

WRAPPED IN HOPE

A collaborative project

Confidential Healthcare & Chemical Dependency Support

Pregnancy Through One Year Post-partum

Keeping drug-affected families together and healthy!



KEY PLAYERS

- 👉 St. Luke Hospital, Ronan
- 👉 Providence St. Joseph Medical Center, Polson
- 👉 Polson Health (KRMC)
- 👉 CSKT Tribal Health Department
- 👉 Lake County Public Health
- 👉 Child Protective Services

- 👉 Funded by Montana Health Care Foundation



How It All Started...

👉 Best Beginnings, 2012

- ❖ Organizations that serve children noted an increase need for services to children with learning and behavior issues

👉 Hope Project, 2013

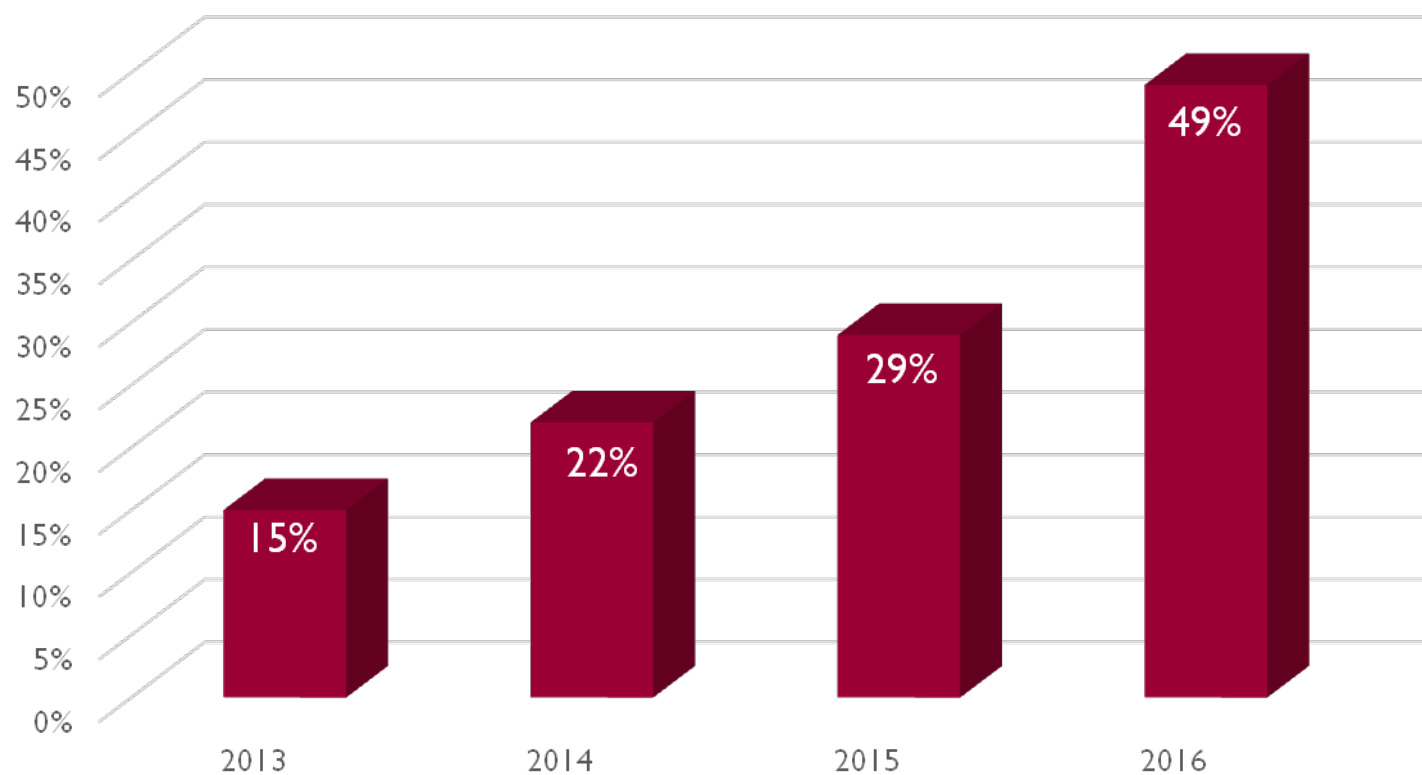
- ❖ Snuggle ME Project, Maine
- ❖ <https://www1.maine.gov/dhhs/mecdc/documents/SnuggleME-Project.pdf>

👉 Wrapped in Hope, 2016

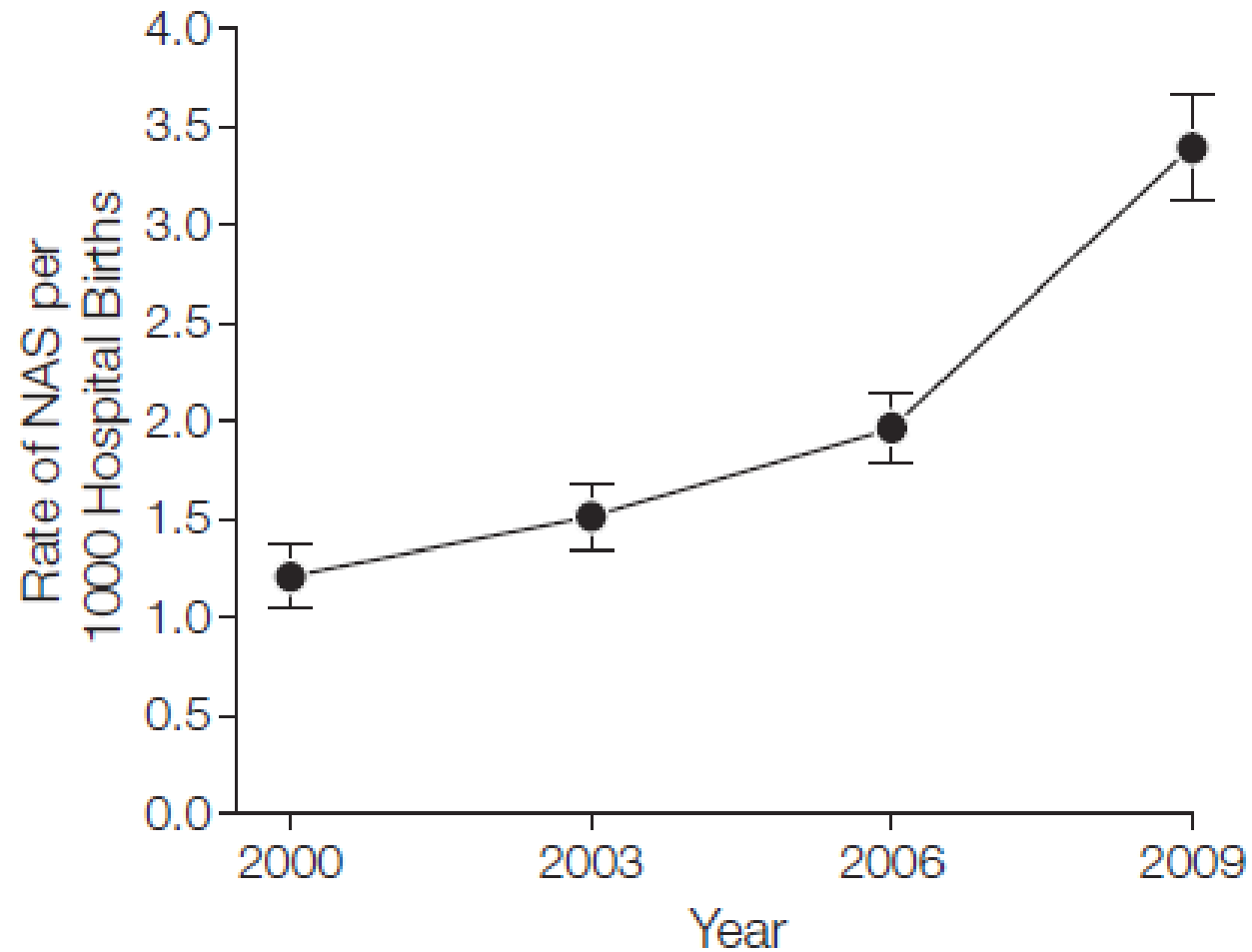


THE DATA

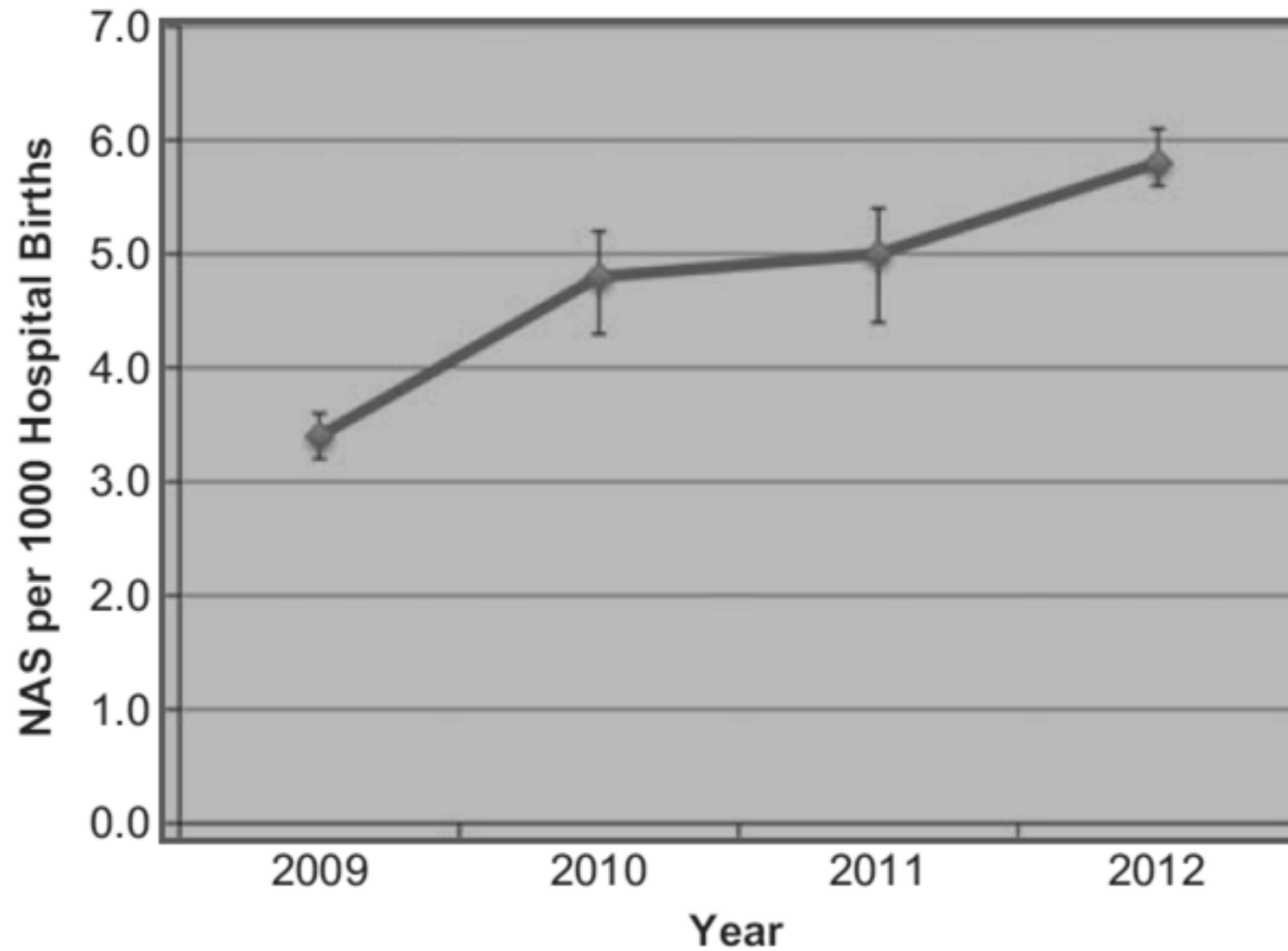
👋 In 2013, both hospitals began collecting data about newborns at risk for neonatal abstinence



INCIDENCE OF NEONATAL ABSTINENCE NATIONALLY



COST



2009: \$731,841,300

2012: \$1,449,389,600



NEONATAL ABSTINENCE SYNDROME (NAS)

- 👉 High Pitched, often Continuous Cry
- 👉 Irritability
- 👉 Increased Muscle Tone
- 👉 Tremors
- 👉 Vomiting and Diarrhea
- 👉 Frantic Sucking but Poor Feeding
- 👉 Seizures



DEVELOPMENTAL OUTCOMES IN DRUG AFFECTED PREGNANCIES

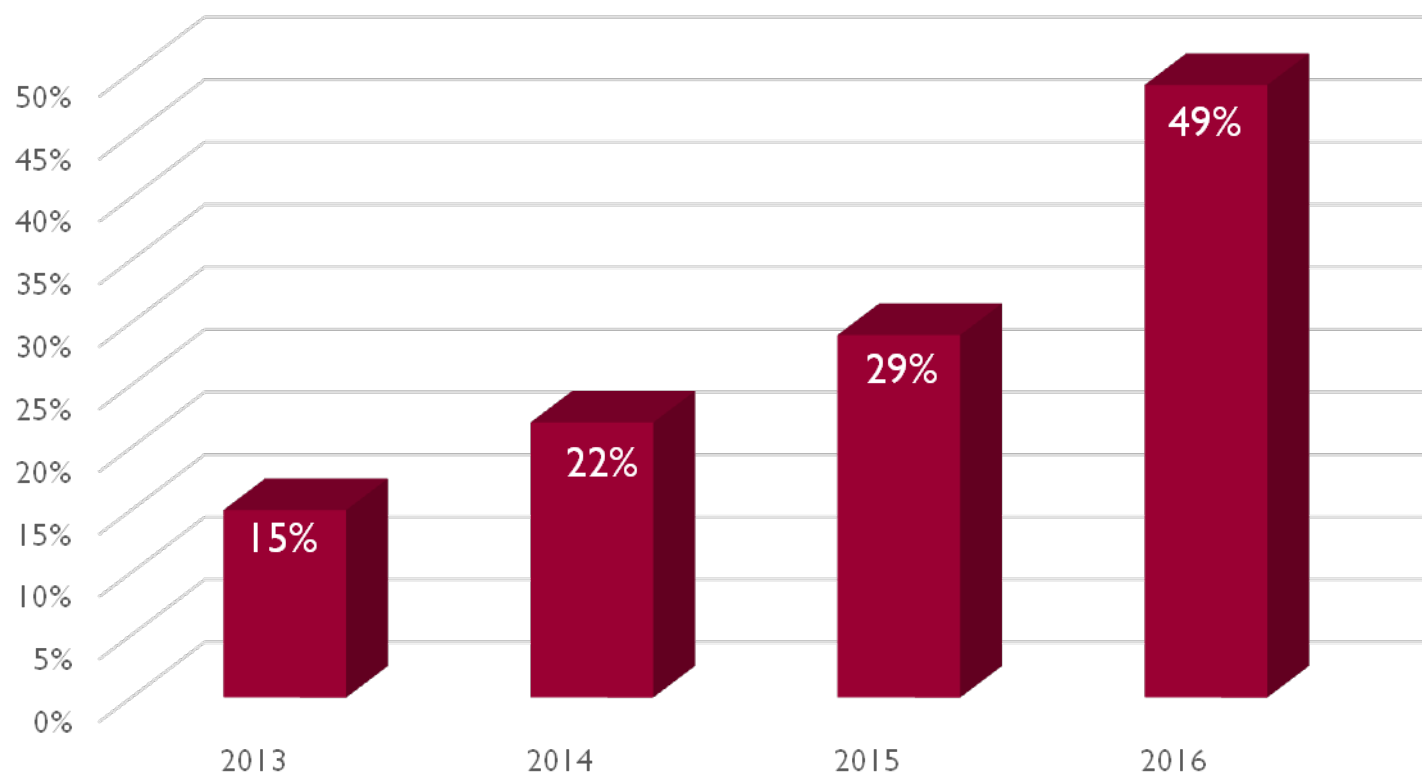
👋 Variable results

- ❖ Most suggest little to no difference through 2 years
- ❖ May have delayed cognitive functioning in preschool
- ❖ School age outcomes
 - Lower verbal ability; impaired reading and math skills
 - No cognitive delay at 6-13 years
 - More ADHD and disruptive behavior
 - More anxiety and aggression



THE DATA

👋 In 2013, both hospitals began collecting data about newborns at risk for neonatal abstinence



WHO DOES THIS REPRESENT?

- 👉 Moms using illicit substances in pregnancy
- 👉 Moms using narcotics illicitly
- 👉 Moms with chronic painful conditions being prescribed chronic narcotics
- 👉 Moms who are in opiate treatment programs and on chronic maintenance therapy



DRUG AFFECTED PREGNANCY STATISTICS IN 2015

Providence St. Joseph Medical Center

- 👉 Total Deliveries: 139
- 👉 Positive Drug Screens at Delivery: 33/139 (24%)
- 👉 Babies Transferred to NICU for NAS: 10/33 (30%)
- 👉 IHS Beneficiaries: 21/33 (64%)
- 👉 Most Common Substances:
 - ❖ Marijuana (64%)
 - ❖ Opiates (30%)
 - ❖ Methamphetamines (18%)
 - ❖ Poly-substance Use (30%)
- 👉 CPS contacted: 23/33 (79%)
- 👉 Insufficient Prenatal Care: 14/33 (42%)

St. Luke Community Healthcare

- 👉 Total Deliveries: 140
- 👉 Positive Drug Screens at Delivery: 37/140 (26%)
- 👉 Babies Transferred to NICU for NAS: 6/37(16%)
- 👉 IHS Beneficiaries: 26/37 (70%)
- 👉 Most Common Substances:
 - ❖ Marijuana
 - ❖ Opiates
 - ❖ Methamphetamines (14%)
- 👉 CPS contacted: 8/37 (22%)



DRUG SCREENING POLICIES (AT THE TIME OF DELIVERY)

Providence St. Joseph Medical Center

- ✎ Policies for Mom & Baby
- ✎ Late or No Prenatal Care
- ✎ Admitted Use
- ✎ Insufficient Prenatal Care (≤ 6 visits)
- ✎ Prior History of Drug Use or Positive Screen
- ✎ Buprenorphine/Methadone Prescribed in Pregnancy
- ✎ Prior Child with Drug/Alcohol Exposure
- ✎ Inappropriate Behavior
- ✎ Physical Signs of Substance Abuse
- ✎ Abrupton, Unexplained Fetal Distress, Preterm Labor

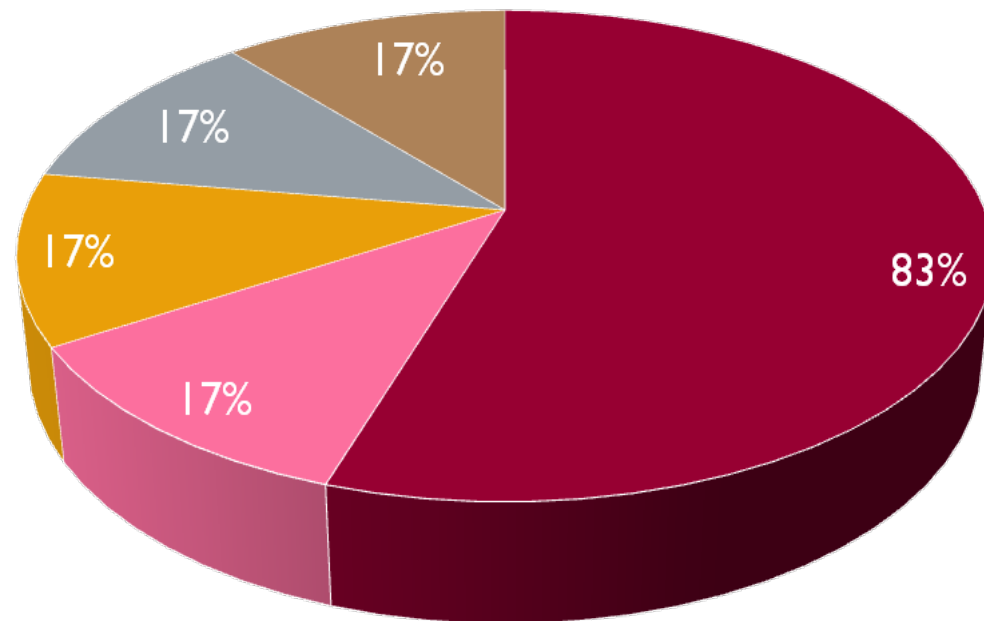
St. Luke Community Healthcare

- ✎ Previous Positive Screen in Pregnancy
- ✎ Physical Signs of Use or Withdrawal
- ✎ Presence of Drug Paraphernalia
- ✎ Prior Drug/Alcohol Exposed Baby
- ✎ Preterm Labor, Abrupton, Unexplained Distress
- ✎ History of Incarceration, Probation, Parole
- ✎ Inappropriate Behavior
- ✎ STDs
- ✎ Domestic Violence
- ✎ Prior Fetal Demise/Stillbirth
- ✎ IUGR



DRUG USE BY PERCENTAGE

SJMC 1st Qtr 2016

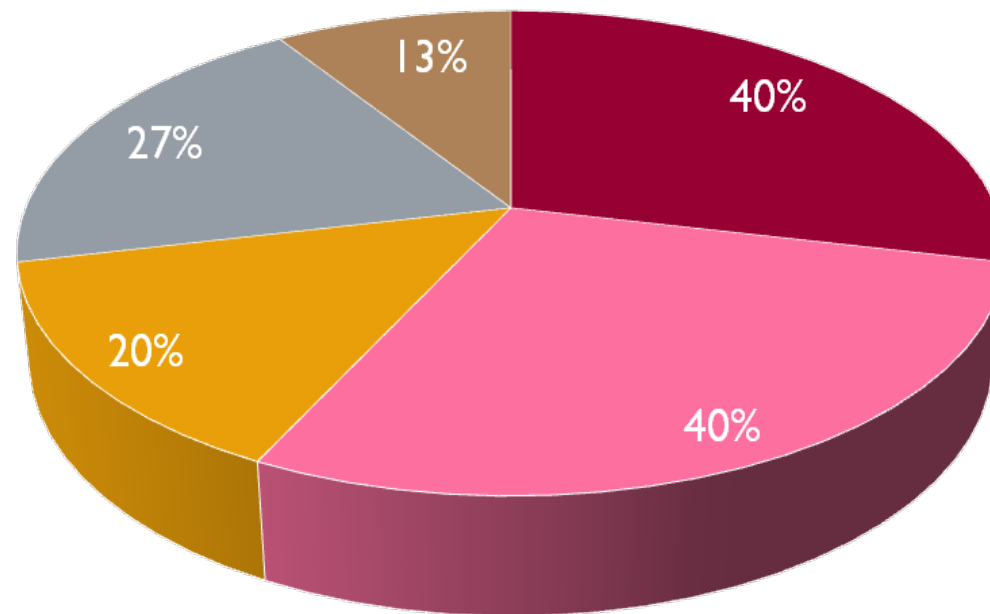


■ Marijuana ■ Methadone ■ TCA ■ Suboxone/Subutex ■ Opiates



DRUG USE BY PERCENTAGE

SLH 1st Qtr 2016



■ Marijuana ■ Methamphetamines ■ TCA ■ Opiates ■ Benzos



👉 Exposure to Marijuana During Pregnancy Alters Neurobehavior in the Early Neonatal Period

❖ Journal of Pediatrics

❖ Published December 1, 2006.

❖ Volume 149, Issue 6; Pages 781-7

❖ de Moraes Barros MC, Guinsburg R, de Araújo Peres C, Mitsuhiro S, Chalem E, Laranjeira RR

👉 Of 3685 infants born in the study hospital, 928 (25%) were born to adolescent mothers. Of these, 561 infants met the inclusion criteria and were studied. Marijuana exposure was detected in 26 infants (4.6%). Infants exposed (E) or not exposed (NE) to marijuana differed in the following NNNS variables: **arousal** (E, 4.05 +/- 1.19 vs NE, 3.68 +/- 0.70), **regulation** (E, 5.75 +/- 0.62 vs NE, 6.04 +/- 0.72), and **excitability** (E, 3.27 +/- 1.40 vs NE, 2.40 +/- 1.57). After controlling for confounding variables, **the effect of marijuana exposure on these scores remained significant**

MARIJUANA USE



Studies in the Literature

MARIJUANA AND PREGNANCY OUTCOMES

👋 233: Cannabis in pregnancy: legal, but safe?

- ❖ Teresa Worstell, Margaret Gorman & Aaron Caughey
- ❖ American Journal of Obstetrics and Gynecology, 201501-01, Volume 212, Issue 1, Pages S129-S129, Copyright © 2015

👋 Study Design

- ❖ Large Retrospective Cohort of pregnancies in California between the years 2005-2008.
- ❖ Using ICD-9 diagnosis codes, outcomes for a group of women exposed to cannabis in pregnancy were compared to a control group and statistically analyzed using chi squared test and adjusted odds ratios with 95% confidence intervals.

👋 Results

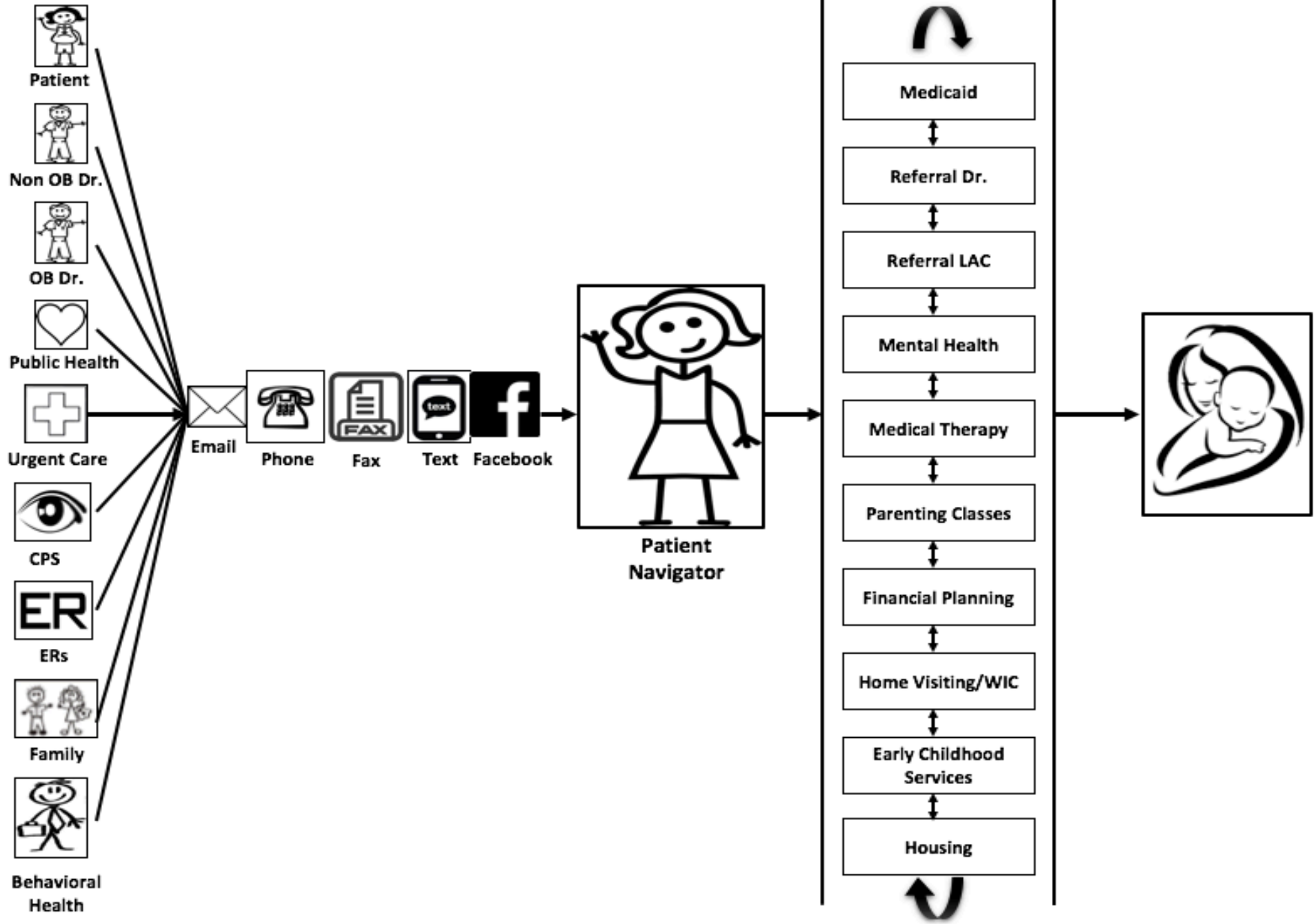
- ❖ When compared to control women, cannabis exposure in pregnancy was found to be **significantly associated with higher rates of preeclampsia** (4.14 vs 2.88%), **preterm delivery** (16.24 vs 8.89%), **intrauterine fetal demise** (0.23 vs 0.10%), **infant death in the first year of life** (0.64 vs 0.11%) and **fetal anomalies** (8.21 vs 6.38%).
- ❖ When adjusted odds ratios were examined, preterm delivery, infant death in the first year of life, had statistically significant increased odds in women who used cannabis in pregnancy.



Wrapped in hope...our goals

- 👉 To increase public awareness of the dangers of using substances illicitly while pregnant
- 👉 To educate moms in chronic maintenance programs (for pain and addiction treatment) about neonatal abstinence syndrome and its effects
- 👉 To encourage women who are using substances while pregnant to get prenatal care (dispel myths and provide support)
- 👉 Healthcare Team Education
 - ❖ Change terms that are used
 - Babies are not born “addicted”
 - Patients are not “clean” or “dirty”
 - ❖ How do we best support families





HOW WILL THIS WORK...

PATIENT NAVIGATOR

Connie Eleshuk

Patient Navigator

Grandview Clinic 14th Ave W, Polson, MT 59860

Cell/Text: 406-871-7078

Email: WrappedInHope2@gmail.com

Office hours vary---call or text in advance for appointments

Confidential Healthcare & Chemical Dependency Support: Pregnancy through the first year



LICENSED ADDICTION COUNSELORS

 Shanley Nicolai, LCSW, LAC

❖ St. Luke Community Healthcare

❖ (406) 528-5432

 Lorina Massey, APRN, MSN

❖ Providence St. Joseph Medical Center

❖ (406) 883-5377



WHAT DOES THE LAC DO?

- 👋 Provide chemical dependency evaluation
- 👋 Provide co-delivered care in the clinic
- 👋 Refer to community and regional resources (inpatient, intensive outpatient, medical management)
- 👋 Assess for co-existing mental health disorders
- 👋 Function as a liaison in the CPS/Judicial world



WRAP AROUND CARE

👋 Relationships are being built with:

- ❖ CPS (Tribal and County)
- ❖ Probation and Parole (Tribal and County)
- ❖ Judges (Tribal and County)
- ❖ Tribal Prosecutors
- ❖ Lake County Prosecutors
- ❖ Safe Harbor
- ❖ Western Montana Addiction Services
- ❖ Sunburst Mental Health



WHAT CAN THE PROJECT ACCOMPLISH?

- 👏 Community education about substance abuse in pregnancy to destigmatize the issue
- 👏 Tools to help providers have meaningful discussions with patients
- 👏 Education for parents of babies at risk of NAS
- 👏 Home visits for family support
- 👏 Volunteer peer support for families who choose to participate
- 👏 A forum for communication between patients, providers & CPS
- 👏 Standardization of language regarding substance use in pregnancy



The big “ask”

- 👉 Universal screening for all pregnant women for alcohol, tobacco and drugs at any visit where pregnancy is recognized
- 👉 Consistent use of standardized, validated screening tool
- 👉 Referral to the program
- 👉 SBIRT



👤 Parents

- ❖ Did any of your parents have a problem with alcohol or any other drugs (cocaine, opiates, marijuana, heroin, methamphetamines, etc.)?

👤 Peer

- ❖ Do any of your friends have a problem with alcohol or any other drugs (cocaine, opiates, marijuana, heroin, methamphetamines, etc.)?

👤 Partner

- ❖ Does your partner have a problem with alcohol or any other drugs (cocaine, opiates, marijuana, heroin, methamphetamines, etc.)?

👤 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 to your work, get along with people or take care of things at home?

SCREENING



TOOL



Past

- ❖ In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medication?



Present

- ❖ In the past month:
 - Have you felt like you ought to **cut down** on your drinking or drug use?
 - How many days per month do you drink or use drugs?
 - Have people **annoyed** you by criticizing your drinking or drug use?
 - Have you ever felt bad or **guilty** about your drinking or drug use?
 - Have you ever had a drink or used drugs first thing in the morning to steady your nerves or get rid of a hangover?

SCREENING



TOOL

THE REFERRAL FORM

Wrapped In Hope



Embracing Drug Affected Babies and their Families

<u>Request for Service</u>					
NAME OF REFERER			PROFESSION		
REFERER'S AGENCY & ADDRESS			CONTACT TEL NO. / EMAIL		
CONVENIENT CONTACT TIME <i>(Please state convenient day/time we can contact you)</i>					
Re: (Client's Name)	DOB	Age	Estimated Due Date	Pre-Natal Care (y/n)	Ethnic Group
Main address of Client			Contact Telephone No.		
			Home (Landline): _____		
			Cell (Mobile): _____		
			Convenient Contact Time: _____		
PRIMARY PHYSICIAN:					
Consent to liaise with provider if appropriate to referral? Yes <input type="checkbox"/> No <input type="checkbox"/>					



CONTACT INFORMATION

👋 Annesha Anderson, RNC, St. Luke Hospital

❖ 406-528-5318

❖ aanderson@stlukehealthcare.org

👋 Cara Harrop, MD, St. Luke Hospital

❖ 406-883-2555

❖ charrop@stlukehealthcare.org

👋 Erin Rumelhart, DON, St. Joe's Hospital

❖ 406-883-5377

❖ erin.rumelhart@providence.org

👋 Jamie Straub, DO, St. Joe's Hospital

❖ 406-883-5377

❖ jamie.straub@providence.org

