ADDICTION IN THE PREGNANT WOMAN

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FINANCIAL DISCLOSURE

Neither myself nor any member of my family has a financial arrangement related to the content of this activity or any supporters of this program.

OBJECTIVES

• Participants will have more understanding of the disease of addiction
• Participants will learn ways to identify substance abusers in their practice
• Participants will learn how to assist and advise the addicted pregnant woman
Test your knowledge (T or F)

1. Delirium tremens (DT's) are quite common in alcoholics who abruptly quit drinking.
2. Most alcoholic/addicts are employed.
3. The prevalence of substance use disorders in the U.S. is 25%.
4. The best way to test for most drugs is blood.
5. Drug use while pregnant is considered child abuse in Alabama.
6. Addiction changes the structure and function of the brain.
7. Dopamine is the primary neurotransmitter involved in the disease of addiction.
8. Withdrawal from opioids is life threatening.

WHAT IS ADDICTION?

- WHY IS IT IMPORTANT?

“Substance Use Disorders are the nation’s #1 health problem.”

CDC
Atlanta, GA
NATIONAL IMPACT

- Incidence 8-12%
- Hospitalized patients/clinic visits – up to 25% related to substance abuse
- Opioid abuse or dependence during pregnancy increased 127% from 1998-2011
- Prenatal alcohol exposure – leading preventable cause of birth defects in the U.S.
- U.S. deaths – 25-30% due to substance abuse

Why do we often miss the diagnosis?

✓ Lack of education/training
✓ Lack of time
✓ Lose the patient
✓ “it’s untreatable”
✓ Personal issue
✓ Professional impairment

ADDITION

“A biopsychosocial disease which is chronic and progressive, and if left untreated, can be fatal. It is characterized by continuous or periodic use of a mood altering chemical in spite of adverse consequences.”

AMA
ADDICTION

- 3 C’s
  - Reduction of Control
  - Compulsive use
  - Use in spite of negative Consequences

Why Can’t Addicts Just Quit?

Because Addiction Changes Brain Circuits
SALLY

Sally is a 20 year old female who is pregnant with her first child. She says she thinks she is due in 5 or 6 months. She has not sought prenatal care because she is unmarried *and fears the repercussions from her mother who is governor of your state.

* (The father “bailed” when he heard the news)

HAVE A PRACTICE PLAN/POLICY

1. Who do we ask to submit to drug screening?
2. What drug screening panel do we use?
3. What conditions warrant drug screening regardless of history? No prenatal care, physical findings.
4. What if a patient refuses drug screening?
5. What are the consequences for a non medical positive screen?
6. What/who are our resources?
7. When do we look at PDMP?

ASSESSMENT AND IDENTIFICATION

• High index of suspicion
• Screening: T-ACE, AUDIT, 4P’s (Parents, Partner, Past, Present), PDMP data
• History/interview – prenatal care, DSM5, history of trauma
• Ask at every visit
• Physical examination – withdrawal
• Laboratory tests – UDS ???
**DSM-5 SUBSTANCE USE DISORDER**

**IMPAIRED CONTROL**
Criteria 1-4
1. larger amounts/longer time
2. desire or attempt to decrease or control
3. great deal of time
4. craving

**SOCIAL IMPAIRMENT**
Criteria 5-7
5. failure to fulfill obligations
6. social or interpersonal problems
7. withdrawal from family, hobby, etc.

**RISKY USE**
Criteria 8-9
8. use when physically hazardous
9. physical or psychological problems caused or exacerbated by use

**PHARMACOLOGIC**
Criteria 10-11
10. tolerance
11. withdrawal

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**SALLY**
Sally answers “no” to the screening 4 P’s. Her history is only remarkable in that she drank 1 or 2 beers most nights before she found out she was pregnant. She has not had alcohol in 3 months now. Physical examination was unremarkable. She refuses to consent to the routine UDS (due to lack of prenatal care) because “there is no need for that”.

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**SALLY**
When you look up PDMP data, you see that Sally has been prescribed hydrocodone for the past 8 months by three different physicians. Based on these numbers, Sally could be taking 15-20 hydrocodone tablets/day!
HOW TO INTERVENE

✓ Know your own biases
✓ Express specific concern
✓ Don’t offer a diagnosis
✓ Present referral in non-judgmental way
✓ Be supportive/involved

SALLY

✓ Ask her about drug/alcohol use
✓ Present PDMP data
✓ Review possible complications to her and to fetus
✓ Discuss confidentiality and reporting
✓ Refer to Opioid Assisted Treatment (O.A.T.)
✓ Assure her you will support her throughout

SALLY

Sally is scared of O.A.T. She states, “I don’t want my baby to go through withdrawal when it’s born. I’ll just taper myself off slowly. I’ve done it before”.

Now what?
Test your knowledge (T or F)
1. Delirium tremens (DT’s) are quite common in alcoholics who abruptly quit drinking. (F)
2. Most alcoholic/addicts are employed. (T)
3. The prevalence of substance use disorders in the U.S. is 25%. (F)
4. The best way to test for most drugs is blood. (F)
5. Drug use while pregnant is considered child abuse in Alabama (T)
6. Addiction changes the structure and function of the brain. (T)
7. Dopamine is the primary neurotransmitter involved in the disease of addiction (T)
8. Withdrawal from opioids is life threatening. (F)

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