WELCOME!

Agenda:

- Didactic presentation by Amelia Wendt. MD
- Case presentation by Erin Frederickson, MD
- **A few reminders:**
- Patient privacy - to help Project ECHO protect patient privacy, please only display or say information that doesn't identify a patient or that cannot be linked to a patient.
- Attendance - In the chat box, please enter your first name, last name, credentials, and state you practice in.
- Technical difficulties? Message Yesenia Navarro-Aguirre in the zoom chat or email mcmh@uw.edu.
- We record the didactic portion of the sessions
- Presenter's slides will be on our website https://www.mcmh.uw.edu/map-echo-didactic-slides

Perinatal SUD – Impacts and Treatment

Amelia Wendt, MD

Women's Mental Health Fellow

University of Washington

Feb 1, 2023

Didactic Speaker Disclosures

No conflicts of interest to declare.

Learning Objectives

- Describe known risks of substance use disorders (SUDs) in the perinatal period (focusing on most common substances)
- Understand possible medication treatment options for different perinatal SUDs
- Identify resources for learning further about perinatal SUDs

Check In

- In your practice, what have types of medication treatments have you used or seen prescribed for perinatal patients with SUDs?
- When you think about possible SUD impacts during pregnancy and postpartum on the fetus/baby, what comes to mind?

Substance Use Disorders

- Many first line treatments and important aspects of treatment include **non-pharmacologic strategies**…
  - Motivational interviewing
  - Screening, brief intervention, referral to treatment
  - Evidenced based psychotherapies
  - Contingency management
  - Social support, group therapy, AA, etc.
- There continues to be **stigma** and **discrimination** towards our patients with SUDs.
- **Trauma-informed care** is an important aspect of this work.
- Will not be focusing on these aspects, as they are discussed in other lectures in this series.

Risk Factors for Substance Use in Pregnancy

- Unplanned pregnancy
- Younger age (<25)
- Living in a household at or below poverty level
- Comorbid psychiatric disorders
- Trauma history
- Family history of substance use disorders

Cook et al 2017

Pregnancy and Postpartum

- Many people stop or decrease substance use during pregnancy, but postpartum have a high risk for return to use/relapse.
- Rates of abstinence in pregnancy:
  - 96% for heavy alcohol use
  - 78% for cannabis use
  - 73% for cocaine use
  - 32% for cigarette use
- Rates of relapse at 3 months postpartum:
  - 58% for cigarette use
  - 51% for alcohol
  - 41% for cannabis
  - 27% for cocaine

Forray et al 2015

Substance Use Disorders Medication Treatment

- There is **limited or incomplete data** for most of the medication treatments for substance use disorders in the perinatal populations.
- In many of the studies that inform our knowledge on safety there are **multiple confounding variables** – e.g. ongoing substance use, multiple medication exposures, other differences between the study and control population (e.g psychosocial factors – SES, food security, housing stability, IPV, decreased engagement in prenatal care…)

Substance Use Disorders Medication Treatment

- We do have data on negative outcomes for baby and parent for most substances with ongoing substance use during pregnancy and the postpartum period.
- Clinically, we see that **what has led to stability prior to the perinatal period** is often what leads to continued stability.
  - "What gets you well, often keeps you well."
  - This is a helpful guiding principle when prescribing medications in perinatal period and **weighing known and unknown risks of medication vs ongoing substance use.**

Alcohol – Risks in Pregnancy

- Pregnancy risks
  - Miscarriage
  - Stillbirth/infant mortality
  - Congenital anomalies
  - Low birth weight
  - Preterm delivery
  - SGA
- Fetal alcohol spectrum disorders – range of presentations ranging in severity
  - Adverse neurodevelopmental outcomes
  - Cognitive and behavioral challenges
  - Adverse speech and language outcomes
  - Executive functioning deficits
  - Psychosocial consequences in adulthood

Forray 2016

Alcohol – Medication Treatments

- Naltrexone
- Gabapentin
- Acamprosate
- Disulfram

Alcohol – Medication Treatments

- Naltrexone
  - Not expected to increase risk of congenital malformations.
  - Have a plan for pain management w/L&D and anesthesia.
  - Breastfeeding: Passed minimally into breastmilk. Considered compatible.
- Gabapentin
  - No increased risk of major malformations, may increase risk of cardiac malformations (RR 1.4). Associated with preterm labor, small for gestational age, and NICU admissions.
  - Breastfeeding: Does pass into breastmilk in low levels, no adverse events reported.

Reprotox, LactMed

Alcohol – Medication Treatments

- Acamprosate
  - Mainly animal data
  - Limited human data, confounded by alcohol use and other substance use.
  - Not first line treatment due to limited data.
  - Breastfeeding: No clinical information. Likely passes into breastmilk, though systemic effects in an infant are unlikely due to low oral bioavailability.
- Disulfram (Antabuse)
  - Mainly animal data
  - Limited human data – some small studies showing possible increased risk of malformations
  - Not recommended as first line treatment due to limited data.
  - Breastfeeding: No clinical information. Would recommend consideration of an alternate medication.

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Opioids – Risks in Pregnancy

Risks to Pregnant Person

- Overdose
- Less likely to receive appropriate prenatal care
- Infection
- Mood and psychotic symptoms (substance-induced or worsening of comorbid underlying illness)
- Unintended pregnancies
- Abuse/other trauma
- Legal consequences

Risks to Baby

- Intrauterine fetal demise/stillbirth
- Preterm labor
- Low birth weight
- Neonatal opioid withdrawal syndrome
- Neonatal respiratory depression and meconium aspiration
- Longer hospitalization after birth
- Higher chance of re hospitalization within 30 days of birth

CDC: Opioid Use In Pregnancy
Lind et al 2017

Opioids – Medication Treatment

- Standard of care for OUD is treatment with MAT.
  - Pharmacotherapy with an opioid agonist is recommended over medically-supervised withdrawal.
- Buprenorphine
- Methadone
- Naltrexone

Opioids – Medication Treatment

- Buprenorphine
  - Does not appear to increase the risk of congenital malformations or the risk of miscarriage.
  - Risk of Neonatal Opioid Withdrawal Syndrome (NOWS)
    - Risk and length < Methadone
  - Limited long term research, but reassuring in general for neurodevelopmental outcomes
  - Increasing evidence for the safety of the combination product buprenorphine-naloxone (Suboxone) during pregnancy.
  - Breastfeeding: Excreted into the breastmilk in low amounts. Encouraged in a patient who is stable on opioid agonist therapy, is not using illicit drugs, and has no other contraindications.
  - Access/Prescribing: Office based, fewer barriers, titration is rapid, few drug interactions, risk of precipitated withdrawal and must be in withdrawal to start

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Opioids – Medication Treatment

- Methadone
  - Does not appear to increase the risk of congenital malformations or the risk of miscarriage.
  - Risk of NOWS
  - Breastfeeding: Methadone is excreted in the breast milk in low amounts. Encouraged in women who received methadone maintenance during pregnancy and are stable, unless there is another contraindication.
  - Access/Prescribing: Methadone clinic barriers (but may have more support, case management), slow titration, overdose risk, more drug interactions, no precipitated withdrawal

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Opioids – Medication Treatment

- Naltrexone
  - Not expected to increase risk of congenital malformations.
  - Have a plan for pain management w/L&D and anesthesia.
  - Breastfeeding: Passed minimally into breastmilk. Consider compatible.
  - Access/Prescribing: Office based
  - Medically supervised detox NOT recommended for initiation

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Cannabis – Risks in Pregnancy

- Perception of “natural” and “safe”
- Cannabis crosses the placenta and is also found in breastmilk
- Data is mixed, not conclusive
  - Has not been consistently shown to increase the risk of congenital anomalies
  - Associated with low birth weight, preterm labor, smallness for gestational age, and admission to the NICU
  - Decreased attentiveness in children and executive functioning in older children and adults have been reported.

Cannabis – Medication Treatment

- No FDA approved treatments for Cannabis use disorder.
- Some options include:
  - Gabapentin
  - Naltrexone
  - Medications for withdrawal management: mirtazapine, quetiapine, sleep aids, etc.
  - Treat comorbid conditions (e.g. anxiety, insomnia, depression, nausea/low appetite – collaborate with OB team)

Methamphetamine – Risks in Pregnancy

Risks to Pregnant Person

- Associated with:
  - Preeclampsia
  - Preterm delivery
  - Gestational HTN
  - Maternal death
  - Placental abruption

Risks to Baby

- Associated with:
  - Intrauterine fetal death
  - Infant death
  - Admission to NICU
  - Behavioral and attentional problems, anxiety/depression, externalizing behaviors
- Possible amphetamine withdrawal or toxicity at birth
  - Jitteriness, drowsiness, and respiratory distress

Reprotox

Methamphetamines – Medication Treatment

- No FDA approved treatments for methamphetamine use disorder.
- Some options include:
  - Treating comorbid conditions
  - Treating withdrawal symptoms
  - Mirtazapine
  - Bupropion
  - Naltrexone

Take Home Points

- Medications for various substance use disorders in the perinatal period are in important aspect of treatment.
- While there is often limited and confounded data for many of the medication treatments, increasingly the data is in general reassuring during the perinatal period.
- As clinicians, we can support our patients in **weighing known and unknown risks of medication vs ongoing substance use.**
- In addition to medications -- Maximize nonpharmacologic strategies when working with your perinatal patients with SUD – therapy, case management, social support, housing and food security, etc.

Resources

- UW Perinatal Psychiatry Consultation Line (Perinatal PCL)
  - **WEEKDAYS 9:00 – 5:00PM | 877-725-4666 (PAL4MOM) | PPCL@UW.EDU**
  - Who can call? Any provider who cares for pregnant/postpartum patients
  - What kind of questions? Any behavioral health-related questions for patients who are pregnant, in the first year postpartum, or who have pregnancy-related complications (e.g. pregnancy loss, infertility). Topics may include:
  - Depression, anxiety, other psychiatric disorders (e.g., bipolar disorder, post-traumatic stress disorder), substance use disorders, or co-occurring disorders
  - Pregnancy loss, complications, or difficult life events
  - Weighing risks and benefits of psychiatric medication, non-medication treatments
  - Local resources & referrals
  - Staffed by UW perinatal psychiatrists
  - Learn more https://www.mcmh.uw.edu/ppcl
  - Perinatal Mental Health Care Guide: https://www.mcmh.uw.edu/care-guide

Resources

- MGH Center for Women's Mental Health (https://womensmentalhealth.org/)
- SAMHSA Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants
- Washington State Hospital Association Perinatal Substance Use Disorder Learning Collaborative
  - https://www.wsha.org/perinatal-substance-use-disorder-learning-collaborative/
- Mother To Baby (https://mothertobaby.org/)
- Swedish: Chemically Using Pregnant Women's Program; Swedish Addiction Recovery (https://www.swedish.org/services/addiction-recovery/treatment-for-pregnant-or-postpartum-women)

Wrap Up/Reflection

- What follow-up questions come to mind after this presentation?
- How might you apply some of the ideas/thoughts from this presentation?

References

- Cook JL, Green CR, de la Ronde S, Dell CA, Graves L, Ordean A, Ruiter J, Steeves M, Wong S. Epidemiology and Effects of Substance Use in Pregnancy. J Obstet Gynaecol Can. 2017 Oct;39(10):906-915.
- Forray A. Substance use during pregnancy. F1000Res. 2016;5:F1000 Faculty Rev-887. Published 2016 May 13. doi:10.12688/f1000research.7645.1
- Forray A, Merry B, Lin H, Ruger JP, Yonkers KA. Perinatal substance use: a prospective evaluation of abstinence and relapse. Drug Alcohol Depend. 2015 May 1;150:147-55. doi: 10.1016/j.drugalcdep.2015.02.027. Epub 2015 Mar 3. PMID: 25772437; PMCID: PMC4387084.
- Drugs and Lactation Database (LactMed®) [Internet]. Bethesda (MD): National Institute of Child Health and Human Development; 2006-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK501922/
- Lind JN, Interrante JD, Ailes EC, et al. Maternal Use of Opioids During Pregnancy and Congenital Malformations: A Systematic Review. Pediatrics. 2017;139(6): e20164131; DOI: https://doi.org/10.1542/peds.2016-4131
- Welcome to Reprotox. Reprotox. (n.d.). Retrieved January 23, 2023, from https://reprotox.org/

Case Presentation

Erin Frederickson

MD

Primary Care Provider

Case Presentation

- 32yo G1P0101, 7th month PP, 2nd gen Cambodian female, stably housed (living with parents)
- Dx and Current Rx: AUD - gabapentin 600mg BID, PPD - sertraline 100mg daily (intermittent, low adherence), GAD - hydroxyzine prn
- Pre-pregnancy
  - Severe AUD w/ withdrawal seizures and legal involvement
  - Multiple detox stays, inpatient treatment, remission for ~6 months prior to conception.
  - Suicidal Ideation, GAD & MDD w/ intermittent engagement in collaborative care (BHIP)
- Pregnancy
  - External home detention during first 6mo. Discontinued tobacco use in early 2nd trimester
  - Infrequent cannabis use, complications with perinatal anxiety and depression
- Postpartum
  - Delivered in 06/22 at 33w3d,
  - Naltrexone Rx postpartum
  - Referred to BHIP x2 counselors, perinatal psych clinic evaluation, Harborview MH & Addiction Services (discharged due to lack of engagement)
  - Recent PHQ-9 23
- Parenting challenges: overwhelmed, hopeless, guilt, passive SI. Initial difficulty breastfeeding, lack of confidence as parent. Recent CPS referral due to severe intoxication posing threat to child safety
- Systematic barriers: Transportation challenges, unable to work b/c of MH and childcare. S/p family leave and now on short-term disability
- Relationship issues: History of IPV with prior marriage (bidirectional, now divorced).

Case Discussion

- What additional resources or management strategies would you recommend? Particularly community resources

Participants, do you have any questions for the case presenter?

Breakout groups

- 8 minutes, then reconvene in the main room and report out
- In your group:
  - Select a person to report back to the main group
  - Consider the following questions:
    - ✓ What additional resources or management strategies would you recommend? Particularly community resources
    - ✓ General thoughts about this case?
    - ✓ Any further questions that you have for the case presenter?
    - ✓ Thoughts (strengths or concerns) about the birthing person, parent/baby interaction, and/or social determinants of health/cultural considerations?
    - ✓ Any thoughts about what you would do / recommend?

Announcements

- Please fill out our MAP ECHO satisfaction survey
- Link is posted in the chat! https://redcap.link/echofeedback