Discussion Points: Preparing Pregnant Patients with SUD for Delivery

Purpose

The intention of this document is to provide ongoing guidance for the PSEED (perinatal substance exposure educator) after completion of the PSEED training course and PSEED Toolkit #2. This document provides prompts and discussion points to share standardized information with pregnant patients affected by opioid use disorders (OUD). Delivery can be a stressful time filled with many interruptions and multiple systems of care. A delivery for a person with substance use disorders can be even more so. Information sharing ahead of time is a way of supporting patients during this time of transition. Knowing what to expect before delivery increases opportunities for the post-delivery hours to be more focused on the parent-infant dyad.

This document is intended to be used as a part of the Perinatal Substance Exposure Educator (PSEED) toolkit in conjunction with Technical Assistance provided by Project CARA. Please visit mahec.net/cara for more details.

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I. Foundational Models: Trauma-Informed Care

Addressing trauma is a key component of care delivery. SAMHSA's tenets of trauma-informed care include fostering:

- Safety
- Trustworthiness and transparency
- Collaboration and mutuality amongst staff and clients for mutual decision-making
- Voice and choice
- Awareness of cultural, historical, and gender issues - offering gender responsive services leverages the healing value of traditional cultural connections, and recognizing and addressing historical trauma

In addition to these five tenets, PSEED is built on evidence-based recommendations for OUD care in pregnancy, including the use of non-stigmatizing language.

II. How to Approach the Conversation

- Utilize the "Rule of three": on any given appointment, aim to have no more than three providers meet with each patient to avoid overwhelming them.
- Set a time for this conversation to give patients an opportunity to prepare questions and invite a support person.
- Have the care provider introduce the perinatal substance exposure educator (PSEED) and explain the importance of their role.
- Clearly state that the PSEED does not work for the Department of Health and Human Services (DHHS).
- Acknowledge that this is likely a stressful time for the patient. Allow the patient space to talk about DHHS involvement if they feel comfortable.
- Remember that you can always start by asking the patient what questions or concerns they may have.
- Familiarize yourself with topics you will likely receive questions about from patients. These topics include:
    - Hospital and discharge planning
    - Treatment options for newborns in the hospital (including Eat, Sleep, Console and medications available to treat withdrawal)
    - CAPTA/CARA Laws and DHHS intervention
    - Local treatment options (both inpatient and outpatient)
    - Case management and insurance coverage

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III. Hospital and Discharge Planning

- Utilize PSEED Toolkit 2 to familiarize yourself with your local hospital's protocols and treatment processes for patients with opioid use disorders and substance-exposed newborns.

- Be prepared to answer questions about medication for neonatal opioid withdrawal syndrome (NOWS) including:
  - Type of medication
  - Location of administration
  - Length of stay for newborn

- Ensure that you cover the following topics with your patient:
  - Length of stay for birthing patient
  - If birthing patient and newborn will be able to remain together
  - How either Finnegan scoring or Eat, Sleep, Console (ESC) is used based on which system the hospital utilizes.
  - Plans to have a support person with them in the hospital, if possible.
    - Inform patient that their support person will likely become aware of their substance use (if they are not already).

Helpful Knowledge for PSEED

Neonatal Opioid Withdrawal Syndrome (NOWS)

- NOWS is a withdrawal syndrome that is seen in 30-80% of infants born to delivering parents who are engaging in opioid agonist treatment.
- NOWS is an expected and treatable condition.

Eat, Sleep, Console and Finnegan Scoring

- Eat, Sleep, Console (ESC) is a tool for assessing NOWS that is reliable and easier to use, in comparison to older methods.
- ESC can be utilized alone or in conjunction with Finnegan Scoring, an older method that scores NOWS severity based on infant symptoms.
- ESC emphasizes non-pharmacological treatments to reduce the need for NICU admissions.

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IV. Department of Health and Human Services (DHHS) & CAPTA/CARA Law

- Remember that knowledge is power; discussing potential DHHS involvement can help families prepare to make decisions about treatment, safety planning, and potential placement.
  - It is important for families to feel they have power in developing a plan of care for their infant if there will be DHHS intervention.
  - Focus on the things that the patient and their family have control over.
- Familiarize yourself with the CAPTA/CARA federal mandate and your local DHHS's process.
  - While you won't have all of the answers, as each case is different, you should know the typical protocols for your area hospital and DHHS.
  - Explain to patients that there is a lot of confusion around CAPTA/CARA law, but encourage them to be grounded and ready to have a discussion, and to partner with DHHS to discuss a safe discharge plan.
- Explain to your patients that there are different factors that can impact DHHS's involvement and decisions around custody, including:
  - Previous involvement with DHHS
  - Other children placed outside of the home (i.e. foster care)
  - Confirmed neonatal exposure to illegal and/or unprescribed substances
- Encourage patients to involve other family members as part of their safety planning.

Helpful Knowledge for PSEED

CAPTA/CARA Law

- The Child Abuse Prevention and Treatment Act requires health care providers in every state to notify child protective services if they are involved in the delivery of an infant who is affected by substance use or who demonstrates withdrawal symptoms related to prenatal drug exposure or fetal alcohol spectrum disorder

- There is no definition of "affected by substance use" or "withdrawal symptoms"; therefore, every state is able to interpret these terms differently, which often leads to confusion.

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V. Treatment Options

- Encourage patients to discuss with their medical and behavioral health care providers what treatment option is best for them.
  - o Reminder: As an educator, it is not your role to recommend care for your patient; simply be available to answer general questions and direct them to the appropriate care provider.
- Learn about local inpatient and outpatient options that a patient may consider.
- Familiarize yourself with your area's SUDS inpatient programs' recommended length of stay, visitor protocols, and discharge plans.

Helpful Knowledge for PSEED

Inpatient Substance Use Disorder Treatment

- Inpatient substance use disorder care is a form of residential treatment that is meant to provide support during the medically supervised withdrawal/ stabilization phase.
- Treatment often consists of structured days with individual and group therapy, skill-building activities, and meal times.
- Unless a person is involuntarily committed to treatment, inpatient care is not locked; patients are able to leave if they want to.

Opioid Treatment Programs (OTP)

- Opioid Treatment Programs are a form of outpatient substance use treatment.
- All OTPs offer methadone, and some OTPs offer both methadone and buprenorphine.
- OTPs have very strict schedules for patients who take methadone.

VI. Other Community Resources

- Familiarize yourself with your area's options for care management based on your patient's substance use, insurance status, and location.
- Learn about the process for applying for Pregnancy Medicaid through your local health department.

Helpful Knowledge for PSEED

Pregnancy Medicaid & Care Management for High Risk Pregnancy

- Eligibility for Pregnancy Medicaid is broader than routine Medicaid requirements and is available during pregnancy through one year postpartum.
- Patients can apply for Pregnancy Medicaid through their local health department.
- Patients can also connect with an Care Manager for High Risk Pregnancy (CMHRP) through their local health department.
  - o The care manager can help patients navigate and locate resources like transportation, community referrals, housing options, and programs like WIC and Medicaid.

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VII. Key Takeaways for You as a PSEED

- You don't have to have all of the answers – the most important components are your approach to the conversation, your willingness to develop an individualized plan, and your knowledge of who to contact for specifics.
- Language matters.
- Trauma-informed, non-judgmental, non-coercive care is necessary.
- In these conversations with patients, you must be willing to meet the patient where they are, promote patient choice, and empower them to participate in their own care.

To learn more about the PSEED program and access parts 1 and 2 of this toolkit, please visit mahec.net/cara.

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