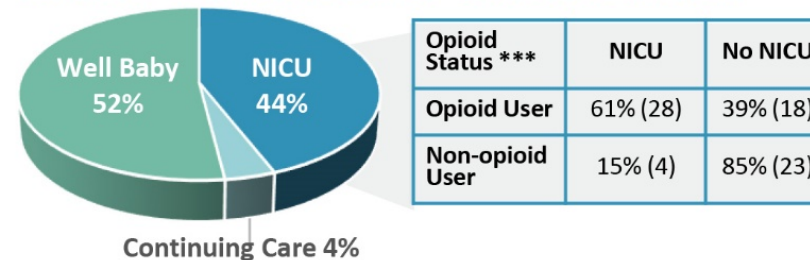


Delivering mothers attend an average of 11 specialized prenatal visits prior to delivery and short-term outcomes are gathered at the delivery event. Newborns and mothers are screened for presence of non-prescribed or illegal substances and metrics like infant presence in the Newborn Intensive Care Unit (NICU) are gathered. Early results indicate that mothers of NICU babies had higher average NIDA screener scores than mothers of non-NICU babies.<sup>3</sup> Additionally, reported opioid users' infants were more likely to require NICU.<sup>4</sup> 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





# Midpoint Report

## Six-Month Postpartum Outcomes (n=43)

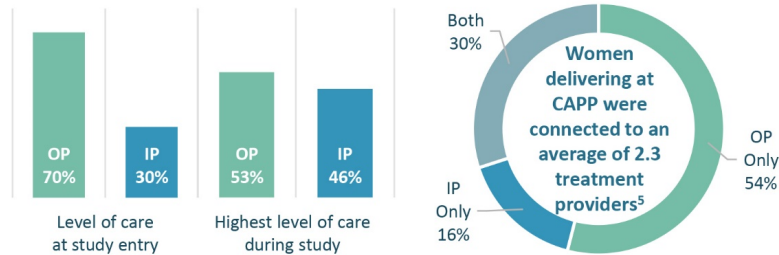


### SUBSTANCE USE TREATMENT

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 report<sup>6</sup>



### REFERENCES AND FOOTNOTES

<sup>1</sup>Through a Children and Family Futures Regional Partnership Grant (RPG4)

<sup>2</sup>As determined by the National Institute on Drug Abuse (NIDA) Modified Assist Screener

<sup>3</sup>\*\*  $t(71) = 2.3, p = .023$  (NIDA score by Presence in NICU)

<sup>4</sup>\*\*\*  $\chi^2(1, N = 73) = 14.7, p < .001$  (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

<sup>5</sup>98 providers for the delivering population of 43 delivering women

<sup>6</sup>65% of cases were opened prior to infant release from the hospital

Report date:  
9/23/2020

### EVALUATION GROUP

Cenczyk, C., Henderson, M.,  
Tarter, J., Dantzer, J.  
Student Researchers:  
Thies, C., Little, K.

### CAPP INFORMATION

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# Sponsor Support



## Children's Bureau

An Office of the Administration for Children & Families



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Community  
Foundation

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HEALTH SERVICES FOUNDATION



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# Contact Us



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# Thank you!



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