

*What We Did About Prenatal
Substance Abuse*

Special Care Clinic

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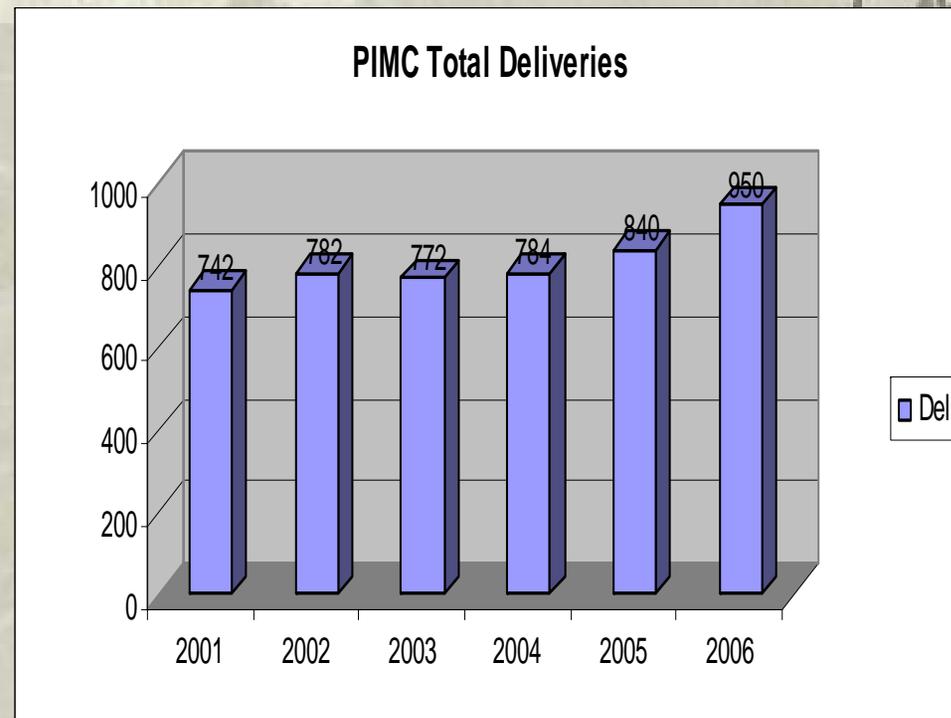
Phoenix Indian Medical Center

Obstetrics Department

- ❖ **990 deliveries per year**
 - 8 CNM's & 8 MD's
 - Approx. 160 + UDS at birth
- ❖ **Level II Nursery**
- ❖ **Active Caseload-800+ prenatal clients**
 - **725 CNM patients**
 - **75 MD (Hi risk)**
 - **30 (5%) in “Special Care Clinic”**

Projected Deliveries 2007

- ❖ Projected 168 positive Urine Drug Screens on admission.
- ❖ 168 babies potentially to be taken from their moms.
- ❖ 168 families, already struggling, to be fragmented and disrupted.



Data

- ❖ 3 years of operation
- ❖ Over 400 participants
- ❖ 70% substance abuse
- ❖ 30% “other diagnoses”
 - **Depression/Anxiety/Grief**
 - **Domestic Violence**
 - **Bipolar**
 - **Schizophrenia**
 - **Developmental delays**
 - **FAS, FAE**
 - **Homelessness**

What Drugs?

- ❖ Methamphetamines
- ❖ Marijuana
- ❖ Cocaine/crack
- ❖ Alcohol- assume concurrent use?
- ❖ Narcotics- opioids

Maternal Effects

- ❖ Tachycardia, Hypertension, Muscular excitability
- ❖ Abruption- separation of placenta from uterus shortly after receiving amphetamines/cocaine
 - Early in pregnancy- SAB
 - Mid-late pregnancy-massive hemorrhage
 - Potential death of mother and baby
- ❖ *This is usually preceded by vaginal bleeding!!!!*

Fetal Effects

- ❖ Intrauterine growth restriction (IUGR)
 - 30% of cocaine exposed fetuses (ACOG)
 - Placental insufficiency
 - Fetal tachycardia, (?hypertension), fetal stroke
- ❖ Increase birth defects-
 - Cardiac, spina bifida, skeletal abnormalities, gastroschisis (hole in the abdominal wall)
 - (Cocaine 4x's, and Meth 6x's)

Neonatal Effects

Preterm labor and delivery

- Small for Gestational Age (SGA)
- Small head circumference
- Learning disabilities
- ADHD
- Developmental delays, etc

❖ Neonatal Nursery

- Lethargic, poor feeder, later irritability
- Neurobehavioral delays

How We Began

- ❖ Staff concern
- ❖ Variation in treating patients
- ❖ Variation in referral practices
- ❖ Lack of knowledge of what or if anything works
- ❖ Strong desire to try to protect unborn
- ❖ Feeling helpless

Began Meeting May 2003

- ❖ Formed “Substance Abuse Workgroup”
- ❖ Nurses from OB ward
- ❖ Nurses from the Women’s Clinic
- ❖ Nurse-Midwives
- ❖ Social Workers
- ❖ Substance Abuse Counselors
- ❖ Public Health Nurse
- ❖ Case Management
- ❖ Pediatricians

Pregnancy

- ❖ “Pregnancy is a powerful motivator....when you find people receptive to treatment”
- ❖ “If you are able to get away from it during your pregnancy, that can carry over to a time when you’re not pregnant”
- ❖ (Randy Stevens, MD,-addiction researcher)

Behavioral Risks

- Compulsive sexual behaviors
- Multiple partners
- Selling sex for drugs
- High rate of STD's
 - Chlamydia, HIV, AIDS, Gonorrhea, Syphilis, Hepatitis C and B
- Criminal behaviors
 - Stealing for money to buy drugs
- **Unintended Pregnancy!!!!**

Support Network

- ❖ Substance abusing women who are pregnant are viewed as the lowest, even less than criminals.
- ❖ They are cast aside by their families and society.
- ❖ Often their only support is the men who supply them with drugs because of the promiscuous sexual behavior they display.

Urine Drug Screens

Written policy

- ❖ No prenatal care
- ❖ Limited or late entry to care
- ❖ Weight loss, emaciation
- ❖ History of substance abuse (per records)
- ❖ Self-reported history (Clinic posters)
- ❖ +Prenatal questionnaire for drugs within last year
- ❖ Vaginal bleeding
- ❖ Preterm contractions
- ❖ Other children removed from home
- ❖ Obvious intoxication

October 2003
“Special Care Clinic” begins

- ❖ One afternoon per week
- ❖ Longer appointments
- ❖ Social workers/substance abuse counselor in clinic to see patients

Stages in Methamphetamine Treatment

- ❖ **1. Get started**
 - agrees to participate in Special Care Clinic.
- ❖ **2. Get clean**
 - Counseling sessions, UDS, Gifts & Incentives
- ❖ **3. Stay clean**
 - Continue with above throughout pregnancy
- ❖ **4. Stay Healthy (Long-term abstinence support plan)** -We need a postpartum program!!!

adapted from CSAT, 1999

Special Care Clinic Agreement

Date _____

Name _____

_____ I would like to participate in the Special Care Clinic Program. I know I will receive gifts at each visit for my baby and myself.

_____ I agree to see a social worker and work with her/him on a plan that will help me with this pregnancy and beyond.

Drug and Alcohol program

_____ I agree to urine drug testing whenever asked by my Nurse-Midwife or Physician.

_____ I would like to participate in receiving gift certificates each time I have 3 negative drug tests **and have kept my counseling appointments.**

Date _____ Drug Screen _____ Date _____ Drug Screen _____

Date _____ Drug Screen _____ Date _____ Drug Screen _____

Date _____ Drug Screen _____ Date _____ Drug Screen _____

Date _____ Drug Screen _____ Date _____ Drug Screen _____

Date _____ Drug Screen _____ Date _____ Drug Screen _____

Date _____ Drug Screen _____ Date _____ Drug Screen _____

Date _____ Drug Screen _____ Date _____ Drug Screen _____

Gift certificate-Date _____

Gift certificate-Date _____

Gift certificate-Date _____

I agree to what is checked above:

_____ Date _____

Signature

Frequency of visit

- ❖ Heavy meth use- consider residential
- ❖ If + for drugs, weekly visits with midwife, and 2 or more visits with social worker/week
- ❖ When several drugs screens are negative, consider weekly visits, etc...

❖ Elk, R., Schmitz, J., Spiga, R., Rhoades, H., Andres, R., & Grabowski, J. (1995). Behavioral treatment of cocaine-dependent pregnant women and TB-exposed patients. *Addictive Behaviors*, 20, 533–542.

❖ This preliminary study examined the efficacy of a contingency management procedure (shaping) on decreasing cocaine use and increasing compliance with health regimens and pregnant substance abusers

- Pregnant substance abusers received monetary incentives for each successive decrease in the level of cocaine metabolite, cocaine-free specimens, or having all three specimens collected each week meet incentive criteria.
- All pregnant patients remained in treatment until delivery; mean treatment duration was 16 weeks.
- Compliance with prenatal care was high, with a mean rate of 72.5% of kept versus scheduled visits..

PIMC Contingency (Reward) System

- ❖ Stimulant users often respond well (TIP 33)
- ❖ Maternal instinct not to harm developing baby
- ❖ Rewards for drug abstinence
 - Healthy baby
 - Gifts
 - Helps with CPS at birth
 - Vouchers for retail outlets
 - Sense of accomplishment
 - Human warmth, bonds with staff

Urine Drug Screens

- ❖ Every 3 negative drug screens-rewarded with \$10 gift certificate for Wal-Mart, target, or Food City
- ❖ Positive drug screens- non-punitive, just seen more frequently (2-3X's weekly if methamphetamines or cocaine)

Social Services/Substance abuse Counseling

❖ *Makes it as accessible as possible!!!*

- PIMC, next door the prenatal visit
- Don't have to explain to clerk purpose of visit
- Same counselor each visit
- Female preferred

Newborns and beyond

NIDA study

- ❖ Howard, J., Tyler, R., Espinosa, M., & Beckwith, L. (1996). Birth outcome in cocaine- abusing women following three months of drug treatment. In L. S. Harris (Ed.), *Problems of drug dependence, 1995: Proceedings of the 57th Annual Scientific Meeting*. National Institute on Drug Abuse.
- ❖ Polydrug-using (cocaine plus other drugs) pregnant women ($N = 72$) participated in a drug treatment program including regular urine toxicology testing.
- ❖ Women who decreased their drug use at least 50% from intake gave birth to infants with longer gestational periods, higher birth weights, and larger head circumferences.

Patient evaluations

- ❖ Some still lost to follow-up
- ❖ 50% have four or more visits- some as many as ten visits
- ❖ Good rapport with patients
- ❖ Many are drug free- others with occasional usage. Often self-report lapses

Comments from patients

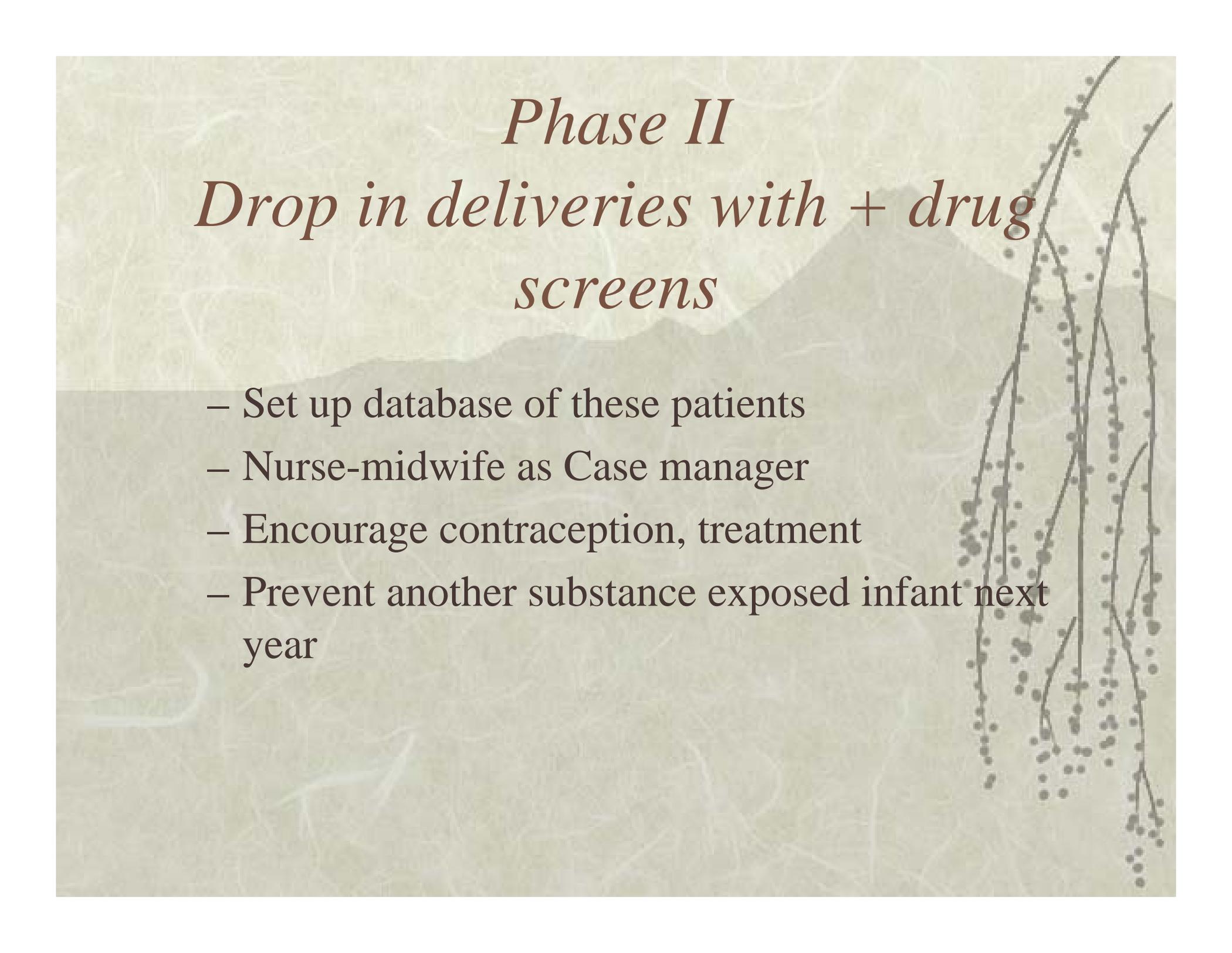
- ❖ I can't believe I have done this!!- (gone without drugs)
- ❖ “It helped me realize I'm gonna be a mother. Also how to take care of myself & child”
- ❖ “Helped me to quit and not use when pregnant”
- ❖ “It helped the most to be screened and drug tested”

Comments from patients

- ❖ “It helped by not judging me”
- ❖ “The social worker and the OB people & the Drs. They all helped me want to change my life for the better. Thank you for helping me want to stay clean”
- ❖ “Kept me clean by encouragement”

*Phase II – drop in deliveries
+ UDS*

- ❖ Reported to CPS
- ❖ If baby is also +, increases level of concern
- ❖ Baby may be placed in foster care
- ❖ Extremely emotional event
- ❖ Mother may plunge deeper into drugs



Phase II
Drop in deliveries with + drug screens

- Set up database of these patients
- Nurse-midwife as Case manager
- Encourage contraception, treatment
- Prevent another substance exposed infant next year

Future plans

- ❖ On site GED program
- ❖ On site support group (substance using women)
- ❖ Native parenting program
- ❖ After care groups
- ❖ Graduate continue to be involved and mentor others

Summary

- ❖ Form a multidisciplinary team
- ❖ Use known treatment protocols
- ❖ Market your program to all departments, members of your organization
- ❖ Use non-punitive, non-judgmental approaches
- ❖ Use pregnancy as a motivator
- ❖ Celebrate every success