

JOIN THE
MOVEMENT

WELCOME

**St. Clair County
Health Care Commission**

**+ HEALTH
SUMMIT
2019**

Thursday, March 28, 2019

Maternal & Child Health Work Group

Substance Abuse in Pregnancy

Making Impact & Improving Outcomes

Goals of our Work Group

- Improve birth outcomes
- Reduce infant mortality

What we are working on

- Increasing awareness
- Identifying resources

Our Contribution to Healthier Together

- Advocating for resources
- Standardizing messages
- Promoting evidenced based practices

FACILITATORS:

Cynthia Price, MPH; SIHF
Healthcare
Healthy Start Program

Donna Stephens, DNP, RNC-OB
Director, Family Care Birthing Centers
Belleville Memorial Hospital &
Memorial East

Substance Abuse in Pregnancy

Making Impact & Improving Outcomes

Today's Objectives

- Provide overview of infant mortality in St. Clair County
- Identify contributing factors to substance abuse epidemic
- Understand benefits of early identification of pregnant substance users
- Discuss impact of neonatal abstinence syndrome (NAS)
- Identify ways to reduce stigma associated with substance abuse in pregnancy
- Recognize available resources in the community

Infant Mortality

- Death of an infant before his or her first birthday
- Infant mortality rate is the number of infant deaths for every 1,000 live births



Celebrate Day 366

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>

Infant Mortality

Leading Causes

- Birth defects
- Preterm birth
- Low birth weight
- Sudden Unexpected Infant Death (SUID) includes
 - Sudden infant death syndrome (SIDS)
 - Accidental injury (includes sleep related suffocation)
- Maternal pregnancy complications

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>

Infant Mortality

- In 2016, the infant mortality rate in the United States was 5.9
- For Illinois, the rate was 6.4
- For St. Clair County the rate was **9.3**



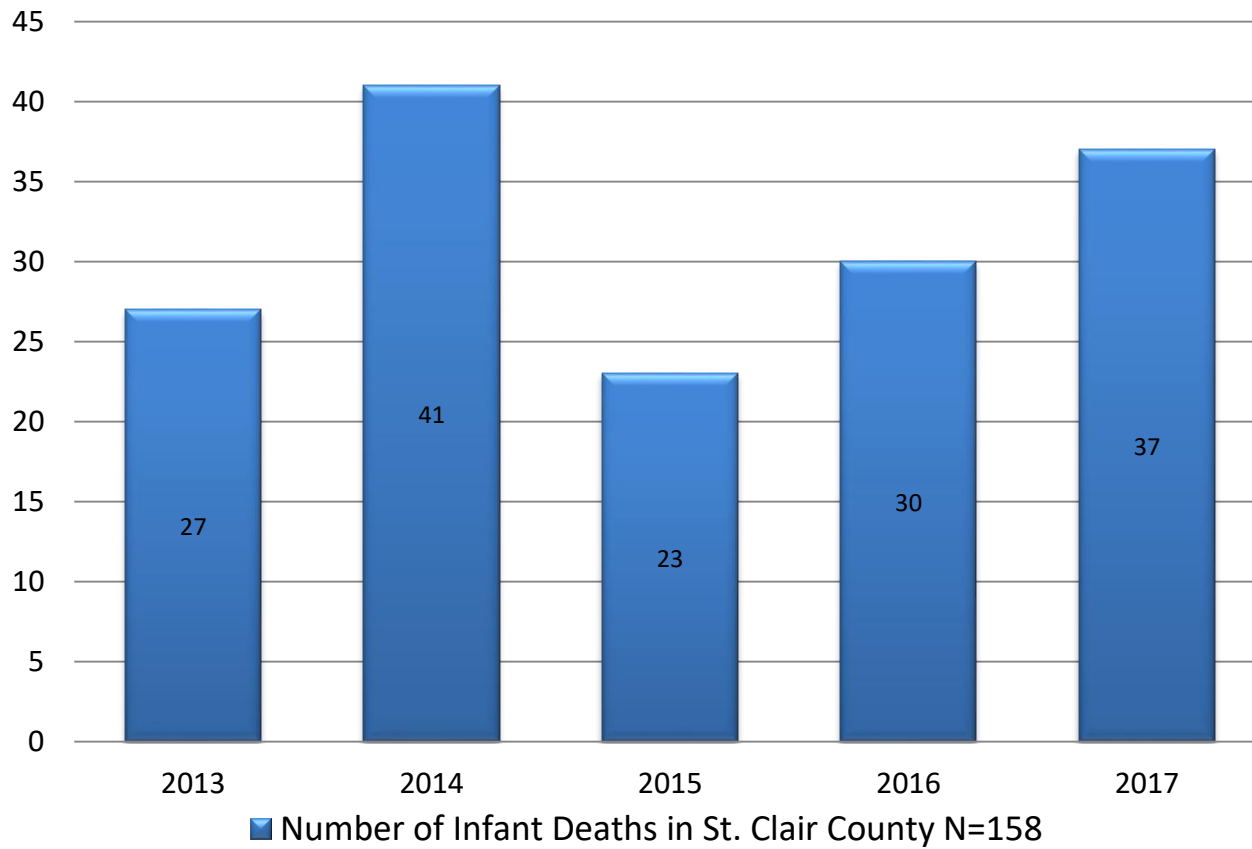
<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>

<http://www.dph.illinois.gov/sites/default/files/publications/IMR-County-2015-2016-032118.pdf>

CDC Wonder IMR Statistics for St. Clair County, IL

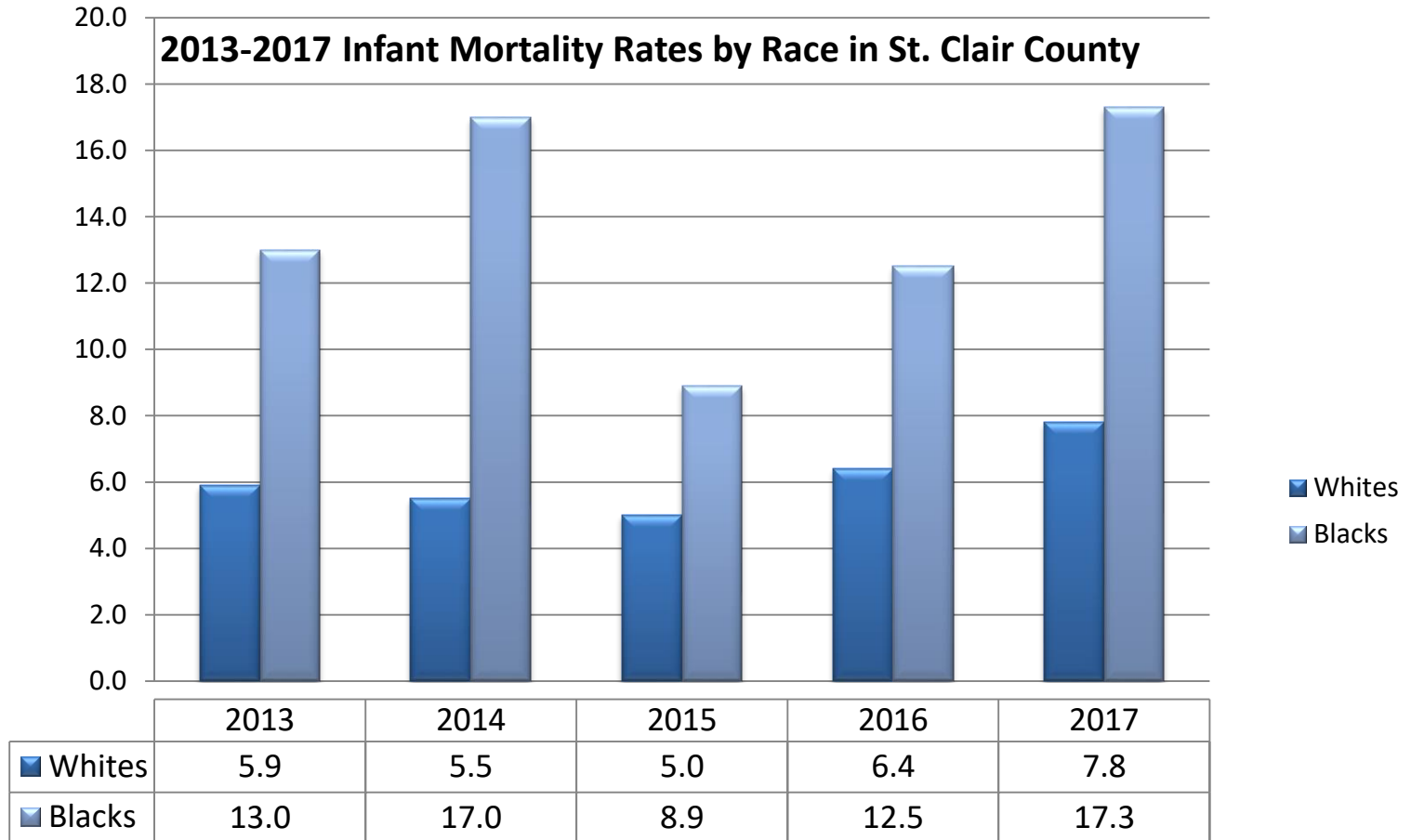
St. Clair County Infant Mortality

Number of Infant Deaths in St. Clair County 2013-2017

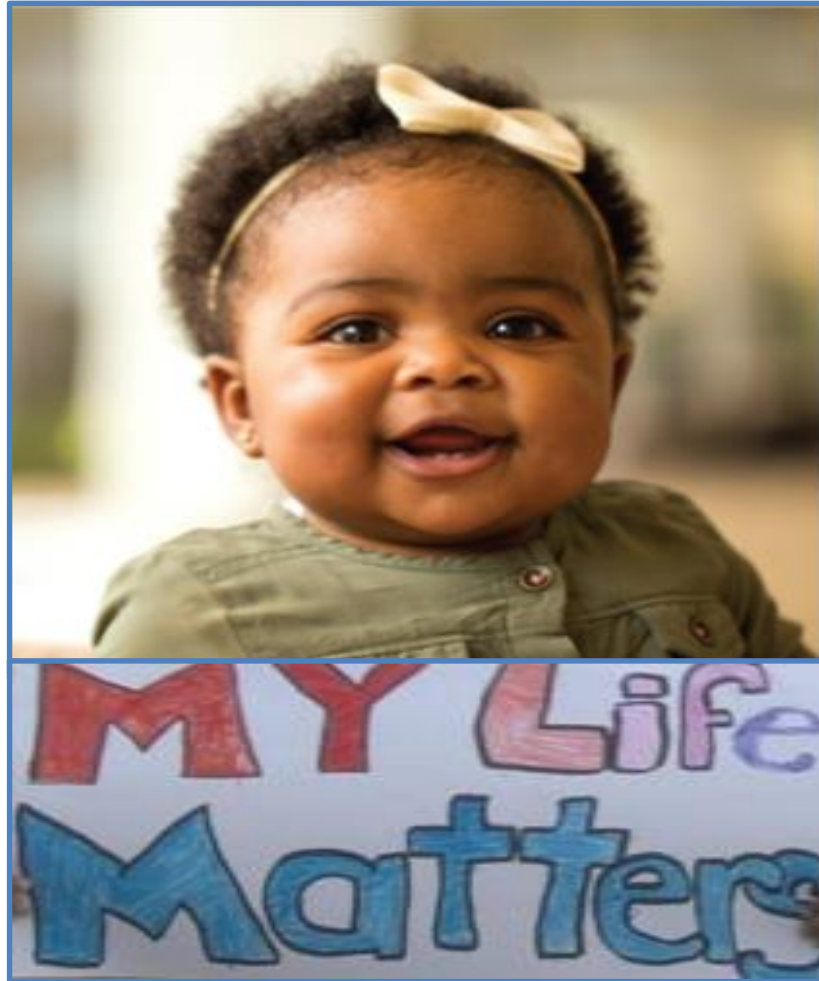


CDC Wonder IM Statistics for St. Clair County, IL

St. Clair County Infant Mortality



CDC Wonder IMR Statistics for St. Clair County, IL



Substance Abuse in Pregnancy

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My Story.... My Inspiration

FACILITATOR:

Donna Stephens, DNP,
RNC-OB; Director,
Family Care Birthing Center,
Belleville Memorial Hospital
and Memorial Hospital East



Substance Abuse in Pregnancy

Making Impact & Improving Outcomes

Problem

- Approximately 4.4% of ***pregnant women*** in the United States abuse one or more substances during pregnancy
- Lack of ***universal screening***, have relied on self-reporting in the past
- Lack of resources and treatment options for pregnant substance abusers
- Increased incidence of **Neonatal Abstinence Syndrome (NAS)**
(McQueen, Murphy-Oikonen & Desaulniers, 2015)

Substance Abuse in Pregnancy

Making Impact & Improving Outcomes

- Substance abuse has reached epidemic proportions
- The most **vulnerable victims** of this epidemic are the babies born to substance abusing mothers
- The rate of substance abuse in pregnancy is a conservative number at best with under-reporting likely
- This is not a new problem but an expanding problem

Substance Abuse in Pregnancy

Making Impact & Improving Outcomes

Contributing Factors

- Increase in non-medical use of prescription narcotics, surpassing illicit drug use
- Medicaid data from 1.1 million pregnant women revealed 21.6% filled an opioid prescription during pregnancy
- Female respondents aged 18 to 44 years reported an increasing prevalence of nonmedical opioid use in the National Survey of Drug Use and Health (NSDUH)

(Smith, Costello & Yonkers, 2014; Desai, Hernandez-Diaz, Bateman, & Huybrechts, 2014; Jarlenski et al., 2017)

Substance Abuse in Pregnancy

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Screening, Early Identification

- ***Prenatal screening*** improves identification of substance abusers and initiation of treatment ***reduces morbidity and mortality*** for mothers and newborns
- ***Self-reporting*** of drug use is an ineffective means of establishing accuracy in reporting and leads to under-reporting of illicit drug use
(CDC, 2015; Chasnoff et al., 2007; Garg et al., 2016; Wright et al., 2016; Ondersma et al., 2012)

Substance Abuse in Pregnancy

Making an Impact & Improving Outcomes

- Pregnant substance abusers ***are less likely*** to receive prenatal care
- Incomplete disclosure of substance use makes it difficult to identify women at risk
- ***Evidence based screening***, using validated screening tools, allows for preliminary screening and follow up by the provider
- Proper education regarding available resources and referral to treatment improves compliance and success in reducing use of illicit substances (*Roberts & Pies, 2011; Wright et al., 2016*)

Substance Abuse in Pregnancy

Making an Impact & Improving Outcomes

- Implement a validated screening tool to be used with pregnant women for an effective assessment of substance use
- Early identification of pregnant substance users
- Provide resource information and education to women screening positive

Substance Abuse in Pregnancy

Making an Impact & Improving Outcomes

The 5Ps Prenatal Substance Abuse Screen For Alcohol and Drugs

The 5Ps* is an effective tool of engagement for use with pregnant women who may use alcohol or drugs. This screening tool poses questions related to substance use by women's *parents, peers, partner*, during her *pregnancy* and in her *past*. These are non-confrontational questions that elicit genuine responses which can be useful in evaluating the need for a more complete assessment and possible treatment for substance abuse.

- Advise the client responses are confidential.
- A *single "YES"* to any of these questions indicates further assessment is needed.

1. Did any of your *Parents* have problems with alcohol or drug use?
 No Yes
2. Do any of your friends (*Peers*) have problems with alcohol or drug use?
 No Yes
3. Does your *Partner* have a problem with alcohol or drug use?
 No Yes
4. Before you were pregnant did you have problems with alcohol or drug use? (*Past*)
 No Yes
5. In the past month, did you drink beer, wine or liquor, or use other drugs? (*Pregnancy*)
 No Yes

Substance Abuse in Pregnancy

Making an Impact & Improving Outcomes

Substance Use Screener Follow-Up Questions

Women who screen high risk for substance use should be assessed for opioid use

1. *Have you used any opioids, narcotics or pain medications in the last year? Were they prescribed or unprescribed? Have you used any other drugs or unprescribed medications in the last year?*
2. *Patients with positive answers who have used unprescribed opioids in pregnancy or on prescribed opioids for longer than a month need the referral protocol to link them to services and MAT if indicated.*

Substance Abuse in Pregnancy

Making an Impact & Improving Outcomes

- Facilitate referral for medication assisted treatment during pregnancy
- Follow up assessment to determine utilization of resources and level of change in substance use

Maternal & Child Health Work Group

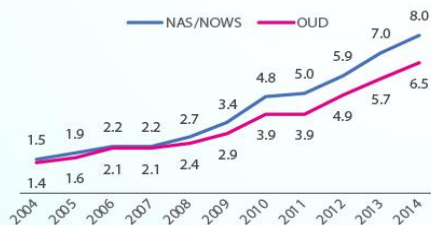
DRAMATIC INCREASES IN MATERNAL OPIOID USE DISORDER AND NEONATAL ABSTINENCE SYNDROME

Opioid use during pregnancy can result in a drug withdrawal syndrome in newborns called **neonatal abstinence syndrome**, or **neonatal opioid withdrawal syndrome (NAS/NOWS)**, which causes **costly** hospital stays. A recent analysis showed that an estimated **32,000** babies were born with this syndrome in the United States in 2014, a more than **5-fold increase** since 2004.



**EVERY ~ 15 MINUTES,
A BABY IS BORN SUFFERING
FROM OPIOID WITHDRAWAL.**

NAS/NOWS and Maternal Opioid Use Disorder on the Rise
Rates per 1,000 Hospital Births



Growing Hospital Costs for Treatment of NAS/NOWS
Inflation-Adjusted U.S. Dollars (millions)



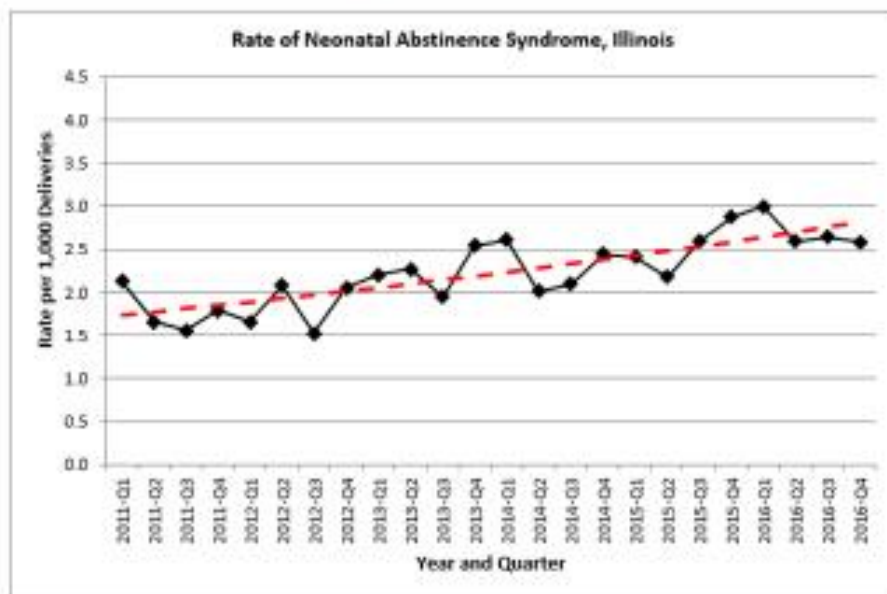
Honein et al. Pediatrics 2019, Winkelman et al. Pediatrics 2018, Haight et al. MMWR 2018.



DRUGABUSE.GOV

Neonatal Abstinence Syndrome in Illinois

Increase in Neonatal Abstinence Syndrome



Average increase was 2.1% per quarter over the full time period. (p<0.001)

Goals of ILPQC MNO Initiative

- **Prevent opioid use disorder** (OUD) through a systems-based approach to reduce the number of opioids prescribed for routine deliveries, increase documentation of PMP look up by providers prior to prescribing opioids, as well as provide education on OUD prevention and stigma reduction.
- **Increase validated screening and linkage to MAT for mothers with opioid use disorder** through implementation of validated screening tools in inpatient and outpatient settings, utilization of available local resources to link women to MAT and needed support services, as well as protocols for management of women who screen positive
- **Optimize care for mothers and newborns affected by opioids**

**Substance Abuse in Pregnancy –
Making an Impact & Improving Outcomes**

It takes a TEAM



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Maternal & Child Health Work Group

Substance Abuse in Pregnancy ***Making an Impact & Improving Outcomes***

FACILITATOR:

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Care Birthing Center,
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Healthier Together – 25 by 2025

A Collective Impact Approach

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THANK YOU

MCH Work Group Members

- Cynthia Price, SIHF Healthy Start
- Donna Stephens, BJC Memorial Hospital
- Kathy Federico, Jack Schmitt Auto
- Kathy Weisenstein, St. Clair Count Health Department
- Paula Brodie, SIHF Healthy Start
- Robin Hannon, St. Clair County Health Department

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THANK YOU

MCH Programs & Partners

Case Management Programs

Better Birth Outcomes

Healthy Start

WIC

Home Visiting Programs

Providing a Sure Start (PASS)

Parenting for Success

Stronger Beginnings for Families

Others

East Side Health District

Memorial Hospital

SIHF Healthcare

SSM Health Cardinal Glennon Children's Hospital

St. Clair County Health Department

St. Elizabeth's Hospital

Touchette Regional Hospital

Kohl's Cares

WellCare Health Plans, Inc.