

**THE MOMMIES PROGRAM: A  
GENDER-RESPONSIVE PROGRAM  
FOR PREGNANT AND PARENTING  
WOMEN WITH SUBSTANCE USE  
DISORDERS**



**Mommies**  
Program

# PRESENTER INTRODUCTIONS

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# OBJECTIVES

- ▶ Participants will be able to:
  - ▶ Objective 1: describe Neonatal Abstinence Syndrome (NAS) to include management recommendations.
  - ▶ Objective 2: recognize the importance of using an integrated model of care for pregnant and/or parenting women with substance use disorders.
  - ▶ Objective 3: identify the key components of a successful integrated model of care for pregnant and/or parenting women receiving substance use disorder treatment or intervention services.
  - ▶ Objective 4: explain ways to reduce stigma associated with pregnant and/or parenting women with substance use disorders.

# JOURNEYS OF HOPE: MOMMIES AND BABIES OVERCOMING NAS

Winner of a 2015 *Telly Award* in the category of Social Responsibility

# BRIEF OVERVIEW OF SUBSTANCE USE DISORDERS (SUDS)

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# NATIONAL TRENDS IN OPIOID USE

- ▶ Opioid dependence is a serious global health concern
- ▶ 26-36M abuse opioids worldwide
- ▶ In 2012, an estimated 2M in the U.S. with opioid pain reliever (OPR) addiction
- ▶ An estimated 467,000 with heroin addiction



# HEROIN USE

- ▶ Heroin-related deaths quadrupled between 2002 and 2013
  - ▶ More than 8,200 deaths from over-dose in 2013
- ▶ Rates of heroin use have *doubled among U.S. women*
- ▶ Highest overall increase in *ages 18 to 25*

# SUBSTANCE USE DISORDERS IN WOMEN



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- ▶ Highly correlated with co-occurring conditions such as depression & anxiety
- ▶ Low socioeconomic status, domestic violence and trauma
  - ▶ Personal violence and trauma reported by 50-90% of persons with SUDs
  - ▶ Traumatic events in childhood strongly correlated with SUDs
  - ▶ Severity of childhood trauma is predictor of SUD relapse in women



# STIGMA

- Women may be reluctant to seek help for a substance use disorder due to social stigma
- There may also be a fear of Child Protective Services involvement and losing custody of children



# SUBSTANCE USE DISORDERS IN PREGNANCY

- Between 2000 and 2009, national rates of opioid use in pregnancy increased fivefold

Adverse pregnancy outcomes:

- ▶ Prematurity
- ▶ Low birth weight
- ▶ *Neonatal abstinence syndrome (NAS)*



# NEONATAL ABSTINENCE SYNDROME (NAS)

- ▶ Withdrawal that follows in-utero substance exposures
  - ▶ 60-94% of opioid exposed infants
- ▶ Symptoms include:
  - ▶ Irritability
  - ▶ An inconsolable, high-pitched cry
  - ▶ Fever
  - ▶ Feeding difficulties and poor weight gain
  - ▶ Vomiting and diarrhea
  - ▶ Skin breakdown
  - ▶ Sleep disturbance
  - ▶ A potential for seizures and, in rare cases, death



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# NATIONAL NAS TRENDS

- ▶ Parallel rising trends between prescription opioid misuse and incidences of NAS
- ▶ U.S. rates of NAS **increased fivefold** between 2000 and 2009; one child now being born every 25 minutes with NAS
- ▶ Prenatal opioid exposure is a risk factor for but **not necessarily a predictor of NAS**
  - ▶ Neither daily opioid dose nor total dose throughout the pregnancy predicts incidences or severity of NAS
- ▶ With the exception of alcohol (FASD), **no good evidence exists** to substantiate claims that infants who experience in-utero substance exposure will have poor long-term outcomes

# COST OF NAS

- ▶ Associated healthcare costs have risen from \$190M per year in 2000 to \$1.5B in 2012 as a result of increasing incidences
- ▶ In 2009, average hospital expenses for infants with NAS were estimated at \$53,400 when compared to \$9,500 for all other births
- ▶ High cost is primarily due to a lengthy hospital stay and the need for extensive nursing care
- ▶ Average hospital stay for newborns with NAS is approximately 16 days when compared to 3 days for all other births
- ▶ Nationally, 81% of all NAS healthcare costs are paid for by state Medicaid programs

# SCREENING FOR NAS RISK

- ▶ **\*Maternal history and prenatal screening**
  - ▶ SBIRT (**Screening, Brief Intervention and Referral to Treatment**)-Substance Abuse and Mental Health Services Administration [SAMHSA]
  - ▶ **The 4 P's Plus** © Dr. Chasnoff
    - ▶ **Parents**-Did either of your parents have a problem with alcohol (beer, wine, liquor) or drugs?
    - ▶ **Partner**-Does your partner have a problem with alcohol or drugs?
    - ▶ **Past**- Have you ever drunk alcohol?
    - ▶ **\*Pregnancy**
      - ▶ In the month before you **knew** you were pregnant, how many cigarettes did you smoke?
      - ▶ In the month before you **knew** you were pregnant, how much beer/wine/liquor did you drink?
      - ▶ In the month before... marijuana, medication, etc.

# DIAGNOSING NAS

- ▶ Urine, blood, *meconium*
- ▶ Assessment
  - ▶ Using a standardized assessment instrument
  - ▶ Several published instruments are available


Instrument	Year Published	Number of Assessment Items	Training Materials Available
<b>Finnegan Neonatal Abstinence Scoring Tool (FNAST)</b>	1975	21	Video/DVD Manual
<b>The Lipsitz Neonatal Drug-Withdrawal Scoring System</b>	1975	11	No
<b>Neonatal Drug Withdrawal Scoring System</b>	1975	11	No
<b>Neonatal Narcotic Withdrawal Index</b>	1981	7	No
<b>Neonatal Withdrawal Inventory</b>	1998	7	No
<b>Neonatal Network Neurobehavioral Scale Part II: Stress Abstinence Scale</b>	2004	50	5 days of formal training and certification required
<b>MOTHER (Maternal Opioid Treatment: Human Experimental Research) NAS Score</b>	2010	19	Video developed for multi-center research staff training only




# DIAGNOSING NAS

## Modified Finnegan Neonatal Abstinence Scoring Tool (F-NAST)

- ▶ 21-item
- ▶ Most widely used; good reliability ( $\alpha=.82$ )
- ▶ Infants scored q 3-4 hrs around feeding schedules
- ▶ Diagnosis of NAS *varies*
  - ▶ Scores of 8 are high and indicative of NAS
  - ▶ 2 or more consecutive scores of 9 *may* indicate a *need for pharmacotherapy*



NEONATAL ABSTINENCE SCORING SYSTEM



Modified Finnegan Neonatal Abstinence Score Sheet<sup>1</sup>

System	Signs and Symptoms	Score	AM				PM				Comments		
Central Nervous System Disturbances	Excessive high-pitched (or other) cry < 5 mins	2											
	Continuous high-pitched (or other) cry > 5 mins	3											
	Sleeps < 1 hour after feeding	3											
	Sleeps < 2 hours after feeding	2											
	Sleeps < 3 hours after feeding	1											
	Hyperactive Moro reflex	2											
	Markedly hyperactive Moro reflex	3											
	Mild tremors when disturbed	1											
	Moderate-severe tremors when disturbed	2											
	Mild tremors when undisturbed	3											
	Moderate-severe tremors when undisturbed	4											
	Increased muscle tone	1											
	Excoriation (chin, knees, elbow, toes, nose)	1											
Myoclonic jerks (twitching/jerking of limbs)	3												
Generalised convulsions	5												
Metabolic/ Vasomotor/ Respiratory Disturbances	Sweating	1											
	Hyperthermia 37.2-38.3C	1											
	Hyperthermia > 38.4C	2											
	Frequent yawning (> 3-4 times/ scoring interval)	1											
	Mottling	1											
	Nasal stuffiness	1											
	Sneezing (> 3-4 times/scoring interval)	1											
	Nasal flaring	2											
	Respiratory rate > 60/min	1											
	Respiratory rate > 60/min with retractions	2											
Gastrointestinal Disturbances	Excessive sucking	1											
	Poor feeding (infrequent/uncoordinated suck)	2											
	Regurgitation ( $\geq$ 2 times during/post feeding)	2											
	Projectile vomiting	3											
	Loose stools (curds/seedy appearance)	2											
	Watery stools (water ring on nappy around stool)	3											
	<b>Total Score</b>												
	<b>Date/Time</b>												
<b>Initials of Scorer</b>													

# MANAGEMENT OF NAS

- ▶ 1<sup>st</sup> Line=Non-pharmacologic soothing techniques
  - ▶ Quiet environment, minimal stimulation, dimmed lighting, small frequent feedings (higher calorie formulas?), skin-to-skin (kangaroo care), swaddling, **breastfeeding**, rooming-in
  - ▶ Many of the same interventions used with pre-terms have been adapted

# MANAGEMENT OF NAS

- ▶ **2<sup>nd</sup> Line**=Pharmacologic management
- ▶ Most clinicians use some form of opioid
  - ▶ Diluted Tincture of Opium (DTO)-contains alcohol
  - ▶ ***Morphine Neonatal Oral Solution (0.4mg/ml)***
    - ▶ Predictable half-life and ease of administration
  - ▶ Methadone
    - ▶ Long half-life but can be challenging to titrate
  - ▶ Buprenorphine
    - ▶ Long predictable half-life, showing promise but limited data
- ▶ Adjunct medications
  - ▶ Clonidine and phenobarbital
- ▶ Adherence to a standardized protocol is recommended

# ONGOING RESEARCH

# IMPACT OF KANGAROO MOTHER CARE ON STRESS REACTIVITY AND ATTACHMENT

- Funded by the TX Department of State Health Services
- University Hospital in San Antonio
  - Monitoring measures of stress (including salivary cortisol levels) and attachment during sessions of kangaroo care over time
- Early data analysis:
  - Mothers have high attachment scores
  - Significant reduction in maternal heart rate
  - Parental role alteration is most stressful
  - Connection with infant on a higher level

Written consent provided for use of photos

# MANAGEMENT OF SUDS

**Briseida Courtois LCDC, MSSW**

*Director of Addiction Treatment Services, Center for Healthcare Services, San Antonio, TX*

# INTEGRATED MODELS OF CARE

- ▶ Integrated treatment models (those that combine on-site pregnancy, parenting and child-related services with addiction services) are essential for addressing the many needs of pregnant and parenting women with SUD's
- ▶ These programs ideally combine Medication Assisted Treatment (MAT) with additional services to assist pregnant women with SUD's

# MEDICATION ASSISTED TREATMENT (MAT)

- ▶ Regular administration of methadone or buprenorphine **should not result in intoxication.**
- ▶ Provides a more consistent blood level reducing risk of repeated fluctuations experienced with short-acting opioids such as heroin.
- ▶ Essential component of managing opioid dependency in pregnancy as abrupt withdrawal or detox from opioids results in higher incidences of fetal demise.
- ▶ Tapering of MAT dosing during pregnancy is associated with maternal relapse into addiction and risk for overdose.
- ▶ More than 50 years of research supports the benefits and safety of methadone for opioid dependent, pregnant women.



# THE *MOMMIES* PROGRAM

# HISTORY

- ▶ 2007 – Project Carino (“cherish” and “tenderness”) was created at the CHCS through funding by a 5 year, \$2.5M Substance Abuse and Mental Health Services Administration [SAMHSA] grant
- ▶ 2013 – Program was renamed the *Mommies Program* when UHS assumed funding and partnered with CHCS
- ▶ To date – More than 1,000 families have been served by this program



# COST BENEFITS

- ▶ Each year roughly 160-175 women and their children are served by the \$175,000-\$400,000 approximate annual cost it takes to operate the Mommies Program
- ▶ There is the potential for a decrease in medical costs (Medicaid, NICU and hospital)
- ▶ There is the potential for a decrease in foster care and kinship costs

# POPULATION SERVED

- ▶ Eligible participants: Pregnant, CHCS consumers with any type of diagnosed SUD

Center for Healthcare Services in San Antonio, Texas



# LOCATION OF SERVICES

- ▶ Convenient, Centralized, Location of Services; ***The Restoration Center*** (CHCS) located in downtown San Antonio
  - ▶ Methadone Clinic (methadone is free of charge for Mommies participants)
  - ▶ Opioid Addiction Treatment Services (OATS) – Outpatient Clinic
  - ▶ Residential and Ambulatory Detoxification Services
  - ▶ Substance Abuse Public Sobering Unit
  - ▶ Crisis Care Center

**Restoration Center**



**Nearby Haven for Hope**



# TRANSPORTATION

- ▶ Mommies Program van purchased in 2007 with SAMHSA funding
- ▶ Free bus passes for public transportation provided



# FREE CHILDCARE

- ▶ Free on-site childcare provided for Mommies while receiving services



# CREDENTIALLED STAFF

- ▶ Medical Director with specialized training in substance abuse services
- ▶ Licensed Professional Counselors
- ▶ Licensed Chemical Dependency Counselors
- ▶ Access to benefits coordinator on location, 5 days a week





# OUTREACH SPECIALIST AND CASE MANAGER

- ▶ Two essential positions for the success of the program
  - ▶ Outreach Specialist
    - ▶ Provided home visits
    - ▶ Had extensive knowledge of the community
  - ▶ Case Manager
    - ▶ Orchestrated staffing and resources among multiple agencies
    - ▶ Ensured key individuals were present at meetings
    - ▶ Provided family and consumer education about MAT that helped to establish “buy-in”

# PATIENT NAVIGATOR

- ▶ Funded by University Health System
- ▶ Degreed professional with applicable experience
- ▶ Accessible to Mommies 24/7 via cell phone
- ▶ Assists with resolving issues and acts as coach and role model
- ▶ Navigator's Role:
  - ▶ Advocate for the Mommies as they interface with other agencies
  - ▶ Communicate the Mommies history to UHS staff prior to arrival on unit
  - ▶ Send out overview of Mommies progress to essential staff
  - ▶ Coordinate educational sessions offered to Mommies at CHCS

# INDIVIDUALIZED AND MONITORED SERVICES

- ▶ Individualized treatment plan is developed which may include the following services:
  - ▶ Substance abuse counseling
  - ▶ Crisis intervention
  - ▶ Case management
  - ▶ Individual therapy
  - ▶ Family therapy
  - ▶ Group therapy
- ▶ Urine Analyses conducted to monitor progress
  - ▶ Conducted weekly
  - ▶ Results discussed in therapeutic manner

# TRAUMA, RECOVERY AND EMPOWERMENT MODEL (*TREM*)

- ▶ Evidence-based model
- ▶ Focus is on trauma recovery
- ▶ Gender-specific, closed sessions
- ▶ Useful for women with history of abuse (physical and sexual)
- ▶ Special training required for facilitator(s)

# SEEKING SAFETY

- ▶ Evidence-based model
- ▶ Appropriate for wide-range of participants
- ▶ Focus is on seeking safety from trauma and/or substance addiction

# NURTURING PARENTING PROGRAM®

- ▶ Evidence-based model
- ▶ Focus is on the prevention and treatment of child abuse and neglect
- ▶ Recognized by the National Registry of Evidence-based Parenting Programs and Practices (SAMHSA)
- ▶ Skills-focused and competency-based curriculum can be delivered in a home or group setting

# MATRIX MODEL

- ▶ Evidence-based model
- ▶ Focus is on helping participants' cognitive-behavioral and clinical concepts
- ▶ Optimal length of program is 16 weeks, but can be extended for 12 months to include aftercare

# LIFE SKILLS TRAINING (LST)

- ▶ Focus is on the prevention of alcohol, tobacco, marijuana and violence
- ▶ Addresses risk and protective factors and teaches skills that build resilience
- ▶ Curriculum makes use of discussion, group activities and role playing





# HIV AND STI TESTING

- ▶ Monthly testing is available
- ▶ Presentations on HIV and sexually transmitted infections are offered regularly



# COLLABORATION WITH UNIVERSITY HEALTH SYSTEM

# INVOLVEMENT OF UNIVERSITY HOSPITAL STAFF

- ▶ University hospital staff provide educational classes at the Center for the Mommies
  - ▶ Provides the women with an opportunity to become familiar with the hospital staff
- ▶ The curriculum consists of 13 classes on a variety of topics



# EFFECTIVE CURRICULUM

## ▶ Educational Sessions

- ▶ Nutrition
- ▶ Aromatherapy and Reflexology
- ▶ Tobacco Use in Pregnancy
- ▶ Childbirth Preparation
- ▶ Family Planning
- ▶ Intimate Partner Violence
- ▶ Infant Massage
- ▶ Caring for Your Newborn
- ▶ Infant CPR and the Choking Infant

## ▶ Educational Sessions (cont.)

- ▶ Methadone Withdrawal in Infants and Neonatal Abstinence Syndrome
- ▶ Breastfeeding
- ▶ Child Safety Seat 101
- ▶ Home Safety
- ▶ Shaken Baby Syndrome
- ▶ Safe Sleep
- ▶ Developmental Milestones and Age Appropriate Discipline
- ▶ Social Services and CPS Liaison

**Toolkit with curriculum available at:**  
<http://www.dshs.texas.gov/sa/nas/>

# DECREASING THE STIGMA

- ▶ In-services conducted for UHS staff
- ▶ Culture change
- ▶ Participants are referred to as “Mommies”



# QUESTIONS, THOUGHTS OR COMMENTS?



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Thanks for your time, attention and participation.