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OB-GYN Care Provider Toolkit

Overview and Recommendations for Treating Prenatal Opioid Use Disorder and Neonatal Abstinence Syndrome

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Agenda

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- Overview
- Maternal Risk Factors for Opioid Use Disorder (OUD) and Substance Use in Pregnancy
- Screening Women for OUD and Substance Use in Pregnancy
- Treating Pregnant Women for OUD and Substance Use
- Postpartum Recovery and Support
- Screening and Treating Infants for NAS
- Resources and Contact Information

Overview

- Pregnant women with OUD and their infants are a particularly vulnerable population in the opioid epidemic.
- Newborns whose mothers used opioids during pregnancy can experience a postnatal withdrawal syndrome called neonatal abstinence syndrome (NAS).
- Reducing barriers to treatment and supporting mothers and babies affected by opioid use and other drug use – both prenatally and in the postpartum period – is critical.
- This presentation highlights screening and treatment recommendations for pregnant women with OUD and their infants with NAS.

Maternal Risk Factors for OUD and Substance Use in Pregnancy

Maternal Risk Factors for OUD and Substance Use in Pregnancy

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Maternal risk factors for opioid use disorder (OUD) and/or the use of other drugs during pregnancy include:

- Positive drug test during pregnancy
- Drug test refusal
- Current or prior use of illicit and/or unprescribed drugs
- Altered mental status suggestive of drug use or withdrawal
- Physical signs suggestive of drug use, such as intravenous (IV) track marks, visible tooth decay or sores on face, arms or legs
- Conditions possibly attributable to drug use, including cerebrovascular accident, myocardial infarction, hypertension or hypertensive disorder of pregnancy
- Evidence of previous infant exposure to prenatal drug and/or alcohol use, such as having an infant with fetal alcohol syndrome

Source: Minnesota Hospital Association. Neonatal Abstinence Syndrome (NAS) Toolkit. www.mnhospitals.org/quality-patient-safety/quality-patient-safety-initiatives/obstetrics-newborn/neonatal-abstinence-syndrome

Maternal Risk Factors for OUD and Substance Use in Pregnancy (cont.)

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- Alcohol or tobacco use in current pregnancy
- Unexplained hepatitis B or C, syphilis or human immunodeficiency virus (HIV) within the last three years
- No or unknown/undocumented prenatal care, late prenatal care (no prenatal care until at least 16 weeks' gestation) and/or poor prenatal care (fewer than four prenatal care visits)
- Obstetrical events such as placental abruption or previous unexplained fetal demise, stillbirth, precipitous delivery or out-of-hospital birth
- Unexplained poor maternal weight gain during pregnancy
- Utilization of emergency room and/or health care visits triggering prescription monitoring program query
- Current enrollment in a substance abuse treatment program

Source: Minnesota Hospital Association. Neonatal Abstinence Syndrome (NAS) Toolkit. Available at: http://www.mnhospitals.org/quality-patient-safety/quality-patient-safety-initiatives/obstetrics-newborn/neonatal-abstinence-syndrome

Social Risk Factors for OUD and Substance Use in Pregnancy

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Social risk factors for OUD and/or the use of other drugs during pregnancy include:

- Being a current and/or former victim of domestic violence
- History of child abuse, neglect and/or involvement with child protective services
- Current or former incarceration
- Maternal partner substance abuse
- Request of county or tribal child protection agency

Source: Minnesota Hospital Association. Neonatal Abstinence Syndrome (NAS) Toolkit. Available at: http://www.mnhospitals.org/quality-patient-safety/quality-patient-safety-initiatives/obstetrics-newborn/neonatal-abstinence-syndrome

Screening Women for OUD and Substance Use in Pregnancy

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ACOG Screening Recommendations

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- The American College of Obstetricians and Gynecologists (ACOG) recommends screening all pregnant women for OUD or the use of other drugs and/or alcohol using evidence-based practices, such as the “screening, brief intervention and referral to treatment” model.
- Screening, brief intervention and referral to treatment involves using a validated tool, providing brief interventions and making appropriate referrals for pregnant women who use drugs and/or alcohol.
- When substance use is suspected or confirmed, ACOG recommends:
  - Using a substance use disorder screening tool during the first prenatal visit and at each subsequent visit.
  - Checking your state’s prescription drug monitoring program to understand the patient’s current and previous prescribing history.
  - Referring patients who’ve had a positive drug test to appropriate community and social resources. A referral should also be made for medication-assisted treatment (MAT), and the patient should receive education about the importance of not using drugs or alcohol during pregnancy.
  - When discussing substance use with the patient, using nonjudgmental language, such as “substance use” or “substance use disorder” instead of “substance abuse.”

Source: ACOG Committee on Health Care for Underserved Women, American Society of Addiction Medicine. ACOG Committee Opinion No. 524: Opioid abuse, dependence, and addiction in pregnancy. Obstet Gynecol 2012;119:1070-6.

Screening Tools for Prenatal Substance Use

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Examples of screening tools used to detect substance use in pregnant women

Measure	Substance/Health Problem Screened	Method of Adminis-tration	Training in Administration Necessary?	Validation Sample(s)	Sensitivity	Specificity
4P's Plus©[a] and Integrated 5P's	Integrated 5P's: Violence, mental health, tobacco, alcohol and illicit substances	Paper and pencil	No	Inpatient and outpatient	87%	76%
Substance Use Risk Profile–Pregnancy (SURP-P[b,c,d])	Alcohol and substances	Paper and pencil	No	Prenatal clinic	Low-risk: 80-100% High-risk: 48-100%	Low-risk: 61-64% High-risk: 84-86%
Tolerance, Annoyed, Cut-down, Eye-opener (T-ACE)	Alcohol	Paper and pencil	No	Prenatal clinic	60-91%[d]	37-79%[d]
Tolerance, Worried, Eye-opener, Amnesia, K[C]ut-down (TWEAK)	Alcohol	Paper and pencil	No	Prenatal clinic	59-92%[d]	64-92%[d]

[a] Only the 4P's Plus screening tool includes psychometrics; the 5P's tool is in the public domain.
[b] The SURP-P does not have an online version. See Yonkers et al. (2010) to review the instrument.
[c] Alcohol, marijuana, cocaine, sedatives, and opioids..
[d] Sensitivities and specificities vary depending on the cut point used to determine risk.

Source: Substance Abuse and Mental Health Services Administration. Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants. HHS Publication No. (SMA) 18-5054. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018.

Treating Pregnant Women for OUD

Treatment Recommendations for OUD

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- According to the Substance Abuse and Mental Health Services Administration (SAMHSA), pregnant women with OUD should be offered MAT consisting of pharmacotherapy with methadone or buprenorphine, as well as evidence-based behavioral interventions.
- ACOG states that MAT is preferable to medically supervised withdrawal because withdrawal is associated with high relapse rates.
  - Buprenorphine and methadone are safe and effective in treating opioid dependence in pregnancy.
  - Referral to appropriate counseling/behavioral health services is an important component of MAT.
- ACOG also recommends:
  - Modifying necessary elements of “standard” prenatal care to meet the patient’s specific needs, such as expanded sexually transmitted infection testing or additional ultrasounds to identify potential fetal growth abnormalities
  - Connecting the patient to services as needed, such as trauma-informed care, housing, food resources, individual and peer counseling, transportation services and child care resources
  - Making and documenting referrals to behavioral health care providers
  - Collaborating with behavioral health care providers to provide comprehensive care

Sources: acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Opioid-Use-and-Opioid-Use-Disorder-in-Pregnancy?IsMobileSet=false

NIDA. (2012, July 6). Buprenorphine During Pregnancy Reduces Neonate Distress. Retrieved from drugabuse.gov/news-events/nida-notes/2012/07/buprenorphine-during-pregnancy-reduces-neonate-distress on 2017, November 21

Postpartum Recovery and Support

Postpartum Support Recommendations

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- Ensure ongoing case management support for the mother, father and infant, including addressing social determinant needs and barriers to MAT. MAT treatment is critical to recovery during the postpartum period.
- Provide counseling and support as the mother considers breastfeeding options.
- Provide counseling and access to effective birth control options, including long-acting reversible contraception.
- Provide education about and access to naloxone, which can treat an opioid overdose.
- Connect the patient to appropriate supports such as parenting services.

Source: SAMHSA Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants
https://store.samhsa.gov/system/files/sma18-5054.pdf

Screening and Treating Infants for NAS

Screening Infants for NAS

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- According to SAMHSA, the onset of NAS varies among infants and depends on the opioid to which they were exposed.
- Using standardized NAS assessments and treatment protocols helps improve health outcomes in infants.
- Evidence-based NAS screening tools include:
  - Neonatal Abstinence Syndrome Score, also known as the Finnegan Neonatal Abstinence Score (FNAS)
  - MOTHER NAS score (MNS)

Sources:

SAMHSA Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants : https://store.samhsa.gov/system/files/sma18-5054.pdf

NCBI: ncbi.nlm.nih.gov/pmc/articles/PMC5611403/

SAMHSA Recommendations for Treating Infants for NAS

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- An infant born to a mother who used opioids or required pharmacotherapy to treat OUD during her pregnancy should be monitored and managed according to a formal protocol for NAS.
- Each hospital should adopt a protocol for infants exposed to opioids and other substances in utero.
- An infant exhibiting mild signs of NAS should be managed with nonpharmacological interventions, such as rooming-in, and monitored for progression to more severe symptoms.
- Infants with moderate-to-severe signs of NAS should be managed with nonpharmacological interventions as for infants with mild NAS, with the addition of pharmacotherapy such as liquid oral morphine or liquid oral methadone.
- Neither tincture of opium nor phenobarbital should be used as first-line agents to treat NAS.
- Clonidine or phenobarbital may be used as adjuvants for infants with severe NAS that has not been adequately relieved by morphine or methadone.

Source: SAMHSA Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants
https://store.samhsa.gov/system/files/sma18-5054.pdf

Resources and Contact Information

Learn More

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For more information about NAS and prenatal OUD, please consult the following resources:

- **Providers Clinical Support System (PCSS):** Educational handout for pregnant women on MAT. Go to **pcssnow.org** > Resources > Community Resources > MAT Handouts for Patients and Family Members.

- **SAMHSA:**
  - "Healthy Pregnancy Healthy Baby" Fact Sheets. Go to **samhsa.gov** > Search "Healthy Pregnancy Healthy Baby Fact Sheets."
  - "Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants." Go to **samhsa.gov** > Search "Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants."

- **ACOG:**
  - Recommendations for treating OUD in pregnancy. Go to **acog.org** > Search "Opioid Use Disorder in Pregnancy."
  - "Combat Opioid Use Disorder with New Patient Safety Bundle." Go to **acog.org** > About ACOG > ACOG Departments & Activities > ACOG Rounds > September 2017 > Clinical Practice: Combat Opioid Use Disorder with New Patient Safety Bundle.

UnitedHealthcare Substance Use Disorder Helpline

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- If your patient who is a UnitedHealthcare Community Plan member is struggling with substance abuse, please refer them to the UnitedHealthcare Substance Use Disorder Helpline at **855-780-5955.**
  - Members can call to learn more about treatment options and resources.
  - The Helpline is available 24 hours a day, seven days a week.
  - Learn more at **liveandworkwell.com/recovery.**

Contact Us

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- If you have questions, please contact your UnitedHealthcare Clinical Practice Consultant.
- Starting **Nov. 1**, you can contact our maternity support program by calling **877-370-2891**, 8 a.m. – 5 p.m. local time.

Thank you.

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