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

- 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
• 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)
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
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

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

MANAGEMENT OF NAS

1st 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

- **2nd 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

Grim, et al. 2013
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
MANAGEMENT OF SUDS

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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
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.
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
CREDENTIALED 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
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
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

Written permission obtained for use of photographs
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?

Thanks for your time, attention and participation.