Postpartum Care for Women with Opioid Use Disorder

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Wisconsin Society of Addiction Medicine
September 28, 2018

Objectives

- At the end of the presentation, participants should:
  - Have a better understanding of the challenges that occur for women with substance use disorder after delivery
  - Be able to identify strategies in their own population to improve or optimize care for these women
  - Be able to identify tactics to implement these strategies.
  - Be aware of the necessity of long-term follow-up of these patients and offspring

Disclaimers

- I have no financial disclosures to make
- Some of my medication recommendations don't have FDA approval
- I attempt to be as evidence-based as possible
- Some of my recommendations are based on unpublished data and analysis

Call to Action for Women after Pregnancy

- Pregnancy can be challenging for women with OUD
- The postpartum time period can be an extremely chaotic time
- Demands are high, Resources are often low
  - Resources available during pregnancy become unavailable
- Relapse may almost be anticipated
- High rate of overdose. Overdose is one of the most common causes of maternal mortality, which is rising in the United States
- It doesn't just last 6 weeks- it may represent the new reality and may be transformative

Questions to Consider

- Does she require a change in dose or in medication? If she had been on Subutex, will you change to Suboxone.
- If she is breastfeeding, which medications may be prescribed?
- Will she have postpartum depression?
- If she have custody of her child or has she lost it? Is CPS involved? Does she has stable living arrangements?
- Who is helping her take care of the baby?
- Is the father of the baby involved? Is he help or hindrance?

Questions to Consider

- If she detoxed, do you induce her on buprenorphine or methadone?
- Will she stay on OMT? Will she follow new rules?
- How do you keep her in therapy? Especially if she has lost custody?
- If the care provider during pregnancy was an obstetrician, does he/she remain her PCP? Does she have a PCP?
- If life is stressful with a new baby, what will it be like if she gets pregnant immediately? Does she have effective contraception?

Let's Tackle Some of These Issues

Pregnancy is a Period of Transformation

- No longer a kid, out having fun with friends, using drugs. Now, need to become an adult. We need to take advantage of this mind shift
- Pregnancy is finite. Motherhood is infinite. In a pure obstetrical model, pregnancy represents preparation for the delivery
- Preparation for the after-delivery phase is so very important and is often ignored
  - Where are you going to live?
  - What are you going to do to get money?
  - How are you going to keep custody of your baby?
  - How are you going to maintain your sobriety?
  - What will your relationship be with the father of the baby?

Goal Setting During Pregnancy

Our Goals:

- Healthy Mom, Healthy Baby
- Mom & Baby Together
- Mom Remains in Therapy- both short and long term
- Becomes a productive member of society

Mom's Goals:

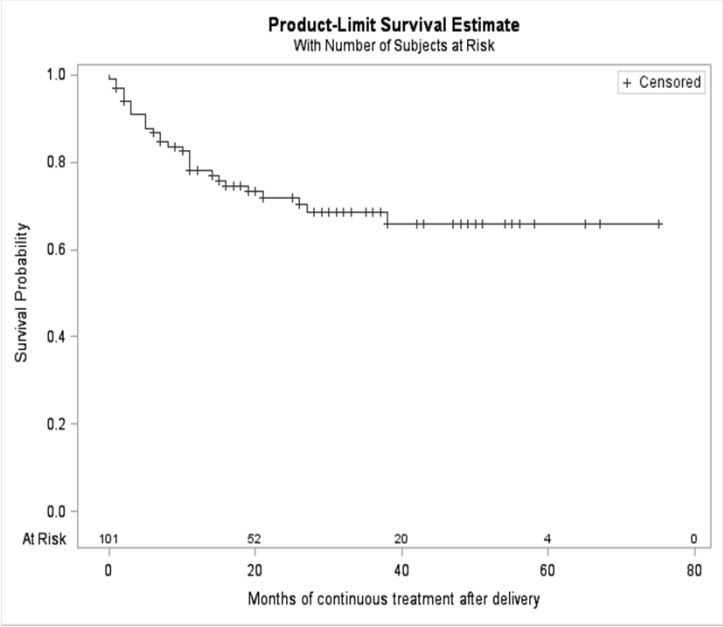
- I Want My Baby. I will do whatever I need to do to mother this child

Our Study

- 104 Pregnancies in 94 women with opioid use disorder with at least 6 months since delivery
- From 2011 to current date
- Two main outcomes:
  - Continuation in treatment: 86.8% at 6 mo, 74.6% at 18 mo
  - Maintenance of custody: 87.4% at 6 mo, 76.3% at 18 mo
- Rates of follow-up decrease with time
  - 80.4% at 6 months
  - 62.8% at 18 months
  - 51.8% at 3 years
  - 46.2% at 4 years
  - 26.7% at 5 years

Problem 1: Will She Stay in Treatment?

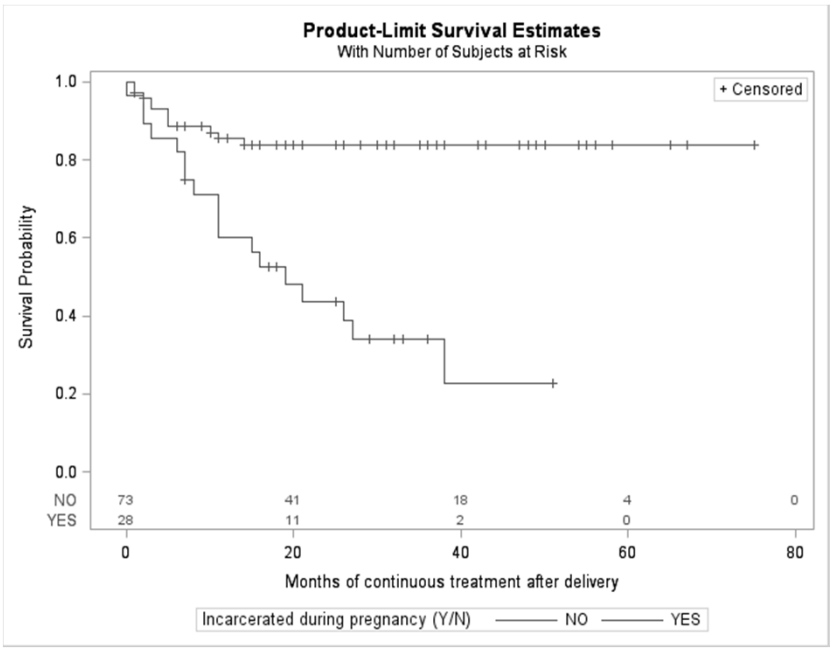
- Wilder et al from Cincinnati, 2015, found that 44% of their patients on OMT were still engaged at 6 months. Duration of treatment before delivery was associated with continuation of treatment afterwards
- Wilder et al in 2017 found the dose of methadone was predictive of continuation in treatment for 90 days. 60 mg was the cut off
- O'Connor et al, 2018, followed a group on buprenorphine and had a continuation rate of 79.5% at 6 months, 70.9% at 12 months
- In contrary: Kendler et al (2017) performed a population-based study in Sweden with findings of low rate of relapse over the first two years

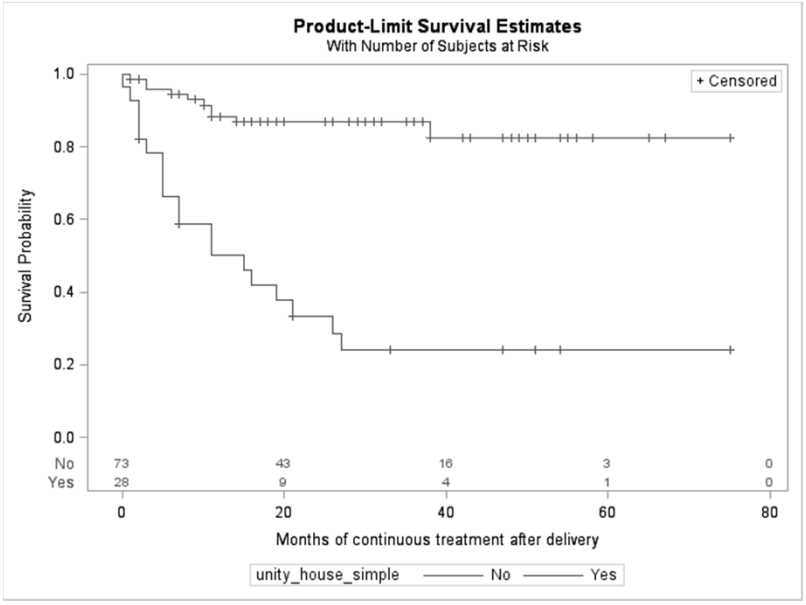


Why Do Women Drop Out?

- May lose motivation to avoid hurting the fetus
- May lose motivation to stay in therapy if they have lost custody of the baby
- May lose source of funding
- No longer a priority for addiction clinics
- Depression

Characteristic	Continuous Treatment at 6 Months Postpartum, N=98				Continuous Treatment at 18 Months Postpartum, N=83		
	No n=12	Yes n=86	P		No n=24	Yes n=59	P
Mean age, y (SD)	25.8 (4.5)	27.1 (4.2)	0.25		26.0 (4.3)	27.5 (4.2)	0.14
Parity (range)	1 (0-8)	2 (0-7)	0.44		1 (0-6)	2 (0-7)	0.35
First prenatal < 13 weeks	8 (66.7)	66 (77.7)	0.47		16 (66.7)	46 (78.0)	0.28
Marijuana use in 3rd trimester	2 (16.7)	14 (16.5)	0.99		5 (20.8)	9 (15.5)	0.54
Residential treatment	9 (75.0)	16 (19.8)	<0.0001		15 (62.5)	10 (17.0)	<0.0001
Incarceration	4 (33.3)	24 (27.9)	0.74		13 (54.2)	13 (22.0)	0.004
Prior SUD treatment	10 (83.3)	69 (80.2)	0.99		19 (79.2)	48 (81.4)	0.99
OMT during pregnancy	10 (83.3)	80 (93.0)	0.49		18 (75.0)	57 (96.7)	0.006
Infant health							
NAS	6 (50.0)	43 (50.0)	0.99		12 (50.0)	32 (54.2)	0.73
NICU admission	6 (50.0)	27 (31.4)	0.24		7 (29.2)	21 (35.6)	0.57
Depression score >8							
First prenatal visit†	3 (42.9)	46 (59.7)	0.44		11 (64.7)	32 (61.5)	0.82
32 weeks gestation‡	5 (45.5)	41 (62.1)	0.33		15 (68.2)	24 (54.6)	0.29
Delivery◊	2 (16.7)	25 (31.3)	0.5		4 (18.2)	17 (30.9)	0.26
6 weeks postpartum#	7 (70.0)	33 (50.0)	0.32		12 (66.7)	19 (43.2)	0.09
Antidepressant use during pregnancy	4(33.3)	33 (38.4)	0.99		9 (37.5)	22 (37.3)	0.99


Product-Limit Survival Estimates
With Number of Subjects at Risk
+ Censored
Survival Probability
1.0
0.8
0.6
0.4
0.2
0.0
NO 73 41 18 4 0
YES 28 11 2 0
0 20 40 60 80
Months of continuous treatment after delivery
Incarcerated during pregnancy (Y/N) NO YES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Months of continuous treatment after delivery
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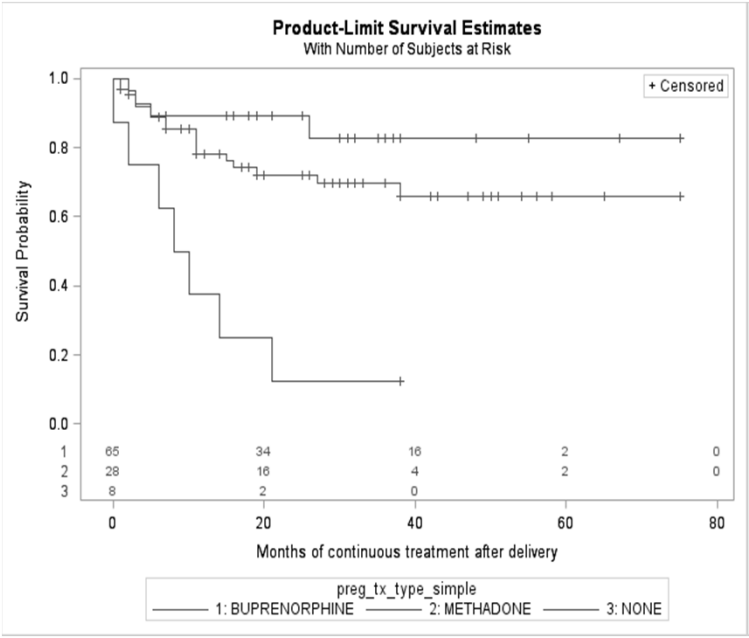


Strategy: Optimize Therapy

- Tactic A: Early Follow-up. Don't wait 6 weeks
- Tactic B: Manage her Therapy
  - Change from Subutex to Suboxone?
  - Consideration of Vivitrol?
  - Opioid Maintenance Therapy is not contra-indicated in breastfeeding
  - Does she require a change in dose?
- Tactic C: Manage Mental Health Issues
  - Treat Depression/Anxiety
  - Treat bipolar disorder, ADHD that was untreated or undertreated during the pregnancy
- Tactic D: Preplan during the pregnancy for rough times after delivery

Problem: Postpartum Blues/Depression

- A growing literature on depression and continuation of treatment
  - Chapman and Wu found a relationship between PPD and relapse
  - O'Connor found that antidepressant use in late pregnancy was associated with longer retention in therapy
- Many papers document the relationship between mental illness and loss of custody of the baby
  - Current depressive symptoms (Gilchrist)(Nair)
  - Hx of mental health admit (O'Donnell)
  - "Clinically elevated psychological distress" (Minnes)
  - Current psychiatric medication (Taplin)

Depression Screening

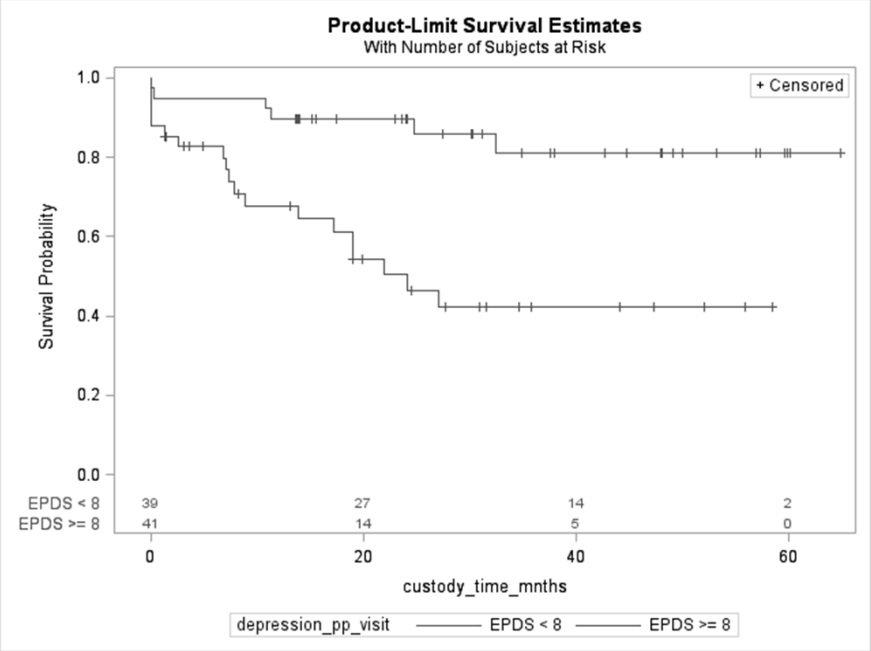
- Edinburgh Postpartum Depression Scale
  - First prenatal visit
  - 32 weeks
  - After delivery (prior to discharge)
  - 6 weeks postpartum
  - Other times, including during pediatric visits

Our Study Results

- Depression by elevated EPDS and use of antidepressants during pregnancy
  - 59% had a EPDS score of > 8 at the first prenatal visit
  - 62% at 32 weeks
  - 31% at delivery
  - 51% at 6 weeks postpartum
- Continuation in treatment
  - Not statistically significant differences between those who stayed in treatment vs those who did not
    - At first prenatal visit
    - At 32 weeks
    - At delivery
    - Postpartum, except at 18 months ($p = 0.0028$)
    - Use of antidepressant during pregnancy was also not statistically significant

Our Study Results

- Maintenance of custody
  - EPDS scores at the first prenatal visit were higher in women who subsequently lost custody. This was not quite statistically true at 6 months ($p = 0.07$), but significant at 18 months ($p = 0.0033$)
  - Scores at 32 weeks, and immediately postpartum did not differ
  - At 6 week postpartum, the difference at 6 months was 0.0065, and at 18 months, $p = 0.0055$
  - Antidepressant prescription rates did not predict maintenance of custody, or loss thereof

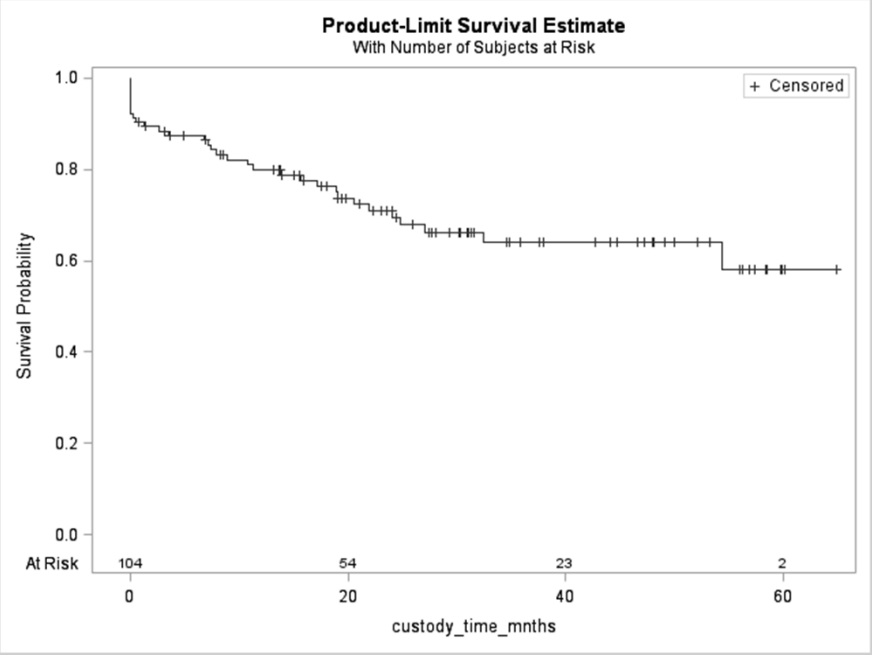


Strategy: Screen and Treat for Depression/Anxiety

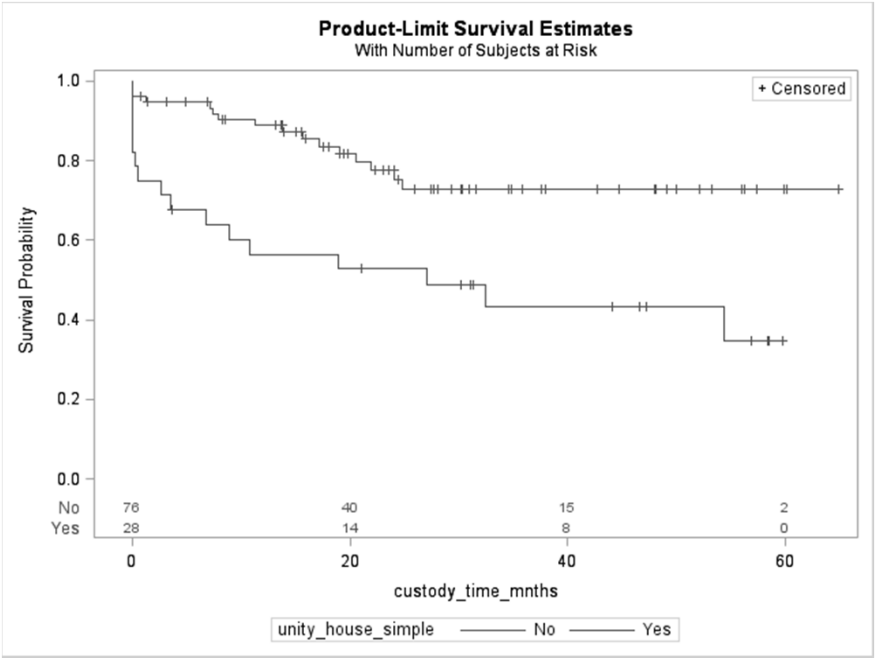
- Tactic A: Screen throughout the pregnancy. Treat aggressively.
- Tactic B: Screen while still in the hospital- EPDS
- Tactic C: Early return- usually within 2 weeks to assess
- Tactic D: Advanced planning for postpartum during the pregnancy
  - Consider starting some patients on SSRIs prior to the delivery
  - Who is going to help take care of her after delivery? Avoid isolation
- Tactic E: Initiate counseling or therapy visits
- Tactic F: Develop a support group? Group therapy?

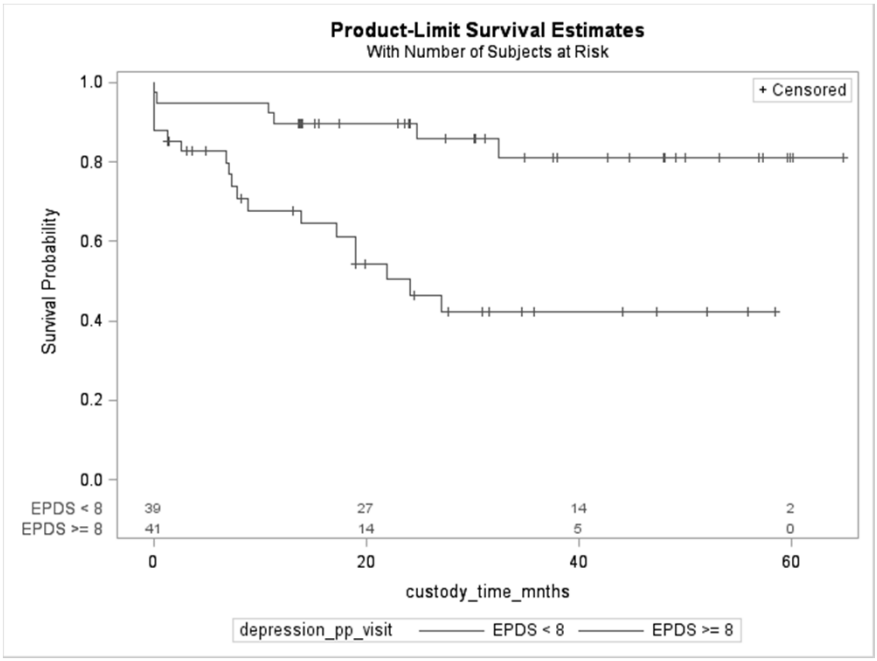
Problem: Maintenance/Loss of Custody

- Review of the literature
  - Not a single paper in the OB literature, not a single paper in the addiction literature, and only a few in the pediatric literature
  - Mostly from the child abuse literature
- What does the literature say?
  - Depression
  - AODA treatment (age at first visit, number of treatment attempts)
  - Residential treatment (mixed)
  - Homelessness
  - Living with a drug abuser
  - Incarceration history
  - Young age
  - Polysubstance users
  - Low educational achievement

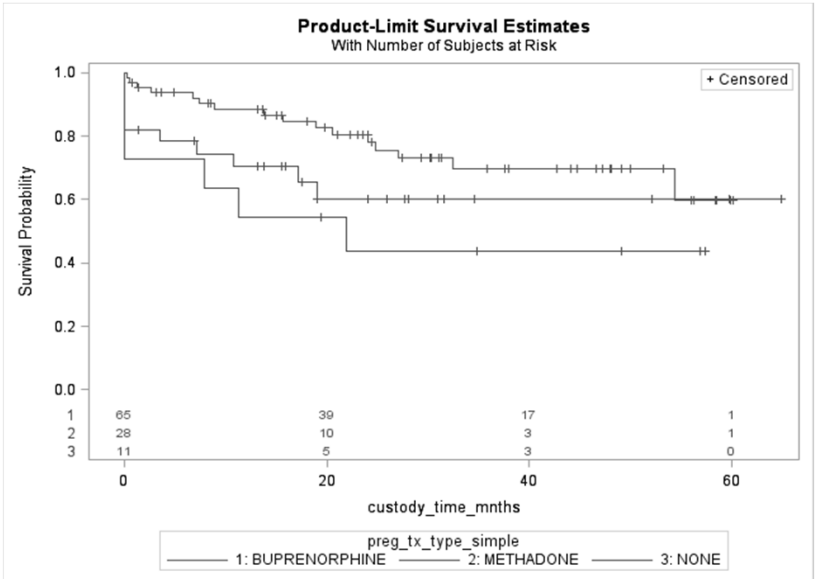


Characteristic	Custody at 6 Months Postpartum, N=104				Custody at 18 Months Postpartum, N=83		
	No n=17	Yes n=87	P		No n=23	Yes n=60	P
Mean age, y (SD)	26.3 (3.6)	26.9 (4.4)	0.65		26.3 (3.6)	26.5 (4.2)	0.78
Parity (range)	1 (0-6)	2 (0-7)	0.7		1 (0-6)	1 (0-6)	0.96
First prenatal < 13 weeks	20 (74.1)	67 (87.0)	0.14		16 (64.0)	44 (75.9)	0.27
Marijuana use in 3rd trimester	5 (29.4)	14 (16.3)	0.3		8 (34.8)	7 (11.9)	0.02
Residential treatment	10 (58.8)	18 (20.7)	0.003		12 (52.2)	15 (25.0)	0.02
Incarceration	7 (41.2)	21 (24.1)	0.23		12 (52.2)	12 (20.0)	0.004
Prior SUD treatment	14 (82.4)	68 (78.2)	0.99		19 (82.6)	46 (76.7)	0.76
Treatment during pregnancy	14 (82.4)	79 (90.8)	0.38		18 (78.3)	54 (90.0)	0.15
Infant health							
NAS	12 (70.6)	39 (44.8)	0.05		14 (60.9)	26 (43.3)	0.15
NICU admission	7 (41.2)	28 (32.2)	0.47		5 (21.7)	23 (38.3)	0.15
EPDS score ≥8							
First prenatal visit[b]	10 (71.4)	43 (56.6)	0.3		16 (84.2)	28 (53.9)	0.02
32 weeks gestation[c]	9 (64.3)	42 (61.8)	0.86		13 (72.2)	28 (58.3)	0.3
Delivery[d]	4 (25.0)	25 (31.7)	0.77		9 (42.9)	16 (29.1)	0.25
6 weeks postpartum[e]	10 (83.3)	31 (45.6)	0.016		14 (77.8)	18 (40.0)	0.01
Antidepressant use during pregnancy	8 (47.1)	30 (34.5)	0.33		10 (43.5)	21 (35.0)	0.48
Continuous treatment[f]	8 (53.3)	77 (90.6)	< 0.001		10 (47.6)	42 (79.3)	0.007





Maintenance of Custody



Strategy: Keeping Mom and Babies Together

- Tactic A: Lay out appropriate expectations
  - Initiate discussion early enough in pregnancy to make a difference
- Tactic B: Evaluate and treat mental health disorders
- Tactic C: Address housing, partner support, and other barriers
- Tactic D: Work with a pediatrician or group to develop a service to provide careful follow-up of baby

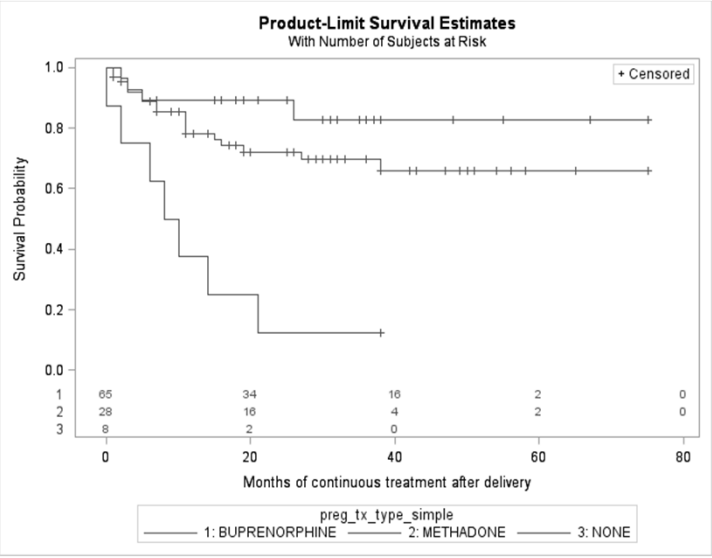
GunderKids- a Model

- Staffed by 2 doctors, a NP, 2 nurses, a social worker, occupational therapist, a developmental psychologist
- 17 visits over the first year (bill the standard 7 visits)
- Enhanced immunization rates
- Developmental assessment

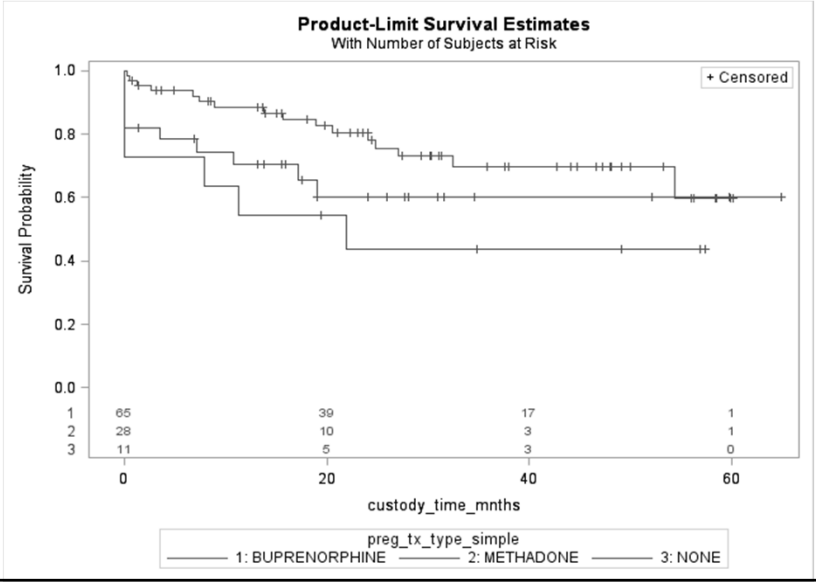
How These Variables Relate

- Maintenance of custody and continuation in treatment are correlated with a p value of <0.0001
- Postpartum depression is strongly associated with both loss of custody and discontinuation of treatment
- Both methadone and buprenorphine are effective, differences are not statistically significant

Continuation in Treatment



Maintenance of Custody



Challenge to the Detoxification Supporters

- Show me your data on long-term follow-up of your patients

Conclusion

- Pregnancy represents both a challenge and an opportunity. It is a point of transition in a young woman's life in which motivation to quit using drugs is extremely high
- As much as pregnancy may be a difficult time for many women with OUD, the period afterwards is even more challenging
- Barriers such as housing, relationship issues, criminal-justice concerns, and mental health issues are very important
- Custody of the infant has been missing as a concern for us in the past, but is a key component of maintaining patients in treatment
- Buprenorphine and methadone are equally effective OMT during pregnancy and postpartum

What to Do on Monday Morning. . .

- Expect the postpartum time period to last at least 6 months.
- Make maintenance of custody one of your priorities

- Give greater priority to pregnant women with SUD
  - Earlier entry to prenatal care. Earlier treatment
- Bring social service support in your office
- Concentrate on their mental health issues
- Consider treatment of the father of the baby
- Contraception