



Improving Response to Perinatal and Reproductive Health in SUD Treatment Settings

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All Provider Meeting



Making the Connection: Reproductive Health, Pregnancy and SUD

- Why this conversation is important for Los Angeles
- How this relates to your services
- Moving towards integration



SUD and SRH

- Half of pregnancies in the US are unintended
 - Increased risk of prenatal exposure to alcohol and substances before a woman knows she is pregnant
 - Need for conversations about pregnancy intention and preconception care
- Linked to:
 - Diminished fertility
 - Miscarriage
 - Higher likelihood of sexually transmitted infections and HIV
 - Increasing rates of mother-to-fetus syphilis (congenital syphilis)
 - Higher likelihood of domestic/sexual violence (DSV) by an intimate partner



SUD and Pregnancy

- Significant public health concern locally and nationally
- National prevalence of pregnant women with OUD at labor and delivery has more than quadrupled from 1999 to 2014
- 18% of US women use alcohol in the first trimester
- Family history of SUD increases risk for substance use during pregnancy
 - Prenatal exposure to substances perpetuates the cycle of generational addiction

1. Opioid Use Disorder Documented at Delivery Hospitalization — United States, 1999–2014; https://www.cdc.gov/mmwr/volumes/67/wr/mm6731a1.htm?s_cid=mm6731a1_w
2. Effects of prenatal alcohol and cigarette exposure on offspring substance use in multiplex, alcohol-dependent families, <https://pubmed.ncbi.nlm.nih.gov/25581650/>
3. Opioid Prescription Claims Among Women of Reproductive Age — United States, 2008–2012, <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6402a1.htm>
4. *Vital Signs*: Prescription Opioid Pain Reliever Use During Pregnancy — 34 U.S. Jurisdictions, 2019, <https://www.cdc.gov/mmwr/volumes/69/wr/mm6928a1.htm>
5. SAMHSA, The NAUSH Report, <file:///C:/Users/c195467/Pictures/spot123-pregnancy-alcohol-2013.pdf>



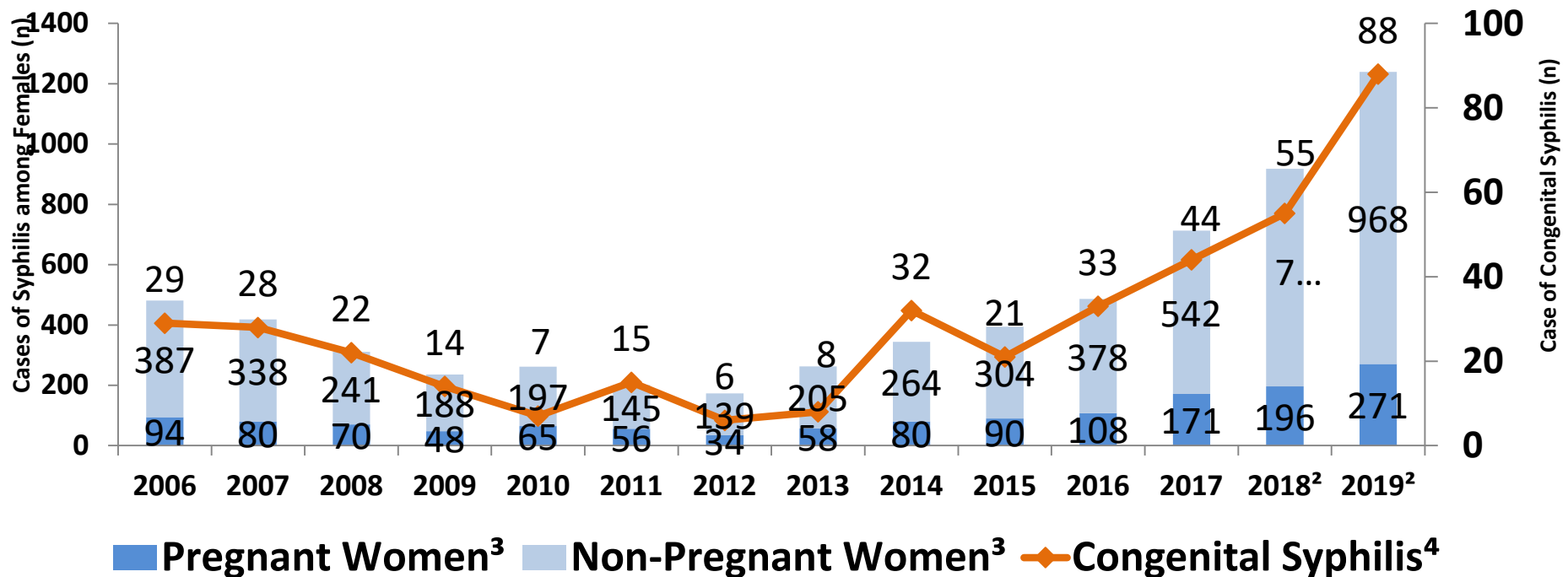
Adverse Impacts of SUD on Health Outcomes

- Preterm birth (<37 weeks gestation)
- Stillbirth
- Low birth weight & growth impairment
- Neurological damage & developmental delays
- Birth defects and malformations
- Breathing & feeding complications
- Neonatal abstinence syndrome (NAS)
- Fetal alcohol spectrum disorder (FASD)
- Neonatal opioid withdrawal syndrome (NOWS)
- Lower likelihood of accessing prenatal care
- Poorer obstetric outcomes
- Maternal death
- Higher likelihood of antenatal ED visits and hospitalizations
- Higher chance of STIs and congenital syphilis (CS)

1. Opioid Use Disorder Documented at Delivery Hospitalization — United States, 1999–2014; https://www.cdc.gov/mmwr/volumes/67/wr/mm6731a1.htm?s_cid=mm6731a1_w
2. Opioid Prescription Claims Among Women of Reproductive Age — United States, 2008–2012; <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6402a1.htm>
3. *Vital Signs*: Prescription Opioid Pain Reliever Use During Pregnancy — 34 U.S. Jurisdictions, 2019; <https://www.cdc.gov/mmwr/volumes/69/wr/mm6928a1.htm>
4. CDC; <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/substance-abuse/opioid-use-disorder-pregnancy/pdf/MMWR-Opioids-Use-Disorder-Pregnancy-Infographic-h.pdf>
5. Opioid Use Disorder Documented at Delivery Hospitalization — United States, 1999–2014; https://www.cdc.gov/mmwr/volumes/67/wr/mm6731a1.htm?s_cid=mm6731a1_w
6. CDC; <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/substance-abuse/opioid-use-disorder-pregnancy/pdf/MMWR-Opioids-Use-Disorder-Pregnancy-Infographic-h.pdf>



Number of Female Syphilis Cases and Congenital Syphilis Cases, Los Angeles County, 2006-2019¹



¹ Data are from STD Casewatch as of 07/05/2020 and excludes cases from Long Beach and Pasadena

² 2018-2019 data are provisional due to reporting delay.

³ Syphilis among females of reproductive age (ages 15-44) including all cases staged as primary, secondary, early non-primary non-secondary (previously early latent) and unknown duration/late (previously late latent)

⁴ Congenital Syphilis includes syphilitic stillbirths



SUD, Pregnancy and Congenital Syphilis (CS) in Los Angeles County

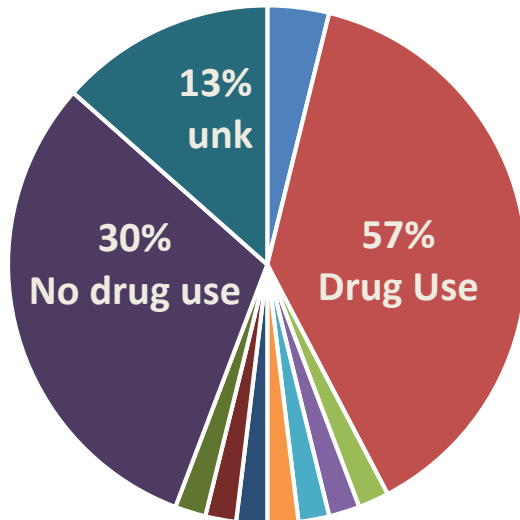
- **Preventable with early detection and timely treatment**
- High infant mortality rate (8-10%) – likely to be stillborn
- Cases across all SPAs
- Strong correlation in women:
 - With a SUD
 - With Hx of mental illness
 - Experiencing homelessness
 - Hx of arrest
 - Who access prenatal care late, not at all or inconsistently
- Over 35% of infants born with CS are placed in the DCFS/foster care system due to maternal substance use

1. Source: LA County Division of HIV and STD Programs (DHSP)

2. DHSP Syphilis in Women Action Toolkit <http://publichealth.lacounty.gov/dhsp/SyphilisInWomen-ActionKit.htm>

2018 Maternal Characteristics (n=54)

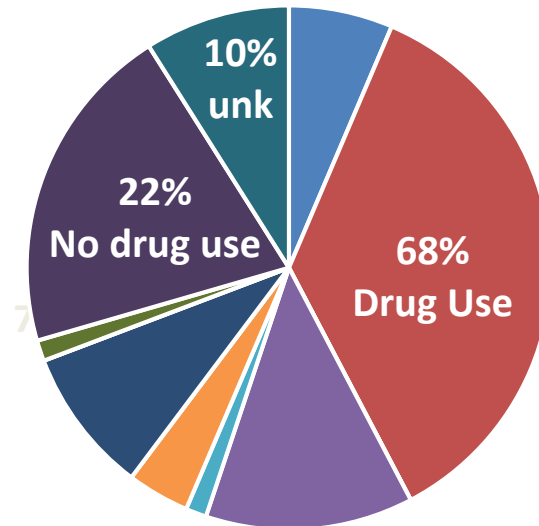
Drug Use During Pregnancy



- Meth+/- opiates-heroin(7%)
- Meth Only+(67%)
- Meth+MJ(7%)
- Cocaine Only(3%)
- Cocaine + MJ(3%)
- MJ Only(3%)
- Ecstasy(3%)
- Yes,type unk(3%)
- No Drug use
- Unknown

2019 Maternal Characteristics (n=88)

Drug Use During Pregnancy



- Meth+/- opiates-heroin(9%)
- Meth Only+(48%)
- Meth+MJ(17%)
- Cocaine Only(1%)
- Cocaine + MJ(4%)
- MJ Only(12%)
- Ecstasy(0%)
- Yes,type unk(9%)
- No Drug use
- Unknown

Reproductive Health, Pregnancy and SUD

Bi-Directional Engagement = Greater Impact

Reproductive and Perinatal Clinical Settings	<ul style="list-style-type: none">• Routine screening for substance use and SUDs• Linkages to SUD treatment and MAT	<ul style="list-style-type: none">• Standard of care
SUD Treatment Settings	<ul style="list-style-type: none">• Routine pregnancy intention screening• Assessing for reproductive health care needs• Linkages to SRH/perinatal care	<ul style="list-style-type: none">• Reduces missed opportunities for care• Promotes prevention• DPH opportunity



Integrating SRH into SUD Settings

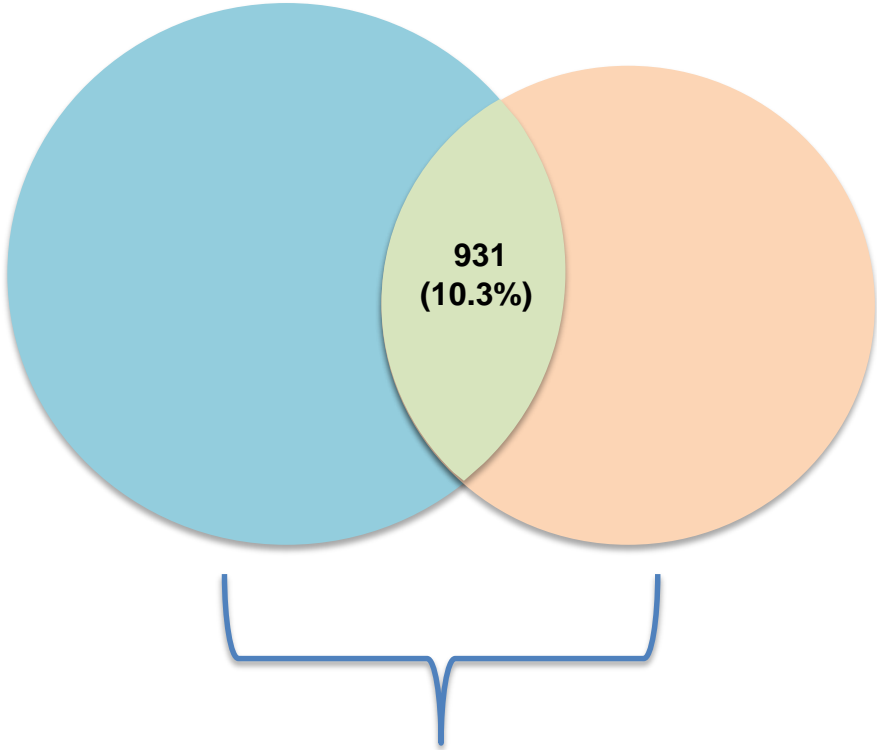
- Improves maternal and child health outcomes
- Streamlines access to needed care for high-risk populations
- Enhances quality, client-centered care in achieving reproductive goals/preferences
 - Preventing unintended pregnancy during treatment
 - Timely access to prenatal care and postpartum support
 - Offers women dealing with SUD an opportunity for self-efficacy and positive self-image
 - Improving SUD recovery outcomes
- Supports reproductive wellbeing and health equity

SAPC Served Women of Reproductive Age (18-50)



Women of reproductive age served in the PPW network, 5,546 (61.1%)

Women of reproductive-age served in the non-PPW network, 4,467 (49.2%)

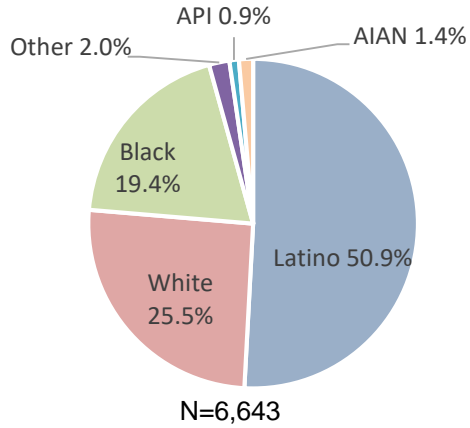


Total unique reproductive-age women served in FY19-20, 9,082

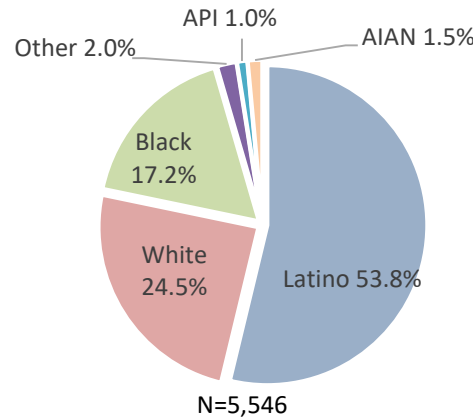
Note: 931 reproductive women ages 18-50 served in both PPW and non-PPW networks
Source: Los Angeles County California Outcome Measurement System (CalOMS) data. Substance Abuse Prevention and Control, Los Angeles County Department of Public Health.

PPW Network

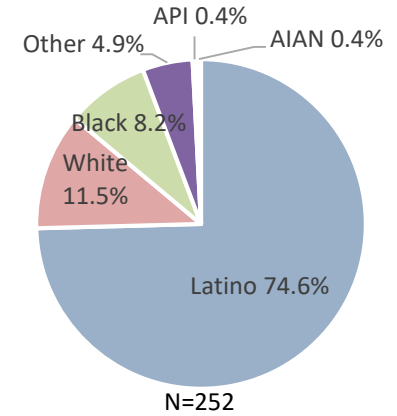
Total Women 12+



Reproductive Women (18-50)

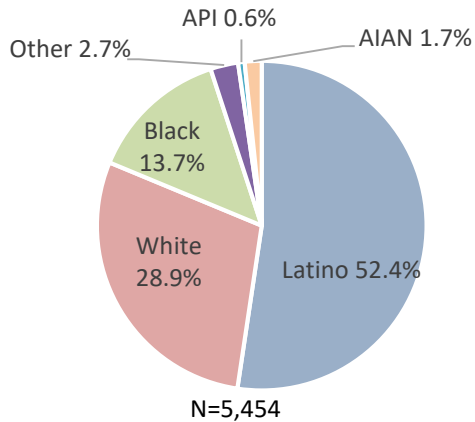


Female Youth (12-17)

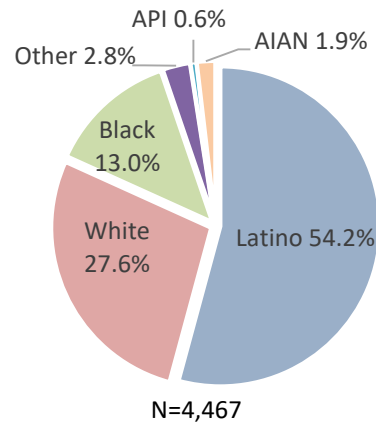


Non-PPW Network

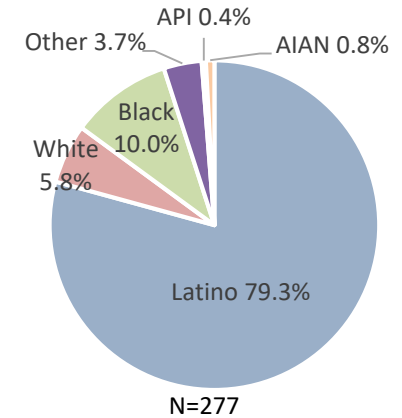
Total Women 12+



Reproductive Women (18-50)



Female Youth (12-17)

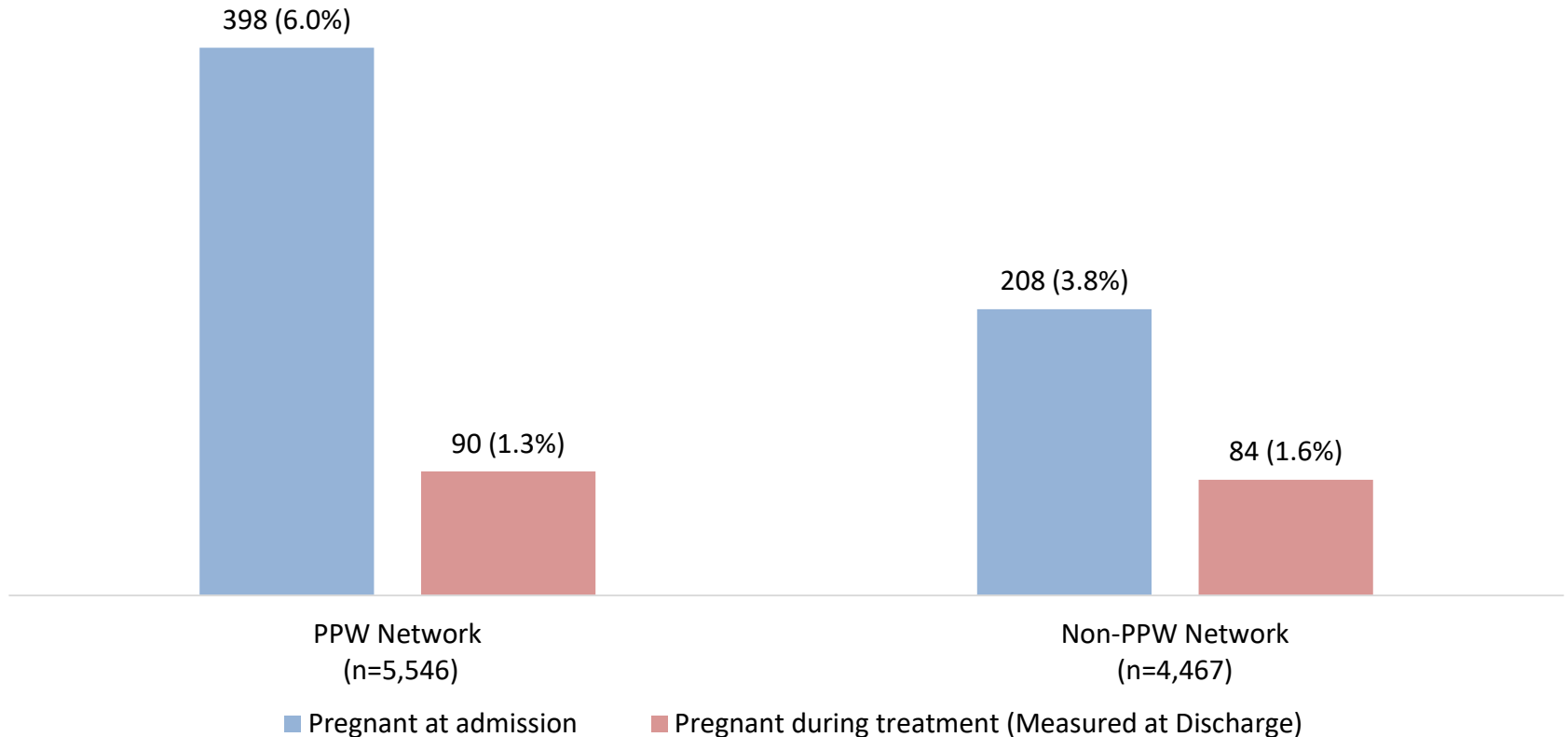


Pregnancy Status among Reproductive-Age Women



488 pregnant, PPW network

292 pregnant, non-PPW network



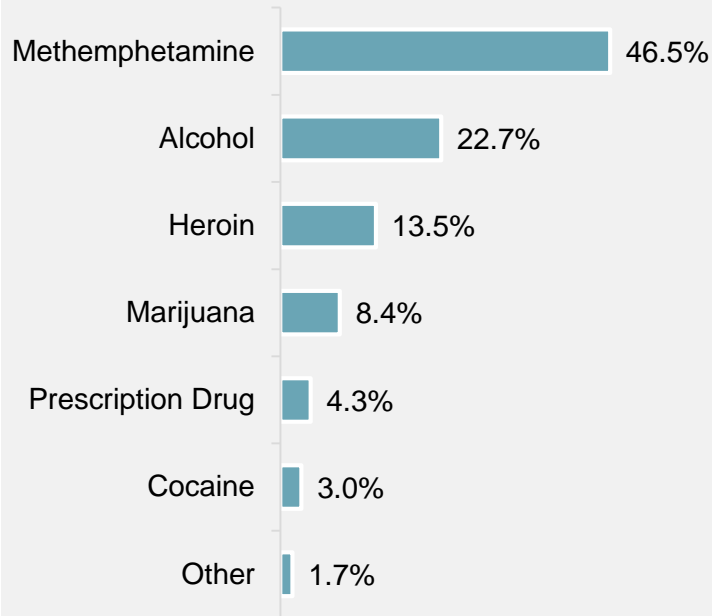
FY19-20

Note: based on self-reports and non-missing values only.

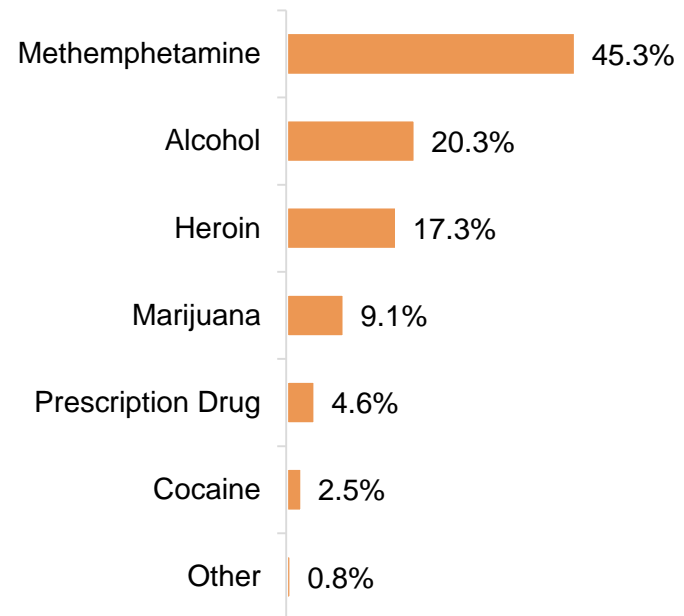
Source: Los Angeles County California Outcome Measurement System (CalOMS) data. Substance Abuse Prevention and Control, Los Angeles County Department of Public Health.



Primary drug of problem at admission among reproductive-age women served in the **PPW network**



Primary drug of problem at admission among reproductive-age women served in the **non-PPW network**



Note: based on self-reports and non-missing values only.

Source: Los Angeles County California Outcome Measurement System (CalOMS) data. Substance Abuse Prevention and Control, Los Angeles County Department of Public Health.



Guiding Principles of SRH Integration

- **Reproductive health and freedom is a human right**
 - Whether or not to become pregnant
 - When to become pregnant
 - How often and birth spacing
- **SRH is a core component of overall health, wellbeing and recovery**
- **SRH promotes prevention**
 - Must be integrated into SUD treatment
- **SRH addresses a spectrum of services for all people**
 - Regardless of age, gender and sexual orientation
- **SRH integration advances health, race and gender equity**
 - Aligns with reproductive justice principles

SUD and Adverse SRH Reflect the Social Realities of Women's Lives

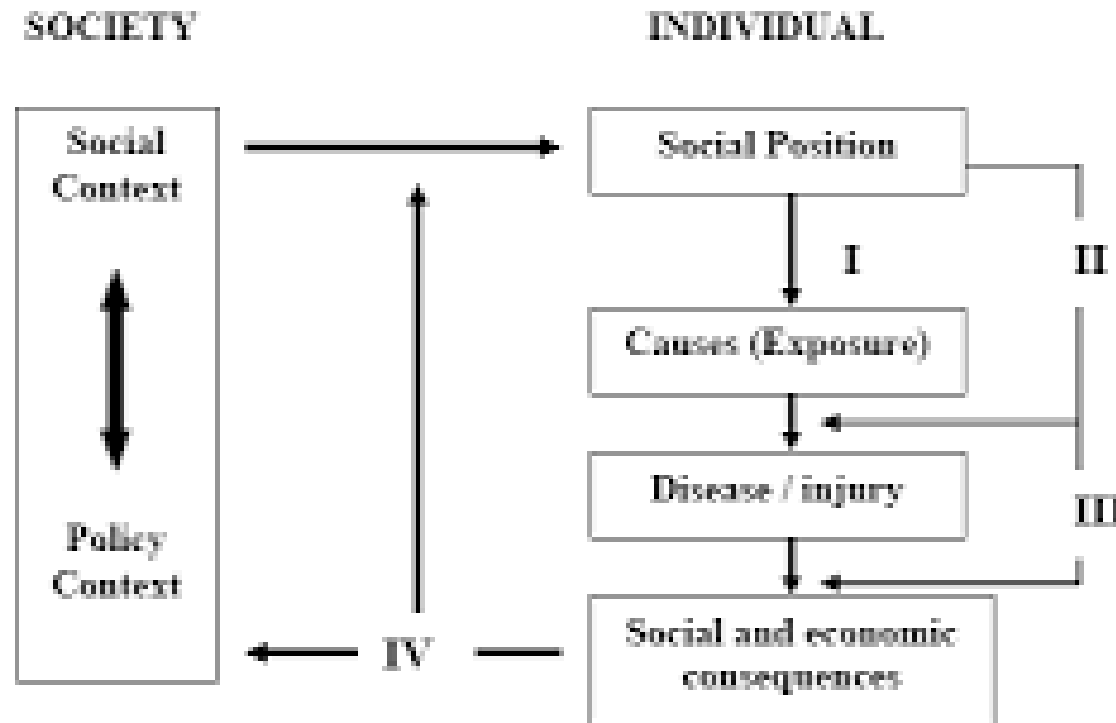


Fig: Diderichsen, et al. (2001).



SUD Treatment during Pregnancy

- **SUD treatment (including MAT) during pregnancy is highly effective**
 - Reduction in preterm birth and low birth weight
 - Stronger engagement in prenatal care and SUD treatment
 - Reduced likelihood of overdose and death
 - Platform for access to other support services
- **Pregnancy may help to better engage women in treatment**
 - Although may not be widely accessed
 - May be more likely after delivery than before or during pregnancy
- The role of stigma and other barriers in non-engagement of Tx

1. The Prevalence and Impact of Substance Use Disorder and Treatment on Maternal Obstetric Experiences and Birth Outcomes among Singleton Deliveries in Massachusetts, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5380534/>

2. Drug treatment utilization before, during and after pregnancy, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3377323/>



DPH Opportunities for Advancement

- Priority to integrate SRH counseling and pregnancy intentionality within SUD treatment settings
 - Implementation of routine pregnancy intention screening
 - *“Would you like to become pregnant in the next year?”*
 - 661 screenings since May 2019
 - 177 trained (PPW and non-PPW providers, and SAPC staff)
 - Warm handoffs to trusted SRH/perinatal clinical providers
- African American Infant Maternal Mortality (AAIMM) initiative
- Continued training and technical assistance efforts

1. Routine pregnancy intention screening, such as One Key Question®



DPH Opportunities for Advancement

- Greater investment across the treatment provider network
 - Prioritizing PPW network
 - Gradual expansion to the non-PPW network
- Bi-directional model with trusted partners
 - Department of Health Services and MAMAs Neighborhood
- Embedding SRH guiding principles into SUD standards of care
 - Informed choice, not coercion
 - Respecting clients and their reproductive freedom
 - Ensuring unbiased, nonjudgmental, quality SRH counseling education and referrals



Questions?

Comments?

**What would you need
to implement screening?**