

Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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WPPNT Reminders

How to join the Zoom webinar

- **Online:** <https://dhs.wi.zoomgov.com/j/1606358142>
- **Phone:** 669-254-5252
- Enter the Webinar ID: 160 635 8142#. – Press # again to join. (There is no participant ID)

Reminders for participants

- Join online or by phone by 11 a.m. Central and wait for the host to start the webinar. Your camera and audio/microphone are disabled.
- Download or view the presentation materials. The evaluation survey opens at 11:59 a.m. the day of the presentation.
- Ask questions to the presenter(s) in the Zoom Q&A window. Each presenter will decide when to address questions. People who join by phone cannot ask questions.
- Use Zoom chat to communicate with the WPPNT coordinator or to share information related to the presentation.

- Participate live to earn continuing education hours (CEHs). Complete the evaluation survey within two weeks of the live presentation and confirmation of your CEH will be returned by email.
- A link to the video recording of the presentation is posted within four business days of the presentation.
- Presentation materials, evaluations, and video recordings are on the WPPNT webpage: <https://www.dhs.wisconsin.gov/wppnt/2023.htm>

Challenges that Face Postpartum People with SUD

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September 14, 2023

Objectives

- Attendees will demonstrate an understanding of the challenges that motherhood introduce to substance use treatment.
- Attendees will demonstrate a greater understanding of the challenges that substance use treatment introduce to motherhood.
- Attendees will demonstrate a knowledge of why extending care beyond delivery is so important.
- Attendees will question how they can contribute to improve the care of postpartum care for women with substance use disorder

Let's Start by Discussing Pregnancy & SUD

- 85% unplanned pregnancies
- Later onset of prenatal care, if at all
 - Some attempt to avoid identification to avoid stigma and legal consequences
 - Not all obstetricians screen for substance use
 - Not all obstetricians are comfortable in providing prenatal care
- Birth defects- not so much, except alcohol
- Complications
 - Premature labor
 - Intrauterine growth restriction (IUGR)

Addiction Care in Pregnancy

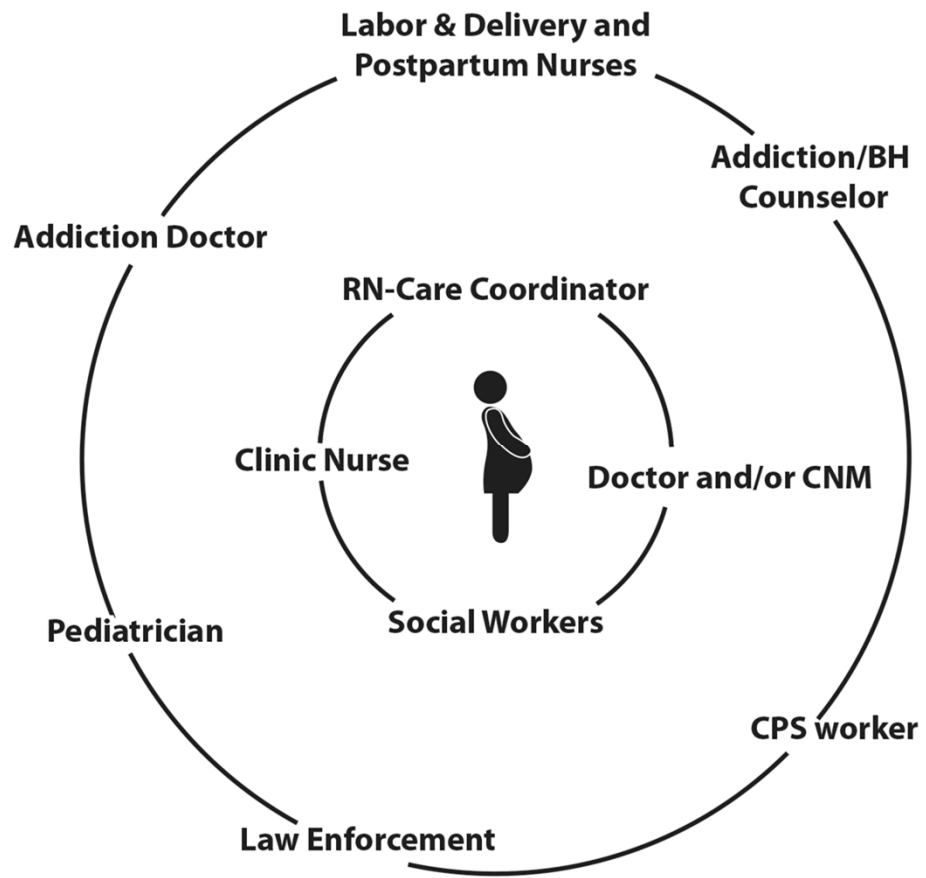
- Two-thirds of my patients were already in treatment when they became pregnant. Better outcomes
- Inconsistent Access for new patients
 - May be a priority in some cases
 - May be harder to obtain in others
- Use of drugs during pregnancy
- Harm Reduction approach is commonly needed
- Best Outcomes when SUD and prenatal care are provided together

Goals in Pregnancy

- Obstetrician/Midwife: A safe pregnancy and a safe delivery. Healthy baby and a healthy baby
- Addictionologist: Cease use during pregnancy and continue in therapy postpartum
- Patient: I want my baby!

What Can We Do?

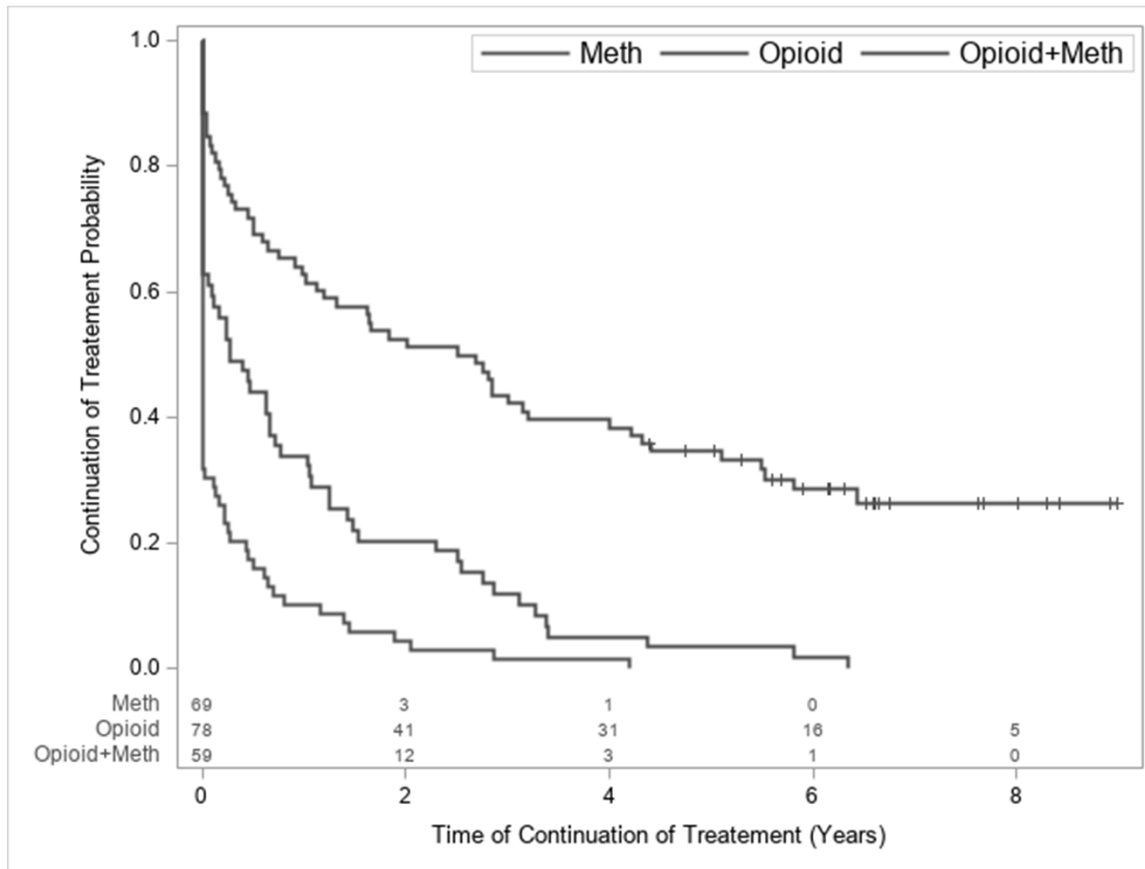
- Prenatal care in our healthcare system prepares women for safe pregnancies and a safe delivery. It must become an opportunity to prepare for a new life
- Pregnancy ends after 288 days. Our care should not
 - We need a transition plan
 - Better yet, we need a program
- Pregnancy is a potential turning point in the life of a woman with Substance Use Disorder. This is a fantastic opportunity, a reachable moment like none other



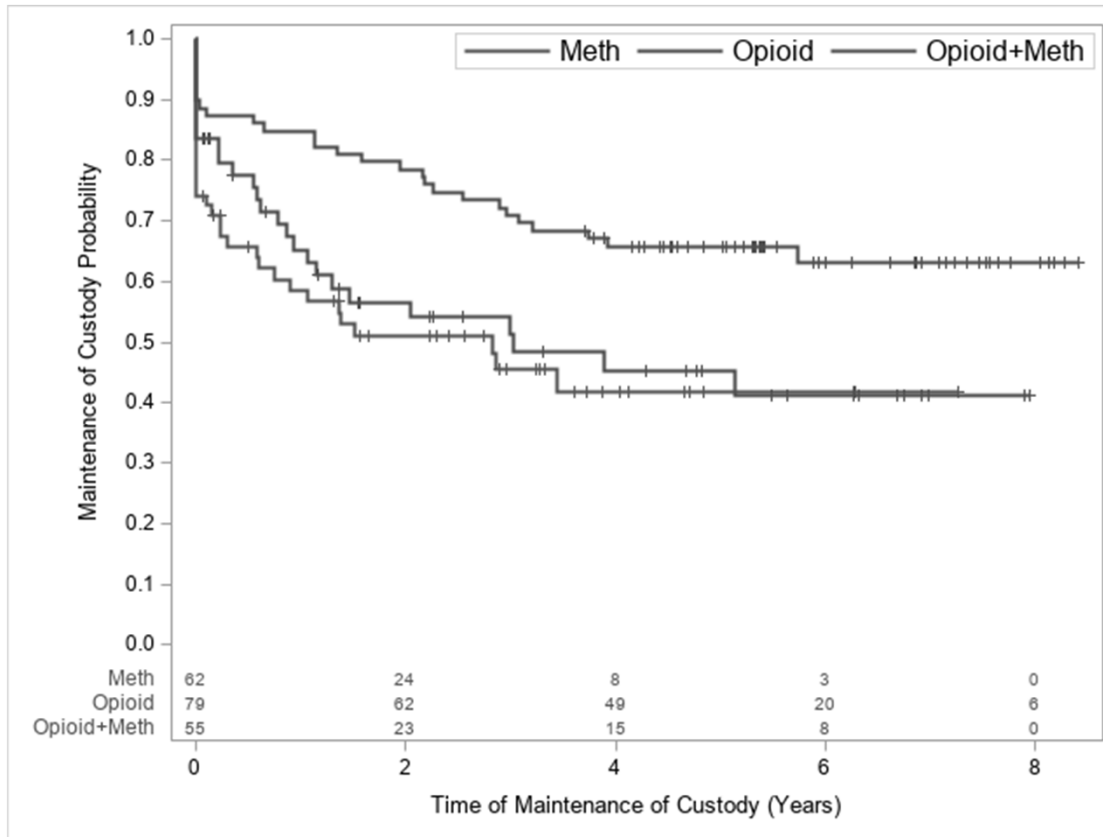
Pregnancy and The Fourth Trimester

- The days of “Discharge. See you in 6 weeks for your postpartum visit” should be over
- Greater recognition that focus must be directed towards the postpartum time period. 2018 ACOG guidelines:
 - “It is recommended that all women have contact with their obstetrician–gynecologists or other obstetric care providers within the first 3 weeks postpartum. This initial assessment should be followed up with ongoing care as needed, concluding with a comprehensive postpartum visit no later than 12 weeks after birth.”
- Mental health concerns- depression, anxiety, PTSD
- Physical recovery takes longer. However . . .
- “The 5th Trimester”

Continuation in Treatment



Continued Custody- Opioids and Meth



Relationships Between Continued Treatment and Maintenance of Custody

- For Opioid Use Patients, the correlation is high, with a p-value of <0.0001
- For Methamphetamine Use Patients, there was no correlation
- Early prenatal care predicts better rates of continuation in treatment and maintenance in custody
- Other studies demonstrate that patients who were in treatment prior to the pregnancy have better continuation in treatment

Why do Postpartum People Relapse

- They may lose motivation to avoid hurting the fetus
- They may lose motivation to stay in therapy if they have lost custody of the baby
- They may lose sources of funding
- No longer a priority for addiction clinics
 - Lack of treatment programs designed for women with babies
 - Lack of childcare
 - Lack of sober living facilities for women with children
- Depression and anxiety- >50%

Maternal Mortality

- Risk of death decreases during pregnancy
- Peaks in the second six months after delivery (Schiff et al 2018, Trost et al, 2021)*
- May continue beyond the first year postpartum (Nidey et al 2022)*

* References available upon request

We Need New Models of Care

- Programming for treatment of this unique person
 - Treatment programs for women with babies and small children
 - As simple as providing childcare during appointments
 - Mental health care
- Strong Focus on Resources
 - Housing
 - Education
 - Criminal Justice system
 - Work
 - Healthy Relationships
- Strong Focus on the Children
- Adequate time
- “We don’t need more foster care for babies. We need more foster care for mothers and babies.”

Gunderkids

A Model of Care for
Socially Complex
Families



Gunderkids

- A program for infants and their parents with substance use disorder
- A means of support for families with multiple challenges
- Continuous developmental assessment
- An opportunity to provide continued care to infants with NAS
- A way to provide education on parenting and child development

Case

- Trisha G is a 28 yo G3P2 woman with opioid use disorder. . .
- Confirmation of pregnancy was made while incarcerated at 11 weeks
- Seen in our OB clinic at 13 weeks. Started on buprenorphine/naloxone with coordination with jail staff
- Released from jail at 25 weeks.
- Suffered a relapse with heroin at 28 weeks
- Admitted to residential treatment at 30 weeks for 4 weeks
- Transitional sober housing provided until delivery
- Induced at 39 weeks, NSVD, no NAS

Keys to Trisha's Success

- Reconciliation with her mother
 - Basic necessities of life, esp. housing
 - Help with children
- BF went to prison

Trisha G

- Six years sober. Her biggest problem: “getting my kids to do their homework”.
- You have arrived!

