



2019 Annual Meeting & Conference

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OCTOBER 28-29, 2019
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*Healthy Mothers, Healthy Babies. In That Order.
Centering Mother's Voices in Maternal Care.*

Overcoming Policy & Community Barriers to Treatment for Pregnant Women Addicted to Opioids in Rural North Georgia



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HMHB Georgia

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Overall Goals

Describe scope of opioid use among pregnant women in Georgia

Describe Bridge Project

Explain various system, policy, and community barriers to treatment for pregnant women addicted to opioids

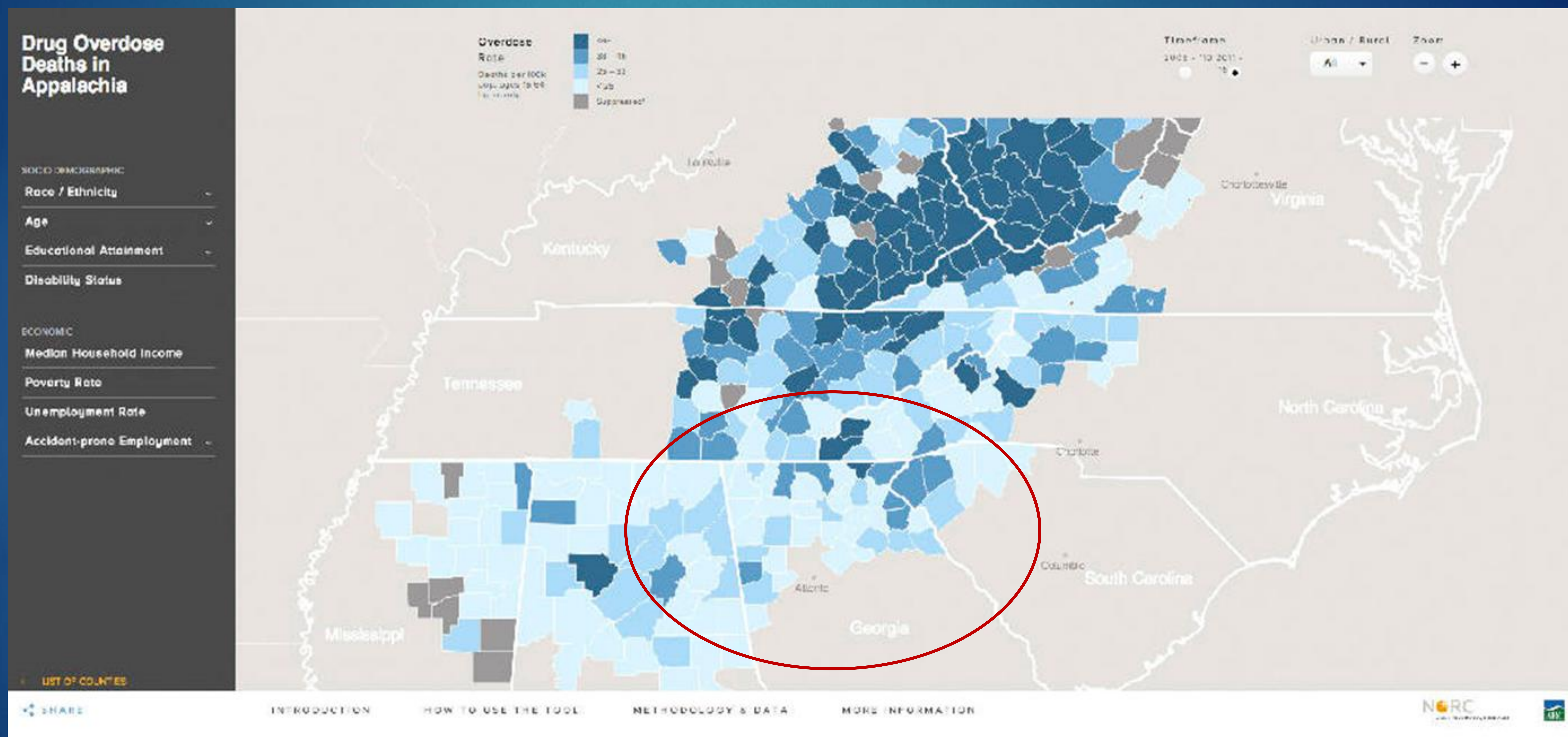
Determine possible solutions for overcoming these barriers to promote appropriate treatment and prenatal care



Scope of Opioid Use Disorder among Pregnant Women in Georgia

HOW BIG OF A PROBLEM IS IT?

Drug Overdose Deaths in Appalachia



Opioid use disorder (OUD) rose more than 4x among pregnant women from 1999 to 2014.



Neonatal Abstinence Syndrome (NAS)

Neonatal Abstinence Syndrome (NAS)



After birth, baby suffers from withdrawal



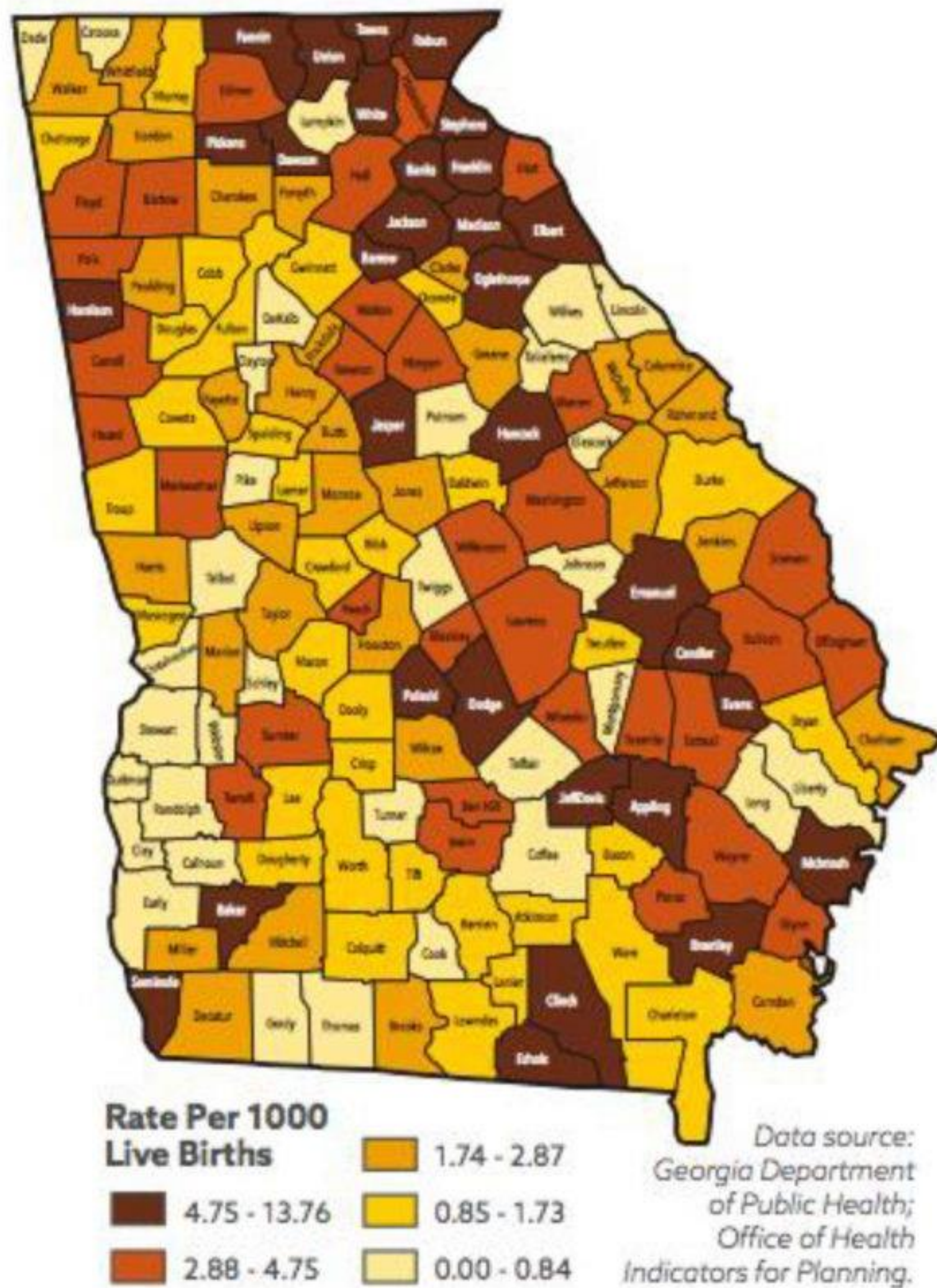
ADAM.



Rates of NAS in Georgia

Inpatient Hospitalizations with Any Diagnosis of NAS

Georgia, 2010 - 2014²



- ▶ Inpatient hospitalizations with any diagnosis of NAS (2010-2014): 1,365
- ▶ Medical costs - \$52,856 per baby

Best Practices



Early and continuous
OUD
screening



Opioid
agonist
pharmacot
herapy
(MAT)

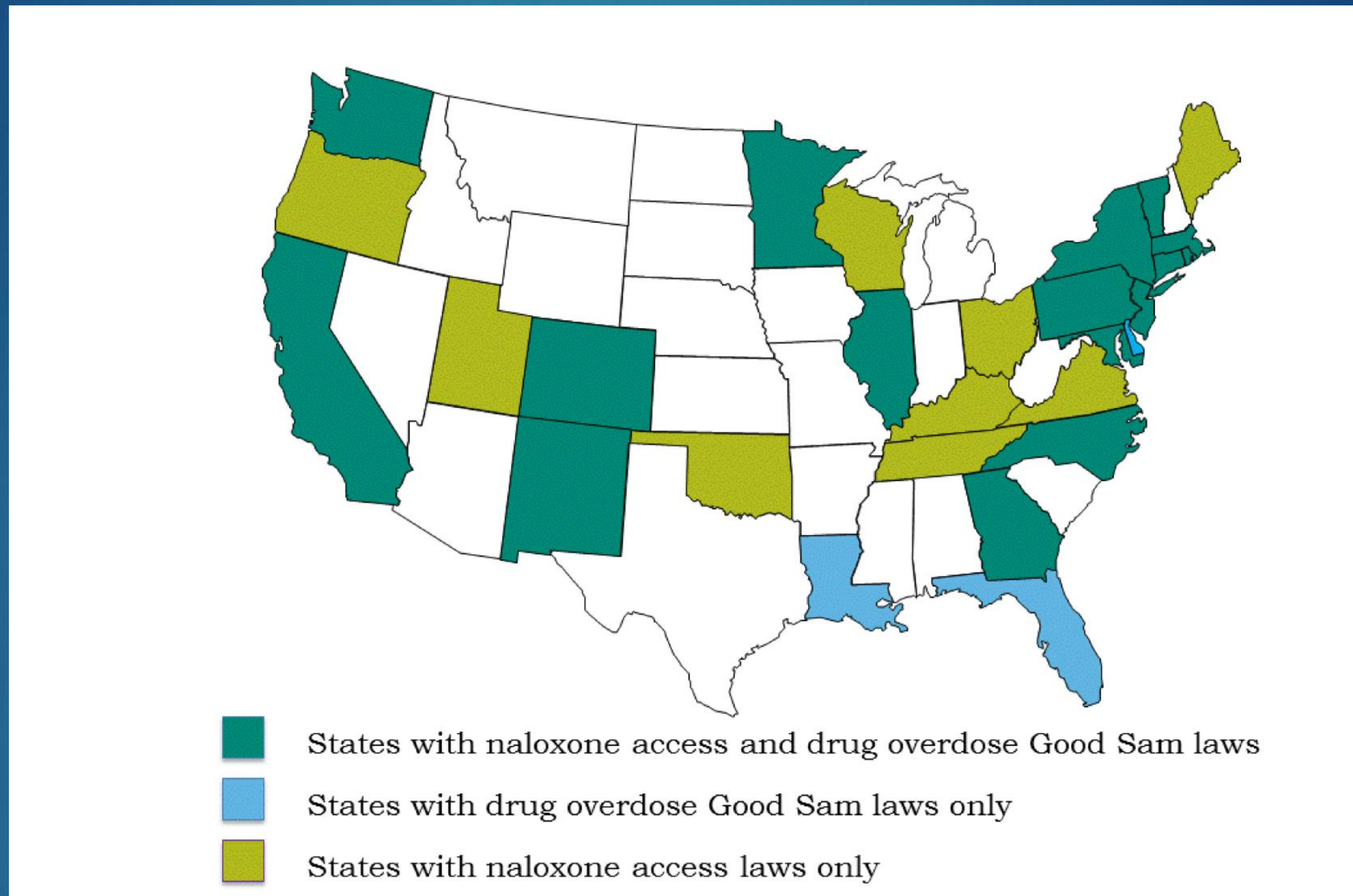


Against
medically-
supervised
withdrawal



Pro
breastfeeding
for medically
stable mothers

Good Samaritan Laws



► <http://choopersguide.com/content/911-good-samaritan-laws-by-state.html>



ONLY **20 PERCENT** OF WOMEN IN GEORGIA WHO ARE ADDICTED TO OPIOIDS AND PREGANT ARE GETTING APPROPRIATE SERVICES AND CARE.*



*Krans EE, Patrick SW. Opioid Use Disorder in Pregnancy: Health Policy and Practice in the Midst of an Epidemic. *Obstet Gynecol.* 2016;128(1):4–10. doi:10.1097/AOG.0000000000001446
Icon from Melinda Courey from Noun Project

The Bridge Project

1: Policy Analysis



CDC.gov

2: Focus Groups

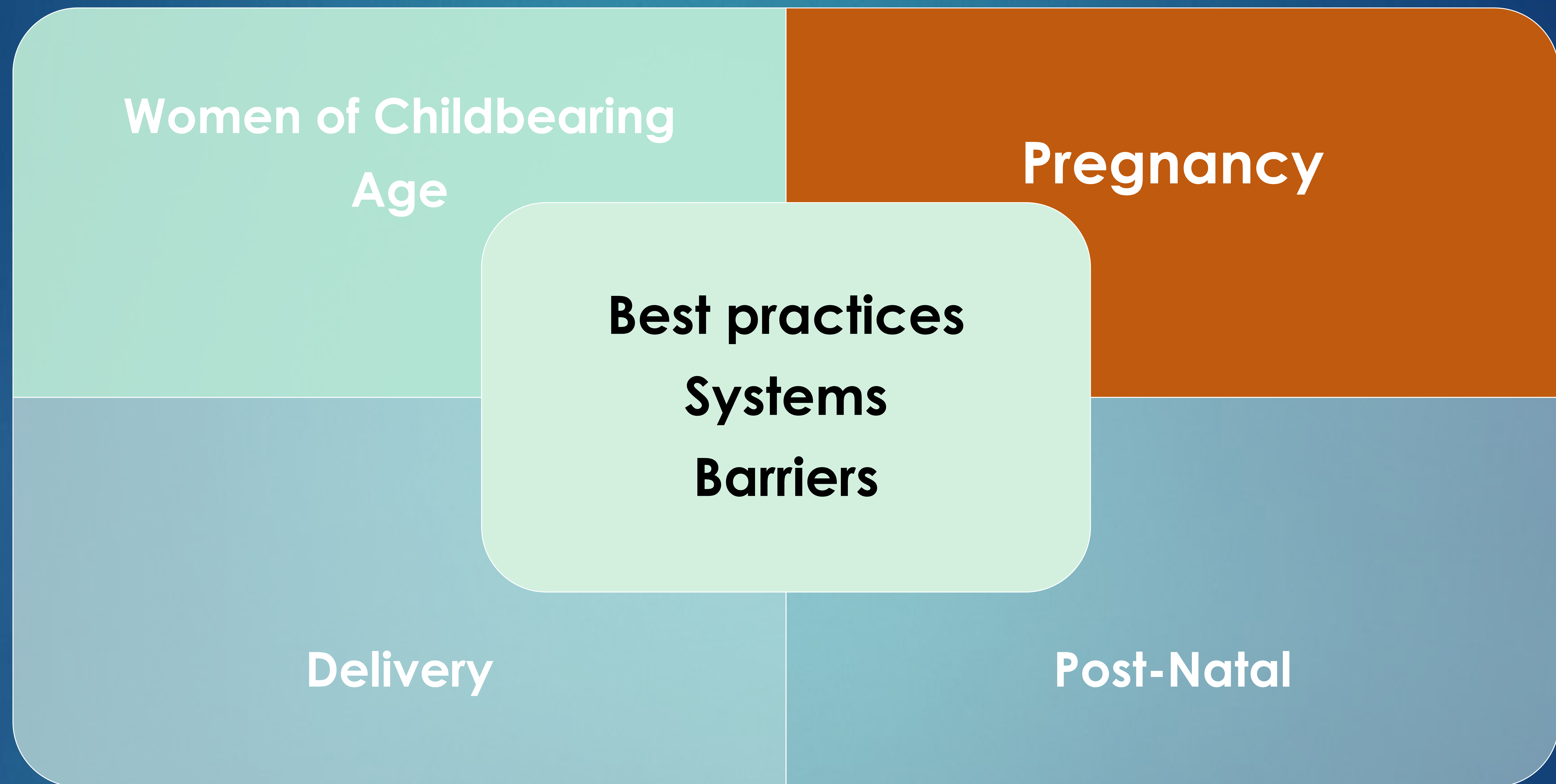


3: Stakeholder Meetings



Research to Action

Systems Framework



Stage: Pregnancy

Best Practices

- General prenatal care guidelines
- Screening for OUD throughout pregnancy
- **If OUD is present**
- Counseling
- Screening for other conditions, e.g. chronic conditions
- Psychosocial care

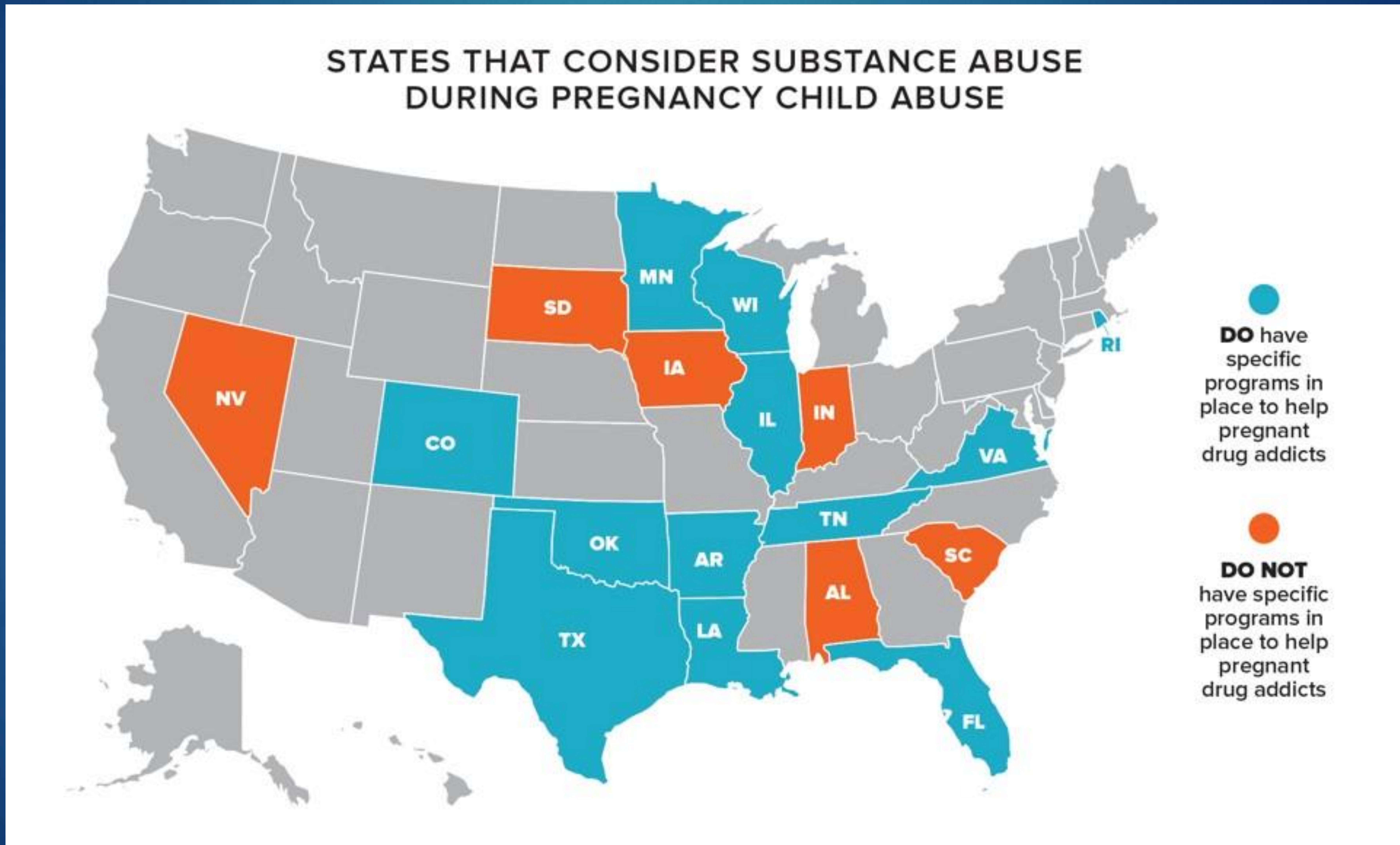
Systems

- Primary Care, Obstetrics, ER, Pain Clinics
- Community health and mental health centers
- State Medicaid systems
- Criminal justice system

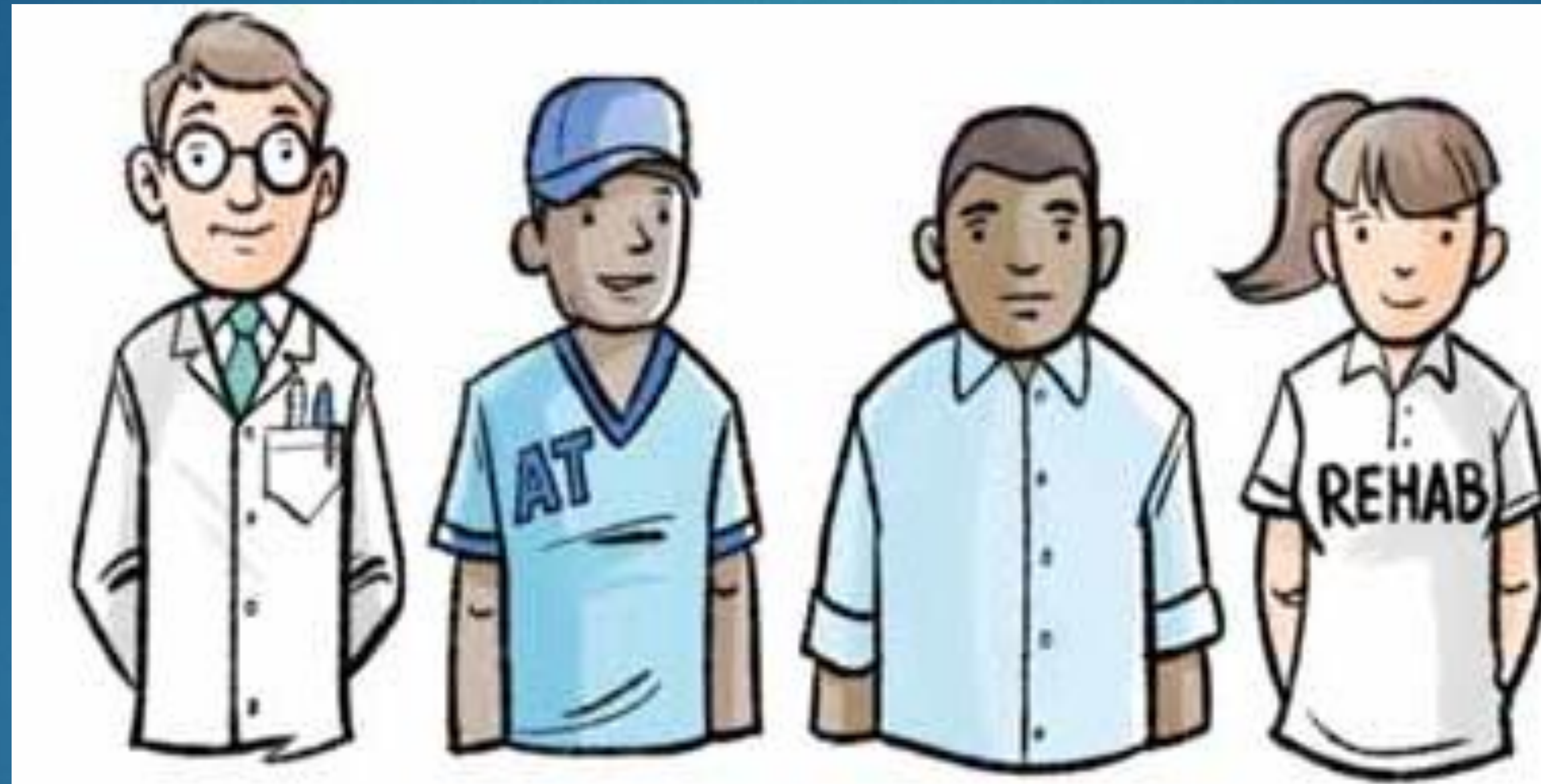
Barriers

- System fragmentation
- Rehab access barriers
- Lack of OUD knowledge
- Lack of MAT prescribing credentials
- Uncertainty about potential negative (legal) consequences
- Stigma
- Inconsistent implementation of law

Barrier 1: Criminalization of Substance Abuse Disorder



Barrier 2: Medical and Social Service Community



- ▶ Inadequate training
- ▶ Provider Stigma/Discomfort
- ▶ No systematic referral system
- ▶ Overwhelmed System
- ▶ Lack of MAT prescribing credentials

Barrier 3: Criminal Justice Perspective

Inadequate training

Law Enforcement Stigma/Discomfort

No systematic referral system

Overwhelmed System

Inconsistent implementation of law



Barrier 4: Individual Level Barrier

- ▶ Fear
- ▶ Internal Stigma
- ▶ Lack of Information
- ▶ Cultural barriers
- ▶ Access/Insurance Barriers



https://www.vice.com/en_us/article/payvbg/pregnant-and-addicted-to-heroin-with-nowhere-to-turn-for-help

Barrier 5: Specific to North Georgia



Transportation

Strong connection to land

Industry – carpet, farming (blue-collar; very task-oriented jobs)

High levels of poverty (low levels of education)

Decreasing rural health facilities

Barrier 5: Specific to North Georgia The Social/Cultural Environment of North GA

▶ Values

- ▶ Collectivist
- ▶ Family-focused
- ▶ Patriarchal
- ▶ Religious
- ▶ Task-oriented
- ▶ Limited government
- ▶ Patriotism
- ▶ Sense of justice
- ▶ Private property
- ▶ Avoid confrontation
- ▶ **Strong distrust in medical system**



Picture copyrighted by Shelby Lee Adams' 1990

The Bridge Project

1: Policy Analysis



CDC.gov



2: Focus Groups



3: Stakeholder Meetings



Research to Action



<https://www.healthline.com/health-news/pregnant-women-on-opioids-should-not-go-cold-turkey#1>

Recommendations

Policy Recommendations

Reduce incidence of NAS

- Screen/refer all pregnant women
- Education for all healthcare providers
- Public health campaigns
- Culturally appropriate anti-stigma campaign
- Clarify law to reduce inconsistencies and reduce fear
- Cross-system collaboration
- Enhance family and peer involvement

Prioritize Harm Reduction Approach

Sample: Approach to System fragmentation

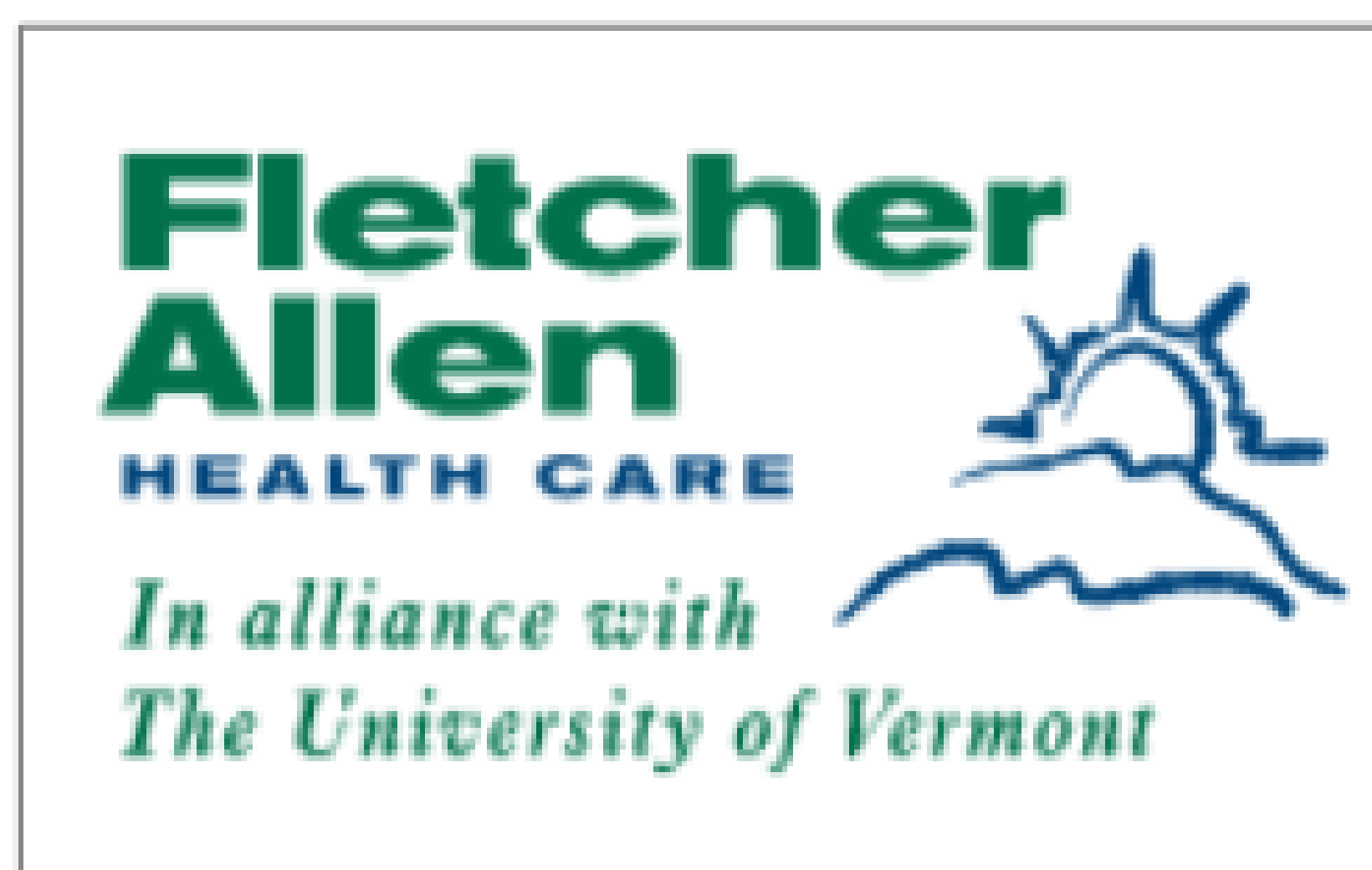
Bring addiction treatment and behavioral healthcare to perinatal care context	Bring perinatal care to addiction treatment context
Substance use counselor full-time in perinatal care context	Family practice physician or OB provides pregnancy services onsite in substance use clinic
Behavioral health specialist onsite to help promote integrated care	Pregnancy group care anchored at addiction treatment site
Onsite social worker provides case management and conducts in-depth mental health assessment	
Addiction-focused nurse-practitioner	
Onsite psychiatrist or addiction medicine physician to manage substance use treatment (e.g., medication-assisted treatment)	

Source: Opioid Use in Pregnancy: Innovative Models to Improve Outcomes, 2017, Goodman, Foster, Walsh, Rakover.

http://app.ihl.org/FacultyDocuments/Events/Event-2930/Presentation-16150/Document-12570/Presentation_ML12_Opioids_Goodman.pdf

VERMONT – The Children and Recovering Mothers (CHARM) Collaborative

CHARM Partners



Department of Children and Families

Department of Corrections

Department of Health, Alcohol & Drug Abuse Programs

Department of Health, Maternal and Child Health

Department Healthcare Access (Medicaid)

Thank You!

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