

Best Practice Prenatal and Postpartum Care for People Experiencing SUDs

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Indian Health Service

Indian Country ECHO Grand Rounds 



Case Discussion

NEWS Case Study

Advancing Pharmacist SUD ECHO

65,000 Voices





Vision

A Native Community that enjoys physical, mental, emotional and spiritual wellness

Mission

Working together with the Native Community to achieve wellness through health and related services

CAPT Molly Rutledge, M.A., M.S.



Chief Clinical Consultant for Rehabilitation Specialists – HOPE Committee
Currently stationed at Alaska Native Medical Center
Level II NICU
Pediatric Speech-Language Pathologist

NOWS Case Study

Birth:

- Early Term/Shoulder dystocia in 38 week infant
- Born vaginally to 40yo parent with history of Opioid Use Disorder
- Parent in sustained remission on methadone maintenance therapy x3 years at time of birth

Early Course:

- Poor feeding with minimal amounts accepted
- Nasogastric tube placed at 2 days of life
- Attempt to room in with parent

NOWS Case Study

■ 8 Days of Life:

- Inconsolability – MD requested
- Altered physiologic status
- Jittery
- Increased startle
- Aggressive sucking
- Increased muscle tone
- Excoriated buttox
- Admission to NICU
- Huddle with pharmacy and .26mg morphine dose given x1 and then needed to be repeated PRN overnight.

NOWS Case Study

- **Late Course:**

- Withdrawal symptoms did improve following several prn morphine doses overnight
- Initiation of scheduled Methadone dosing on day 9 of life
- Completed full oral feedings at 1 month of chronological age, NG removed
- Continued on methadone wean for 27 days

- **Discharge**

- Remained inpatient after completion of wean for observation
- Stable
- Discharged at 1 month 8 days

Thank You!

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Qāgaasakung

Aleut

Quyanaa

Alutiiq

Quyanaq

Inupiaq

AwA'ahdah

Eyak

Mahsi'

Gwich'in Athabascan

Igamsiqanaghalek

Siberian Yupik

Háw'aa

Haida

Quyana

Yup'ik

T'oyaxsm

Tsimshian

Gunalchéesh

Tlingit

Tsin'aen

Ahtna Athabascan

Chin'an

Dena'ina Athabascan



Anticipating Care Issues for Infants with SUD Exposure

Andrew Hsi, MD, MPH

Member of Committee on Native American Child Health

American Academy of Pediatrics

Professor Emeritus of Pediatrics and Family and Community Medicine

University of New Mexico School of Medicine

Prenatal Preparation for Delivery



Anticipate stresses related to infant hospital course

- Concerns for biases against infant due to maternal SUD
- Withdrawal symptoms for mother and babies that may start
- Preparations for care of the newborn

Ideas about effects of drugs on infant

- Community rumors about effects
- Concerns about side effects of treating withdrawal or medical support
- Information to address myths, folklore, and fears

Processes of care for infant

- Eat, Sleep, Console approaches
- Medication options for treatment of Neonatal Opioid Withdrawal Syndrome

Highlight Essential Care Issues After Discharge

Reduce shaming of mother and child

- Example: Infant of mother with uncontrolled gestational diabetes
 - Care issues for mother for glucose control, diet, self care, close follow up
 - Care issues for infant affected by uncontrolled glucose exposure; hypoglycemia, jaundice, feeding
- Mother-infant pair share developmental trajectories related to improving health
 - Family Wellness Plan directing discharge and outpatient follow up
 - Seek voluntary participation to reduce risks of child protection involvement
 - Prevent race and class discrimination

Exposure to prenatal SUD creates brain development risks for infant

- Teratogenic risks related to alcohol exposure
- Neurobehavioral regulation issues from other substances extend into early childhood
- Significant involvement of early intervention; home visiting, developmental monitoring
- Engagement of primary care for health supports for infant and mother
- Examples; safe sleep, daily routines, replace substance use with infant directed behaviors
- Prevent parenting “under the influence”

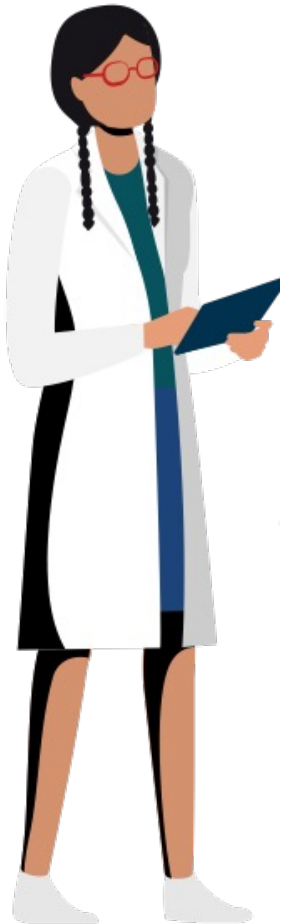




Pregnant people with SUD

Establishing trust for harm reduction for
mother/parent and infant

Universal screening & harm reduction



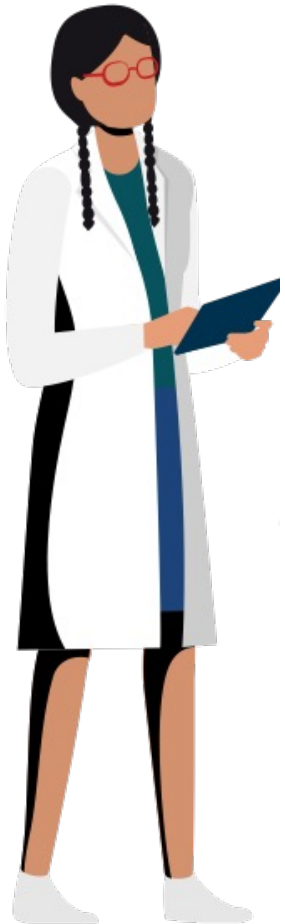
Acknowledge stigma associated with discussion of SUD

- Late prenatal care
- Over-emphasis on substance use
- Fear of accusations of substance use
- Increased maternal-infant dyad separation

Pair universal screening with non-judgment

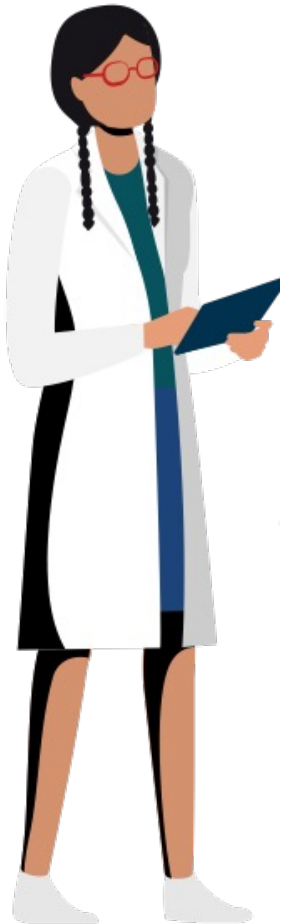
- Use a standardized instrument
- Safety for mother and infant
- Options to reduce risk for overdose and maternal and infant withdrawal

Perinatal care options to reduce harms



- Integrated care
 - Evidence based care model – provide SUD care/treatment and prenatal care in the same setting/appointment
 - No more X waiver
- Consultative care
- Medication for SUD treatments/maintenance
 - Buprenorphine (outpatient vs inpatient)
 - Methadone
 - Bupropion/Naltrexone
- Mental health support
- Peer support

Education and Provider Support



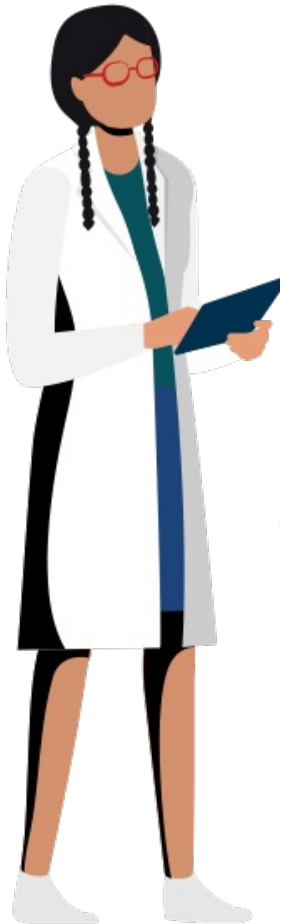
Provider education support

- ECHO (Indian Country, University of Utah)
- PCSS <https://pcssnow.org/courses/>
- PARCKA Parleys <https://medicine.utah.edu/internal-medicine/epidemiology/parcka/parleys>

Provider-to-provider consultations

- UCSF line: <https://nccc.ucsf.edu/clinical-resources/substance-use-resources/>
- In the future: Univ of Utah pregnancy specific e-consult

Postpartum Safety



Postpartum is most common time for relapse

- Can be exacerbated by CPS involvement, dyad separation
- Abstinence or reduced use in pregnancy
- ICWA Supreme Court case raised additional concerns

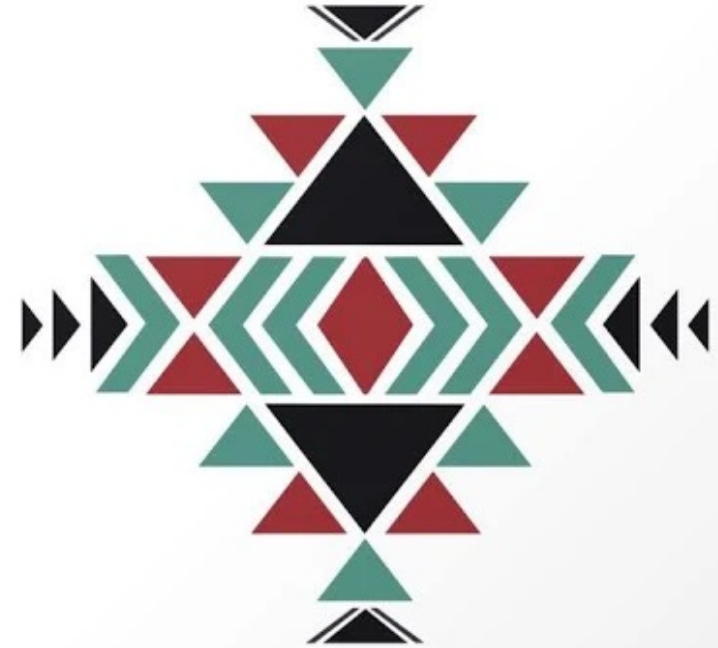
Reducing stigma is critical to success



National Overview and Strategies: Future Steps

Background

1. **93% of pregnancy related American Indian/Alaska Native (AI/AN) deaths were determined to be preventable.** Mental health conditions* and hemorrhage were the leading causes. Majority of deaths (64%) occurred postpartum. (CDC 2022)
2. **12.8% of AI/AN women who gave birth in 2020 lived in maternity care deserts.** 24.2% of AI/AN women do not receive adequate prenatal care and 26.7% of AI/AN babies were born in areas of limited or no access to maternity care. (March of Dimes 2022)
3. From 2020 to 2021, **mortality rates doubled among AI/AN women who were pregnant or had given birth within the previous year.** (Obstetrics & Gynecology 2023)



*Mental health conditions included suicide and overdose.
Sources: CDC, March of Dimes, National Vital Statistics Report, *Obstetrics & Gynecology*, Office of Minority Health

Opportunities for Screening and Intervention

Opportunities	Approach
Patient education	<ul style="list-style-type: none">• Plans of Safe Care – IHS HOPE Committee• Find Support – SAMHSA
Patient access to care	<ul style="list-style-type: none">• Every encounter is an opportunity to screen and intervene• Community outreach: Health Fairs, Street Clinic, leaders, elders• Behavioral health coordinators, Community Health Workers• FindTreatment.gov – SAMHSA• National Maternal Mental Health Hotline – HRSA
Staff and staff education	<ul style="list-style-type: none">• Webinars, ECHOs• Telehealth consultation• Substance Abuse Warm Line – UCSF• DEA training
Protocols	<ul style="list-style-type: none">• Policy and resource sharing among sites• IHS MCH website

Reference

Patient and Family Fact Sheets

- The Truth About Substance Use and Pregnancy
- Getting Help for Substance Use During Pregnancy
- Getting Help for Substance Use – For New Parents
- Supporting Something with a Substance Use Disorder
- Culture is Part of the Cure

Culture is Part of the Cure

Substance Use

Substances - like alcohol and drugs - change the way our brain works. One of the first changes that happens is that substances take over the part of our brain that controls our cravings. Soon people find themselves taking substances more often and in larger amounts.

When someone's substance use causes them to have health issues or problems at work, school, or home, they may have a substance use disorder.

Fortunately, pregnant people - like anyone else - can and do recover from substance use disorder. They can also have a happy, healthy baby.



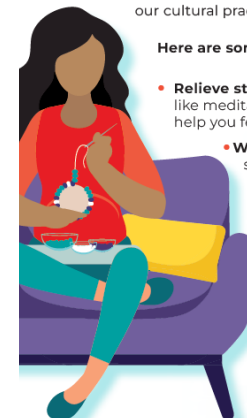
The Power of Cultural Traditions

Recovering from substance use can be a long journey, with many ups and downs. Luckily, our cultural teachings are very powerful. They have helped many of us understand how to live well for generations.

Although everyone's relationship to their traditions is different, for many of us participating in our cultural practices is healing.

Here are some ideas:

- **Relieve stress** by doing activities that calm your body, mind, and spirit. Activities like meditating, praying, singing, spending time in nature, dancing, or cooking can help you feel relaxed and grounded.
- **Work on a traditional craft**, like weaving, carving, or basketmaking. Doing so teaches many lessons, including patience and practice keeping a good mindset. Also, working with traditional materials connects us to our roots and can help us turn inward to be able to "hear" our own thoughts.
- **Take care of your body** by gathering and eating natural foods from the earth that will support you in feeling good.





Find Support

for issues with mental health,
drugs, or alcohol

Find health care or support



You can find support



Find health care or support

Get the best ways to search for a health care professional or program.

Find health care or support



How to cope

Learn about the signs that you may need help, how to ask for help, and ways to take care of yourself.

How to cope



Learn about treatment

Find out about treatment types, how to make an appointment, and how to prepare yourself for treatment.

Learn about treatment

SUD Screening Tools – 4Ps

Parents, Partner, Past, and Present

ASK:

- **Parents:** Did any of your parents have problems with alcohol or other drug use?
- **Partner:** Does your partner have a problem with alcohol or drug use?
- **Past:** In the past, have you had difficulties in your life because of alcohol or other drugs, including prescription medications?
- **Present:** In the past month, have you drunk any alcohol or used other drugs?

Scoring: Any “yes” should trigger further questions.

- Document a “yes” to each question individually.
- Document a “negative” if all answers are “no.”

Reminder Dialog Template: 4PS SCREEN

The 4Ps screen consists of asking the patient the following questions:

4Ps QUESTIONS

- PARENTS - Did any of your parents have a problem with alcohol or other drugs?
 Yes No
- PARTNER - Does your partner have a problem with alcohol or drug use? Yes No
- PAST - In the past, have you had difficulties in your life because of alcohol or other drugs, including prescription medications? Yes No
- PRESENT - In the past month, have you drunk any alcohol or used other drugs?
 Yes No

Scoring: Any "yes" answer should trigger further questions and a BNI

Record POSITIVE result for all "yes" answers

Record NEGATIVE result if all answers were "no"

Record 4Ps Screen results:

4Ps SCREEN RESULTS

- 4PS Screen is NEGATIVE (All questions were answered "no")
- 4Ps Screen POSITIVE for PARENT(S)
- 4PS Screen for POSITIVE for PARTNER
- 4PS Screen POSITIVE for PAST use
- 4PS Screening POSITIVE for use in the past month

-- Interventions --

- Brief Negotiated Interview
- Patient education provided
- Referrals
- CHECK HERE to add comments

SUD Screening Tools – 5Ps

Adding Peers, Violence, Emotional Health, Smoking

ASK:

- **Peers:** Do any of your friends have a problem with alcohol or drug use?
- **Violence:** Are you feeling at all unsafe in any way in your relationship with your current partner?
- **Emotional health:** Over the last few weeks, has worry, anxiety, depression, or sadness made it difficult for you to do your work, get along with people, or take care of things at home?
- **Smoking:** Have you smoked any cigarettes in the past three months?

Scoring:

Any "yes" should trigger further questions.

- Document a "yes" to each question individually.
- Document a "negative" if all answers are "no."

**Institute for Health and Recovery
Integrated Screening Tool**

Women's health can be affected by emotional problems, alcohol, tobacco, other drug use, and domestic violence. Women's health is also affected when those same problems are present in people close to us. By "alcohol," we mean beer, wine, wine coolers, or liquor.

Parents Did any of your parents have a problem with alcohol or other drug use?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Peers Do any of your friends have a problem with alcohol or other drug use?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Partner Does your partner have a problem with alcohol or other drug use?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Violence Are you feeling at all unsafe in any way in your relationship with your current partner?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Emotional Health Over the last few weeks, has worry, anxiety, depression, or sadness made it difficult for you to do your work, get along with people, or take care of things at home?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Past In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Present In the past month, have you drunk any alcohol or used other drugs? 1. How many days per month do you drink? _____ 2. How many drinks on any given day? _____ 3. How often did you have 4 or more drinks per day in the last month? _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Smoking Have you smoked any cigarettes in the past three months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Review Risk

Review Domestic Violence Resources

Review Substance Use, Set Healthy Goals

Consider Mental Health Evaluation

Advise for Brief Intervention

	Y	N	NA
Did you State your medical concern?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you Advise to abstain or reduce use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you Check patient's reaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you Refer for further assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

At Risk Drinking	
Non-Pregnant	Pregnant/ Planning Pregnancy
> 7 drinks / week > 3 drinks / day	Any Use is Risky Drinking

Date: _____

Language: _____

Race: _____

Ethnicity: _____

For the best health of mothers and babies, we strongly recommend that pregnant women, or those planning to become pregnant, do not use alcohol, illegal drugs or tobacco. Safe levels of usage have not been determined.

2005

My Family Wellness Plan

My Family Wellness Plan

This plan belongs to: _____

Pregnancy and parenthood are sacred times when we make plans to care for ourselves and our baby.

When we use substances - like alcohol or drugs - it is especially helpful to create a family wellness plan.

This plan will help you:

- Decide how you will take care of yourself, your baby, and your family
- Think about the people who can help
- Consider the information and resources you will need to gather

To care for my body:

I will...

People who can help:

Healthy foods and good sleep can keep you and your baby strong.

Supportive doctors, nurses, and other healthcare providers can share tips for keeping you and your baby healthy and safe.

To care for my mind:

I will...

People who can help:

Let supportive friends, family, and counselors know what you are going through.

Build mental strength. Get help for depression, anxiety, or other things.

To care for my spirit:

I will...

People who can help:

Connection is the opposite of addiction. Connect with activities and people that calm your spirit.

Speak with Elders about parenting and taking care of a new baby.



To care for myself and my family, I need help with:

I will...

- | | |
|--|---|
| <input type="checkbox"/> Mental health | <input type="checkbox"/> Food |
| <input type="checkbox"/> Spiritual health | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> My relationships | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Feeling safe | <input type="checkbox"/> Housing |
| <input type="checkbox"/> My birth plan | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Breast (chest) feeding | <input type="checkbox"/> Other things: |
| <input type="checkbox"/> Caring for my baby | |
| <input type="checkbox"/> Items for my baby - like a car seat, crib, and clothing | |

People who can help:

Talk with supportive friends, family, and doctors, nurses, and other healthcare providers about the things you need help with.

My support network:

Write down three people in your life who can support you and help you create a hopeful vision for your future.

People in your support network might include: your partner, friends, family, healthcare providers, spiritual advisors, and groups you are a part of, such as AA or NA.

- 1.
- 2.
- 3.

Name: _____

How can I get in touch with them?

Be Kind to Yourself

You have many positive qualities and deserve to be your best self. Remember that it's ok to struggle as you work toward making a better life for you, your family, and your baby. We are all in the process of learning different life skills to be happier and healthier. Judgment and unkindness - even when it's from ourselves - only stands in the way. As your journey continues, so will your understanding of how to care for yourself and your family.



Visit the Northwest Portland Area Indian Health Board's website at www.npaihb.org/SUD to learn more about substance use, getting help, and other important topics.

Millions of Americans have mental and substance use disorders. Find treatment here.

FindTreatment.gov

Welcome to FindTreatment.gov, the confidential and anonymous resource for persons seeking treatment for mental and substance use disorders in the United States and its territories.



Find a Treatment Facility

National Maternal Mental Health Hotline



Are you a new parent - or about to be - and feeling sad, worried, overwhelmed, or concerned that you aren't good enough?

For emotional support and resources

CALL OR TEXT 1-833-TLC-MAMA (1-833-852-6262)

TTY users can use a preferred relay service or dial 711 and then 1-833-852-6262

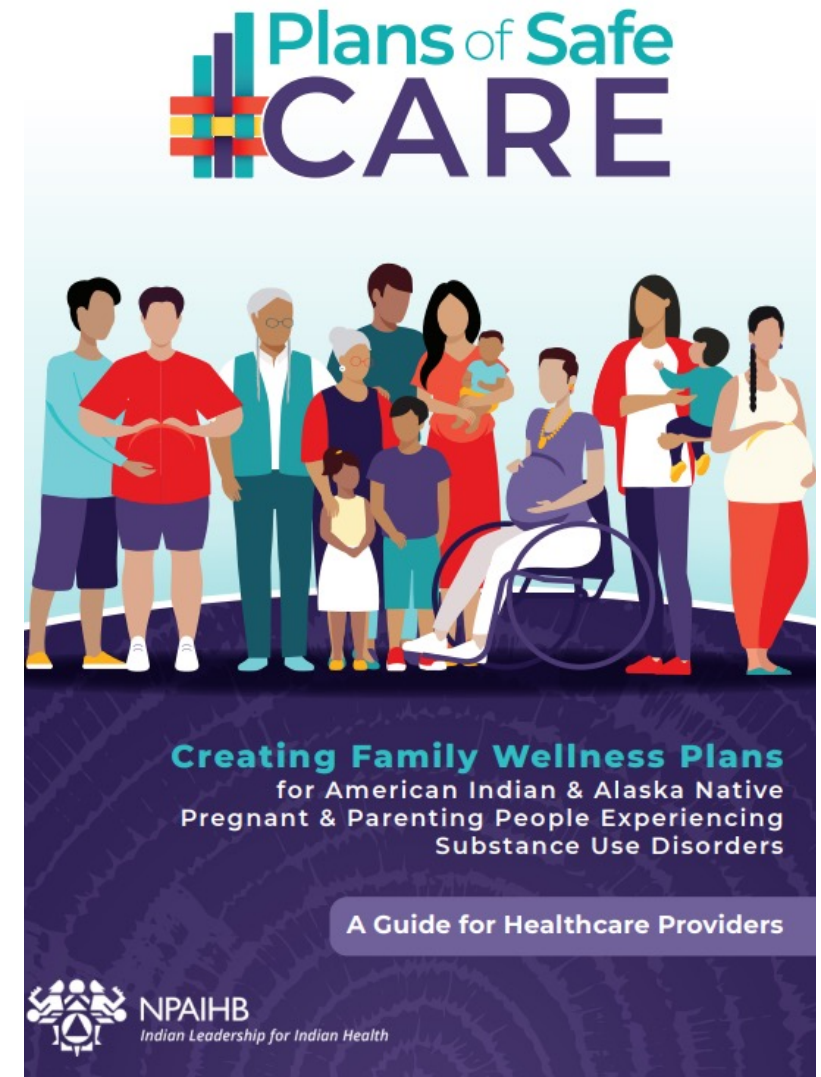
Free – Confidential – 24/7

60+ Languages

<https://mchb.hrsa.gov/national-maternal-mental-health-hotline>

Providers Guide

- AI/AN pregnant and parenting people experiencing substance use disorders and their infants, partners, and families benefit from high-quality healthcare that is:
 - Evidence-based
 - Culturally-responsive
 - Trauma Informed
 - Holistic in nature
 - Attuned to individual and family needs, and
 - Part of an integrated network of social, cultural, spiritual, and community-based supports.



Substance Use Disorder ECHO



Substance Use Disorder ECHO Program

WHAT IS ECHO?



ACCESS

People need access to quality care for their complex health condition.



NEED

There aren't enough specialists in Indian Country for everyone who needs care.



TRAINING

Indian Country ECHO trains clinicians to provide high quality care.



CARE

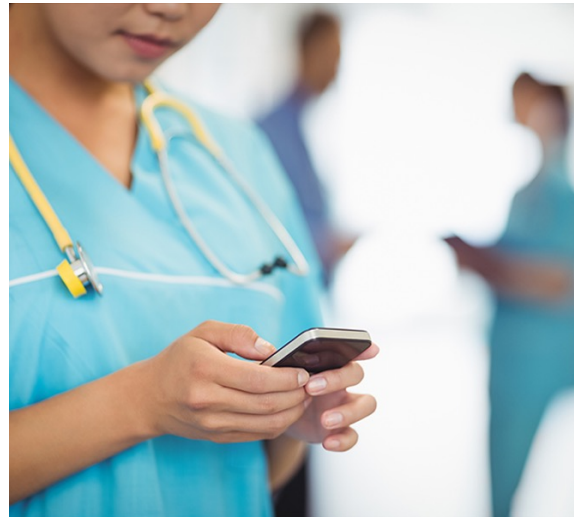
Patients get the right care, in the right place, at the right time. This improves outcomes.



CONNECTED

Clinicians are connected to a learning community of peers and experts.

Substance Use Warmline



CLINICIAN-TO-CLINICIAN
SUBSTANCE USE WARMLINE
(855) 300-3595

6am—5pm PST (Mon-Fri)
Submit cases online: nccc.ucsf.edu



The Substance Use Warmline offers Clinician-To-Clinician support for IHS providers managing alcohol and substance use disorders.

The Substance Use Warmline is a collaboration between the IHS, NW Portland Area Indian Health Board and the Clinician Consultation Center at the University of California, San Francisco.

DEA Training

- **Aug 18 from 11-330 pm ET - Buprenorphine Training.** Free, virtual training presented by the Providers Clinical Support System



The screenshot shows the top navigation of the PCSS website. It includes the PCSS logo (Providers Clinical Support System) and the Opioid Response Network logo. Navigation links include NEWS, DISCUSSION FORUM, CONTACT, and a search icon. Below the navigation is a purple bar with tabs for ABOUT, EDUCATION & TRAINING, 8 HOUR MOUD COURSE, MENTORING, and CLINICAL TOOLS. The main content area features a 'Search for Trainings' section with a description: 'PCSS has compiled modules, webinars, podcasts, videos, and other resources designed to enhance providers knowledge and skills in evidence-based treatment practices.' A 'Start Learning' button is located below the text. The background of the page shows a group of healthcare professionals in a clinical setting.



Please Note ✕

All training/modules/webinars on PCSS covering topics on the treatment and management of patients with opioid or other substance use disorders will count towards the DEA's new 8 hour training requirement when applying for or renewing your DEA license.

Learn more [DEA: MATE Act Training Requirements \(Video\)](#)

Future Support

- **Mental Maternity Care Coordinator (MCC) Pilot Program**
 - Increase screening, education, and intervention using telehealth and home visitation during pregnancy and postpartum periods
 - Partnership with CHR, CHAP, PHNs
- **Obstetric Readiness in the Emergency Department (ObRED) manual**
 - Provide rural sites in maternity care deserts with readiness checklists, quick reference protocols, and training curriculum for safe triage, stabilization, and transfer of pregnant patients and newborns.
- **MCH Communication**
 - IHS MCH Website: www.IHS.gov/MCH
 - MCH Newsletter
 - MCH Webinars and ECHOs



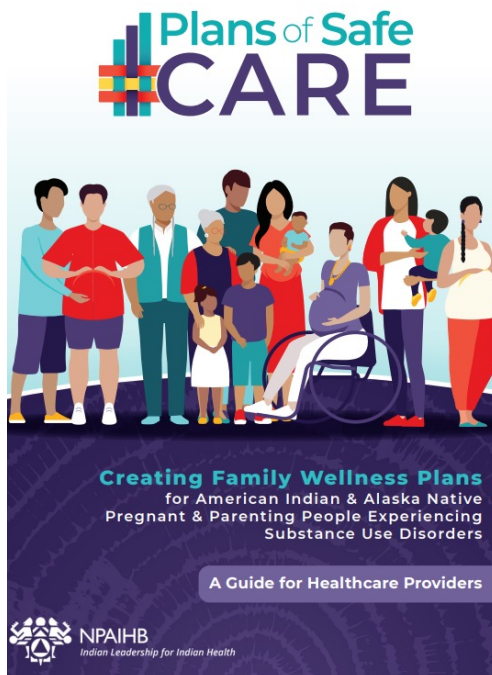
Contact Information

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- Think about the people who can help
- Consider the information and resources you will need to gather

To care for my body:
 I will... _____
 People who can help: _____

To care for my mind:
 I will... _____
 People who can help: _____

To care for my spirit:
 I will... _____
 People who can help: _____

Healthy foods and good sleep can keep you and your baby strong.
 Supportive doctors, nurses, and other healthcare providers can share tips for keeping you and your baby healthy and safe.

Let supportive friends, family, and counselors know what you are going through.
 Build mental strength. Get help for depression, anxiety, or other things.

Connection is the opposite of addiction. Connect with activities and people that calm your spirit.
 Speak with Elders about parenting and taking care of a new baby.

Plans of Safe CARE
 NPAlHB
 Indian Leadership for Indian Health

To care for myself and my family, I need help with:

I will...

<input type="checkbox"/> Mental health	<input type="checkbox"/> Food
<input type="checkbox"/> Spiritual health	<input type="checkbox"/> Transportation
<input type="checkbox"/> My relationships	<input type="checkbox"/> Childcare
<input type="checkbox"/> Feeling safe	<input type="checkbox"/> Housing
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3. _____

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Follow-up

Please email the following contact with any questions, concerns, or interest in having a follow-up discussion to learn more about how we can best support your efforts:

David Stephens, BSN, RN

He/him

ECHO Clinic Director

Northwest Portland Area Indian Health Board

dstephens@npaihb.org

