

Supporting the Mother-Infant Dyad at The Dartmouth-Hitchcock Perinatal Addiction Treatment Program

Daisy Goodman, DNP, MPH, CNM, WHNP-BC.

Perinatal Addiction Treatment Program

November 8, 2017



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Disclosures and Acknowledgements

No conflicts of interest to disclose

- Support for this program :
 - March of Dimes, Northeast Chapter
 - NH Charitable Foundation
 - Region 1 IDN
 - The Boyle Foundation

Acknowledgements:

- PATP Patient Advisory Committee
- Our dedicated clinical team:
 - Julia Frew, MD
 - Davide Bae, MD
 - Katrin Tchana, LICSW
 - Teri Larock, LICSW
 - Melissa Baughman, MA, MLADC
 - Steven Chapman, MD
 - Judy Knapp
 - Savannah Smith, MA

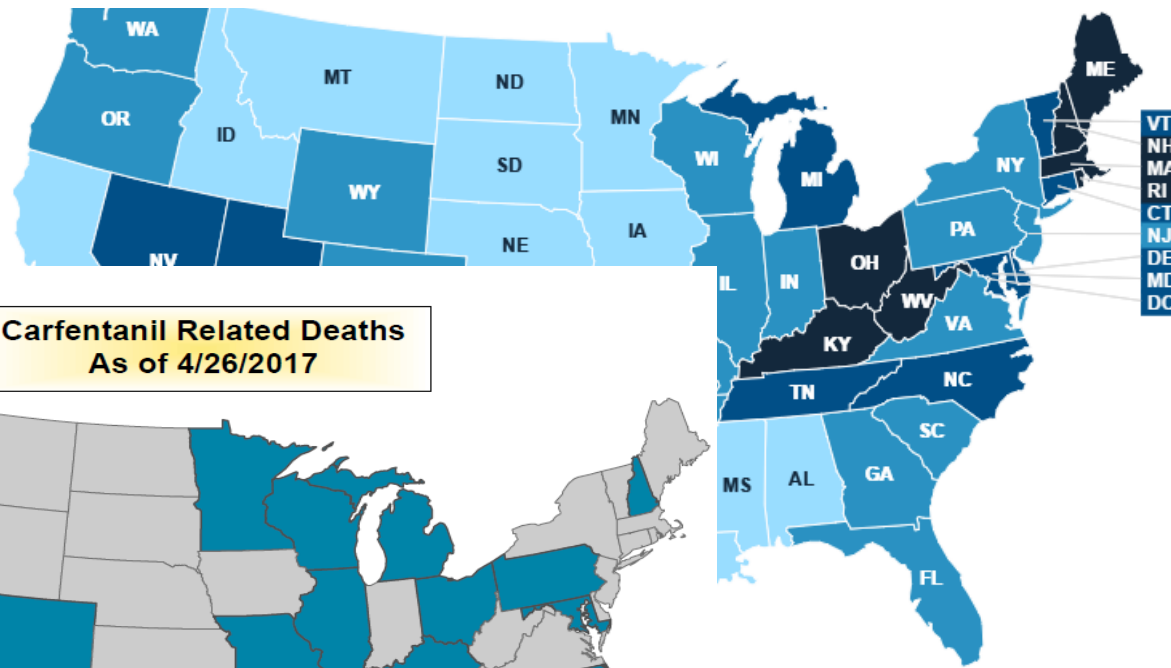
Objectives

- Understand the opiate crisis as it affects women, pregnancy, and young children
- Identify barriers to treatment and care for pregnant women, and mutually developed strategies to overcome them
- Describe our current program and future goals

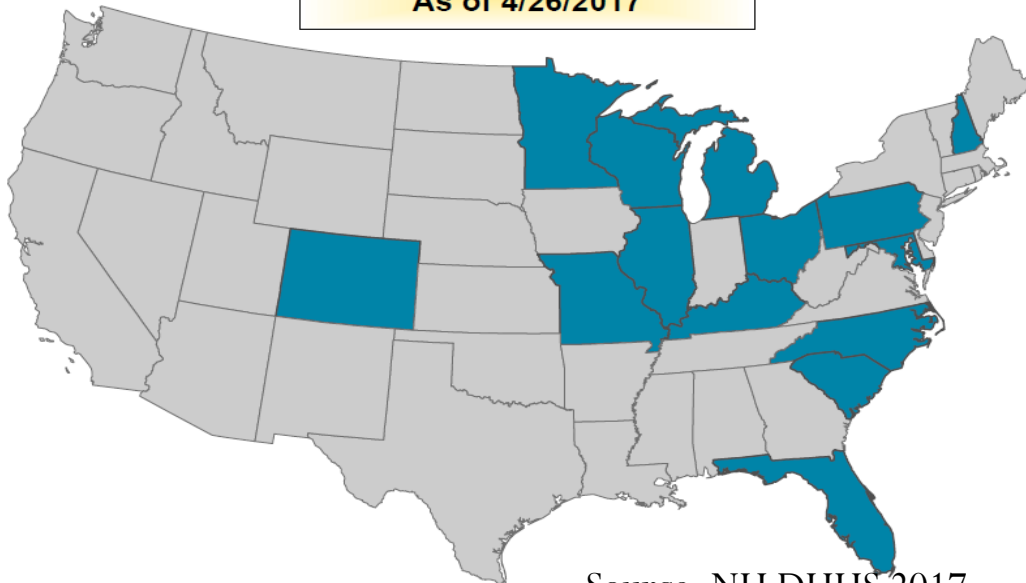


Northern New England in the Opioid Crisis

Overdose Deaths per 100,000 in 2015.



**Carfentanil Related Deaths
As of 4/26/2017**

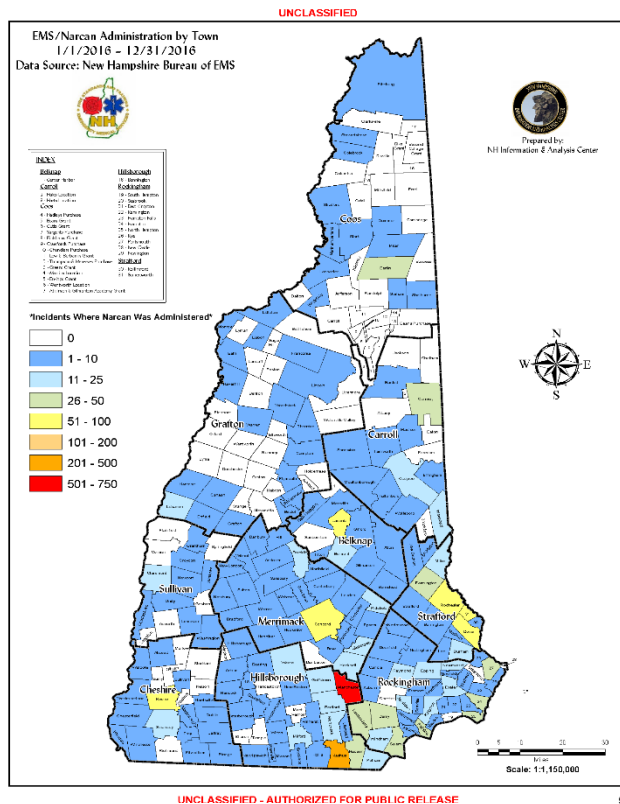


Source: NH DHHS 2017

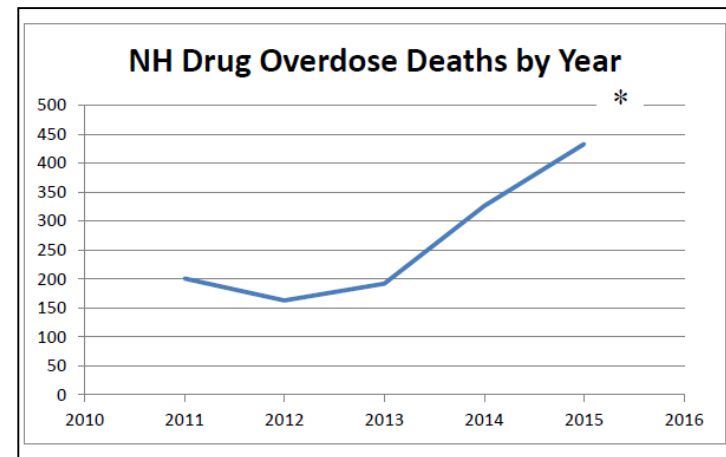
Source: Kaiser Family Foundation, 2017

Opioid Overdose in New Hampshire

- >40% of NH child welfare cases involve a custodial parent's substance use
- 21% of pregnancy associated deaths in NH from unintentional overdose
- 1/3 of drug overdoses in NH occur to women of childbearing age



Naloxone Administration
2016

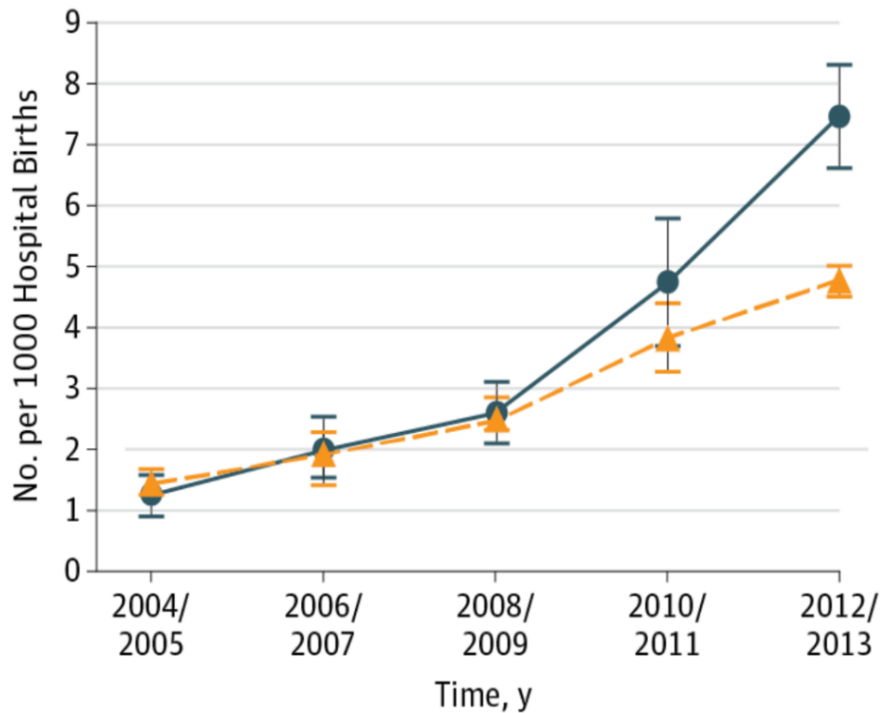


*projected

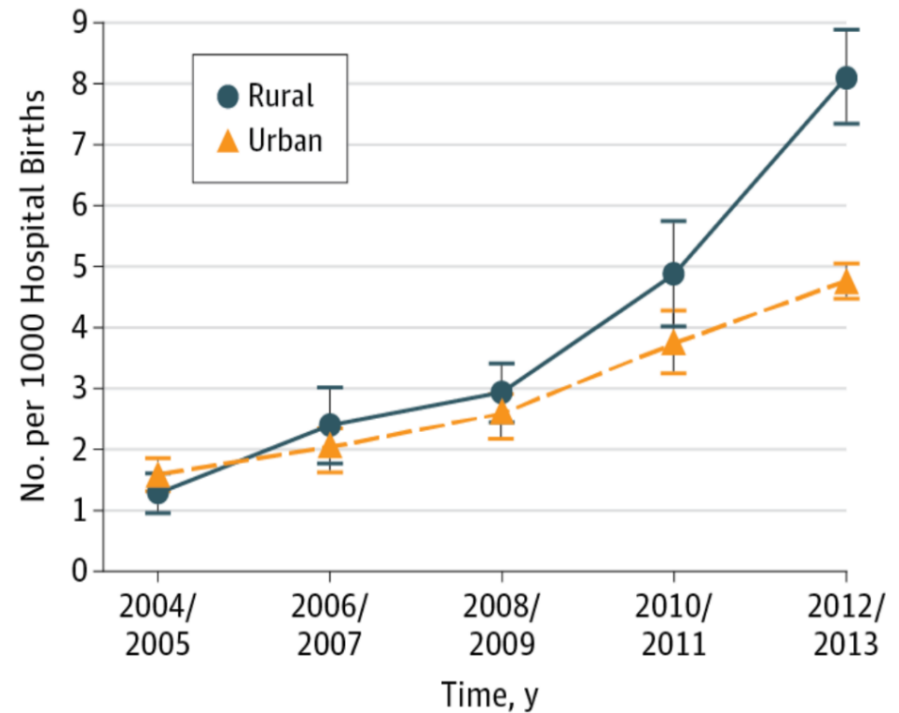
Source: NH Department of Health and Human Services, 2017

Rural and Urban Differences in Neonatal Abstinence Syndrome and Maternal Opioid Use, 2004 to 2013

A Neonatal abstinence syndrome



B Maternal opioid use



Vilapiano, et al. *JAMA Pediatrics* 2017;171;2:194-196.

Consequences of Untreated Substance Use Disorders for Mother and Baby

Mother

- Limited prenatal care
- Tobacco, alcohol, and other use disorders
- Infectious disease
- Pregnancy complications
- Untreated psychiatric needs
- Short inter-pregnancy interval
- Unemployment
- Overdose

Baby

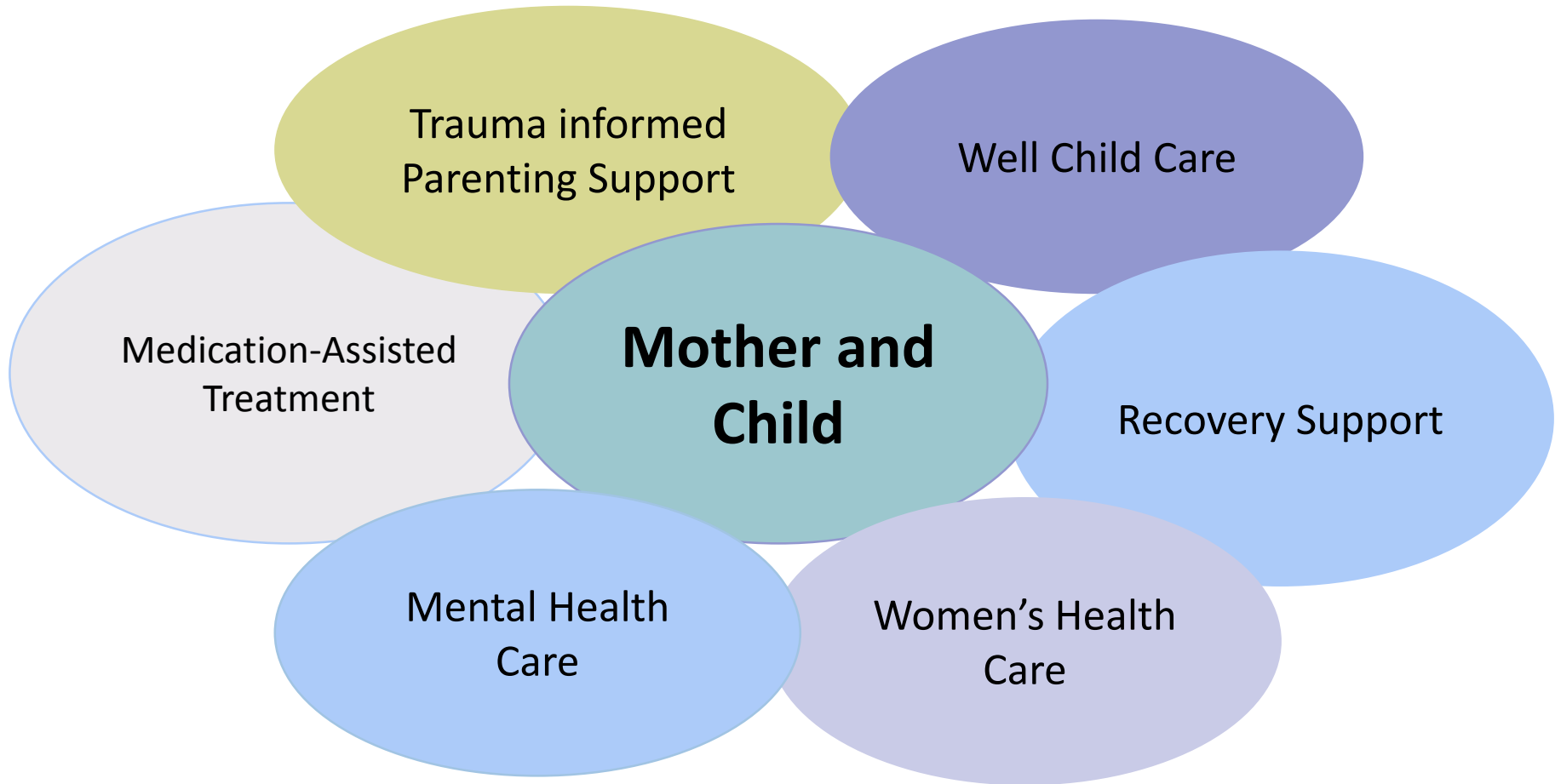
- Poor fetal growth
- Neonatal abstinence
- Developmental delays
- Adverse childhood events

Treatment can transform these outcomes

Why is Medication Assisted Treatment Important?

- Research strongly favors treatment retention over abstinence-based approaches
 - Reduces risk of morbidity and mortality
 - Methadone and buprenorphine both safe for use during pregnancy
 - Prevents relapse and allows women to concentrate on self-care and raising a family
 - Neonatal abstinence less severe with MAT than occurs with illicit use
 - 40+ year experience with Methadone
 - Buprenorphine equivalent in effectiveness, and decreases duration and severity of NAS

Treatment is much more than medication



A Precious Opportunity

“She [the baby] changed everything.”

“When I made my [first] appointment, I said ‘I’m pregnant, I’m an addict, will you take me?’ It was actually a huge relief”

(Goodman, Saunders, Wolff, manuscript in preparation)

Dartmouth-Hitchcock Perinatal Addiction Treatment Program



- Prior to the PATP, no pregnancy-specific outpatient substance use treatment existed in the D-H service area
- The program has since served as a regional model

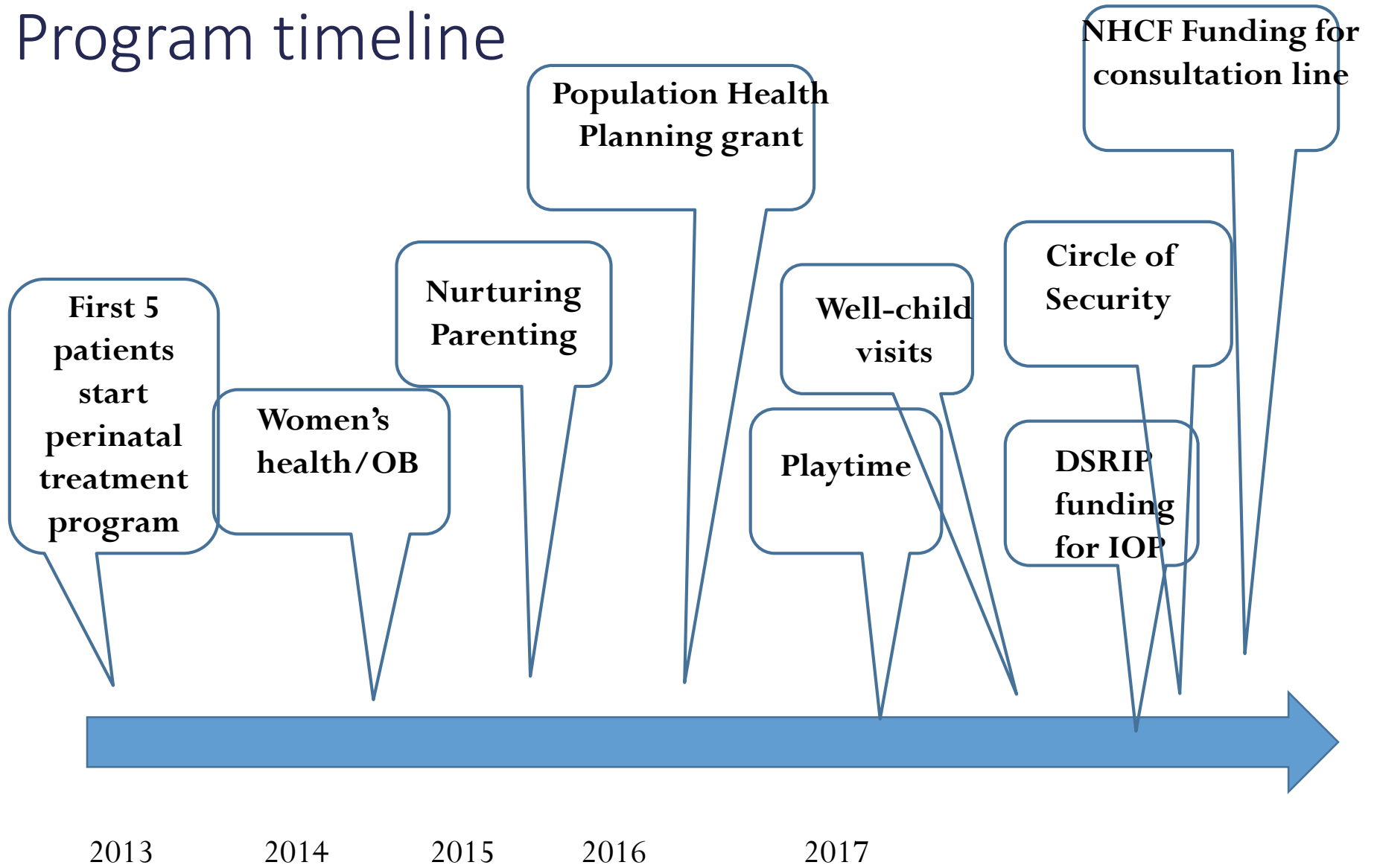
- Our affiliated network cares for over 30% of pregnancies in NH
- Rate of opioid-affected pregnancy ranges from 5-8% across our service line



Program Goals

- Increase access to substance use treatment and comprehensive behavioral health care for pregnant and parenting women
- Increase the number of parents in sustained recovery by providing access to needed supports, including early childhood intervention, housing, and other social supports
- Reverse the intergenerational nature of addiction and decrease adverse childhood experiences (ACEs)
- Improve outcomes for women with substance use disorders and their babies

Program timeline



Dartmouth-Hitchcock Perinatal Addiction Treatment Program

- Launched in 2013 to address an urgent need for treatment access among pregnant patients
- Rapidly expanded to meet patient needs
- In 2017, integrated care model provides
 - Medication Assisted Treatment with Buprenorphine
 - Psychiatric evaluation and treatment
 - Maternity and well-women care
 - Well-child care
 - Case management
 - Social supports
 - Parenting education
 - Linkage to primary and specialty care



A Typical Treatment Program Day

Time	Program Activities
8:30-9:30	Program meeting and plan for the day
9:30-10:00	Women arrive-urine drug screens performed at every visit -nutritious snacks available
10:00-11:00	Group treatment for pregnant women -addiction treatment, psychoeducation, health education
11:00-12:30	Individual visits –MAT, individual therapy, case management, prenatal care and well child care
12:30-1:30	Group treatment for postpartum women -parenting education, relapse prevention -”Nurturing Parenting” and “Circle of Security” -“Play Time” for children
1:30-2:30	Individual visits- prescriptions provided at exit from the clinic -food shelf, diaper bank and donated items available as needed
2:30-3:15	Team meeting and debrief

Focus on Parenting

Substance use disorders in women are strongly associated with prior adverse childhood experiences

Nurturing Parenting Program

- 18-week curriculum helps women develop confidence and skills as parents
- Evidence based
- Endorsed by SAMHSA

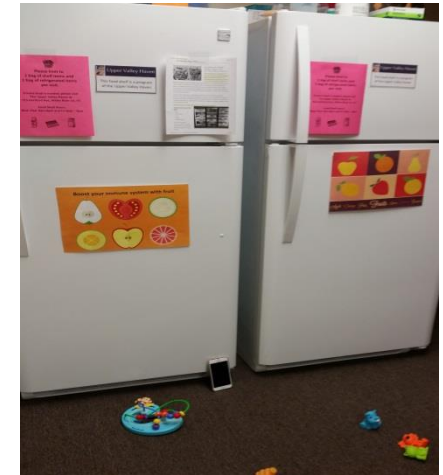
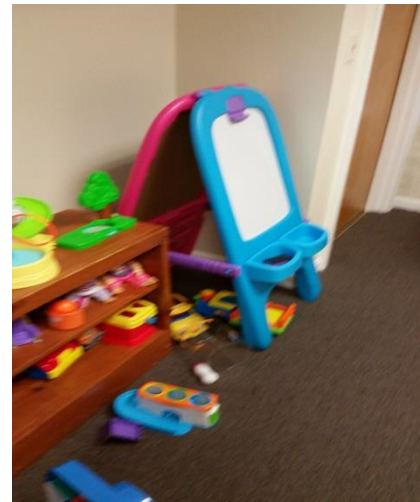
Circle of Security

- Early intervention model to increase attachment and security
- 8 sessions to improve parenting reflection and sensitivity
- Increases secure attachment



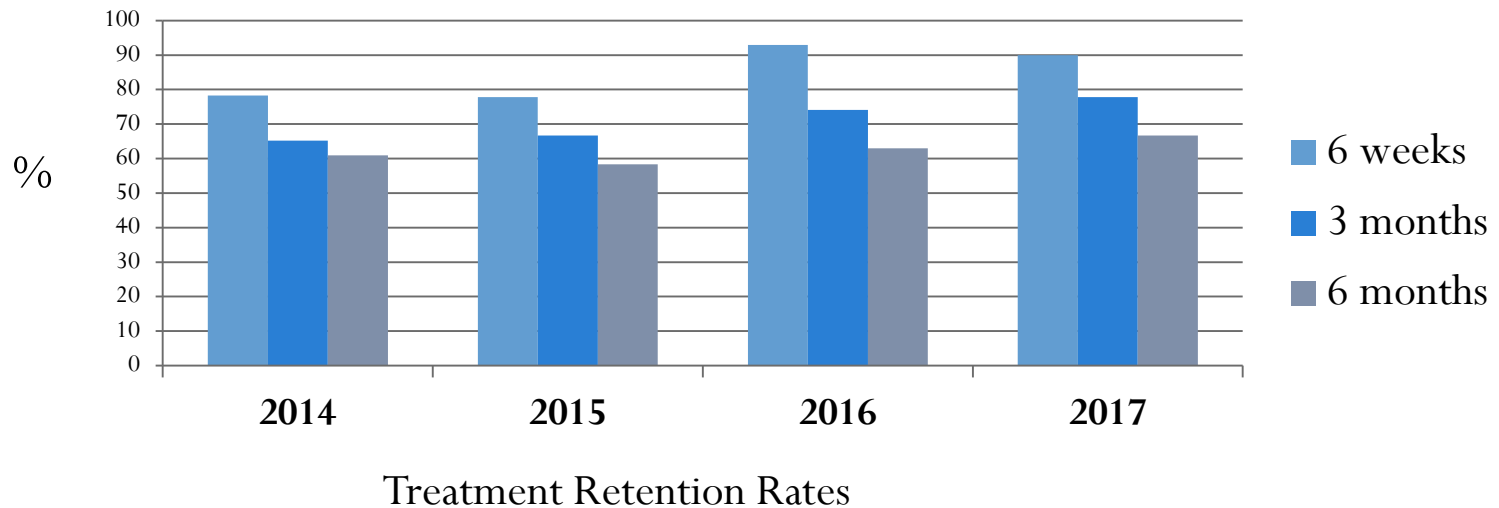
Additional Supports

- Food pantry in partnership with the Upper Valley Haven
- “Grab and go” nutritious snacks
- Diaper bank provided by the Women’s Health Resource Center (WHRC)
- Clothing swap
- Playtime program in collaboration with CHaD
- Lending library donated by WHRC
- Collaboration with Twin Pines for four supported housing units
- Dental Program



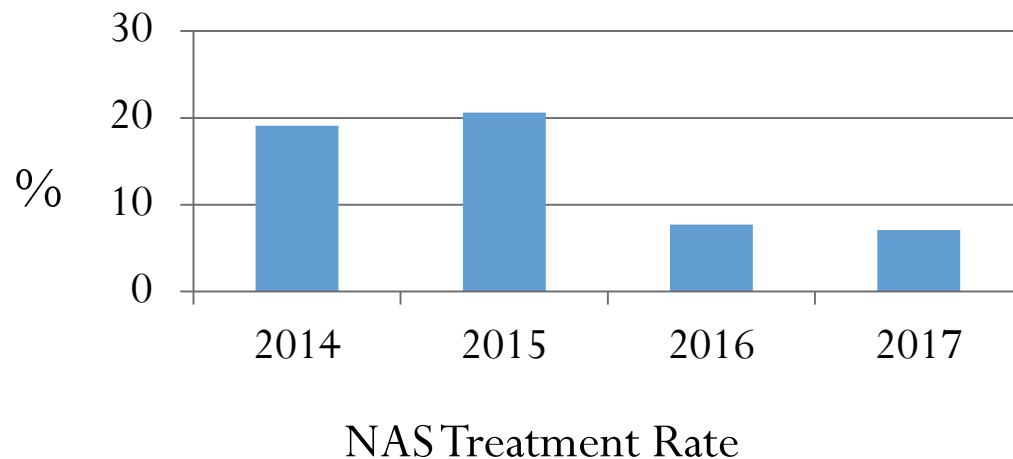
Program Outcomes for Mother

- Participants receive recommended number of prenatal visits
- Term delivery: average > 38 weeks
- Postpartum treatment retention
 - 93% remain in PATP at 6 weeks postpartum
 - 74% at 3 months postpartum
 - 63% at 6 months postpartum



Program Outcomes for Baby

- Mean birth weight in normal range
- > 70% initiate breastfeeding
- Low neonatal abstinence syndrome (NAS) treatment rate
- 3 day reduction in length of stay for neonates requiring treatment compared to 2012



Nurturing Parenting

“I talk to my son differently now. I explain things instead of responding harshly. I try to validate his emotions, which is something I didn’t used to do.”

“I learned that I need to have a calm voice because my baby feeds off of my energy”

“I realized that I need to take care of myself first and now that I like and feel more comfortable with myself, I can take better care of my baby.”

“To know that I was not alone and that there were other people out there going through what I was.”



-Nurturing Parenting program evaluation

Lessons Learned from our Patients

- Women want to engage in care
- Adverse childhood experiences and other traumatic events are prime factors in initiating drug use.
- Mental health services are an essential part of treatment
- Women lack basic resources for themselves and their children
- The more services we can provide on-site, the better



Education

Academic Mission

- Regular part of Obstetrics rotation for third year Geisel students
- Perinatal substance use curriculum introduced in Ob/Gyn residency program
- Psychiatry residency and fellowship
- Social work internships
- TDI –MPH internships

Supporting our regional colleagues

- Frequent consultation with external sites developing co-located MAT programs for pregnant women
- Dissemination of best practice recommendations

It Takes a Village: Our Partnerships

- Upper Valley Haven: Food shelf, dental care
- Twin Pines: housing
- Women's Health Resource Center: Diaper bank, clothing, baby supplies
- DH Volunteer Services: Playtime
- Parent-Child Centers: collaboration for child services
- WISE (domestic violence and sexual assault prevention)
- Home Visiting programs
- Recovery Coach Network
- The Boyle Community Pediatrics Program: Nurturing Parenting Program/Circle of Security,
- The Children's Hospital at Dartmouth: Integration with Child Health
- Northern New England Perinatal Quality Improvement Network (NNEPQIN)

Program Development and Sustainability

- We are strongly committed to building a sustainable, evidence-based program which meets the complex needs of the women and families we care for
- Program expansion would have been impossible without support for program elements not covered by the current Medicaid payment structure
- Program outcomes demonstrate the value added by enhanced services

Next steps

- January, 2018: launch of Intensive Outpatient Program, funded by DSRIP Region 1
- Spring, 2018: statewide provider-to-provider consultation line for perinatal substance use disorders, funded by New Hampshire Charitable Foundation



For more information about the
Dartmouth-Hitchcock Perinatal Addiction Treatment Program:

Julia Frew, MD

julia.r.frew@hitchcock.org

Daisy Goodman, DNP, MPH, CNM

daisy.j.goodman@hitchcock.org



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