

# The pregnancy and women's recovery center: empowerment in recovery

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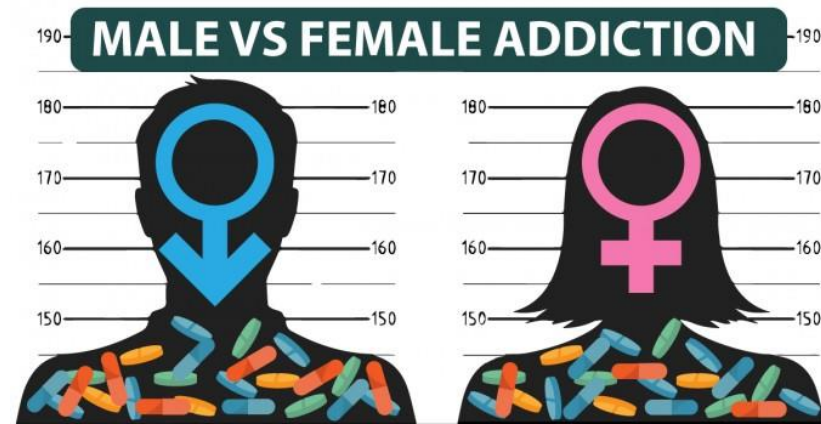
# Women and substance use

- The pathways to substance use are *different* for women compared to men.
- Women have higher rates of co-occurring psychiatric disorders, trauma, abuse and psychological distress.
- Women develop physical dependence to substances more quickly than men, i.e., “telescoping.”
- Women have a higher risk of overdose than men, even when prescribed lower doses.



# Women and substance use

- Women are more likely to be introduced and initiate drug use through their significant other or family.
- Women are less likely to inject substances; however, women accelerate to injecting at a higher rate than men.
  - IVDU is influenced by their sexual partners
  - Compared to men, women are more likely to be involved with a sexual partner that injects



Learn about....

# Substance Use Coercion

Substance Use Coercion is when a partner uses coercive tactics targeted toward your use of substances as part of a broader pattern of abuse, violence, and control.

**You may be experiencing Substance Use Coercion if:**

- Your partner introduces you to substances and then pressures or forces you to use more than you want
- Your partner tries keep you from coming to treatment or does things to interfere with your recovery
- Your partner uses your substance use to isolate, discredit, or threaten you
- Your partner threatens to go through withdrawal if you don't do what they want
- Your partner blames their abuse on your substance use



## Everyone Deserves to Feel Safe and Respected

If someone is harming you, taking your medication, or preventing you from getting care, there is help. Let your provider know if you would like to talk to someone about your safety and recovery.

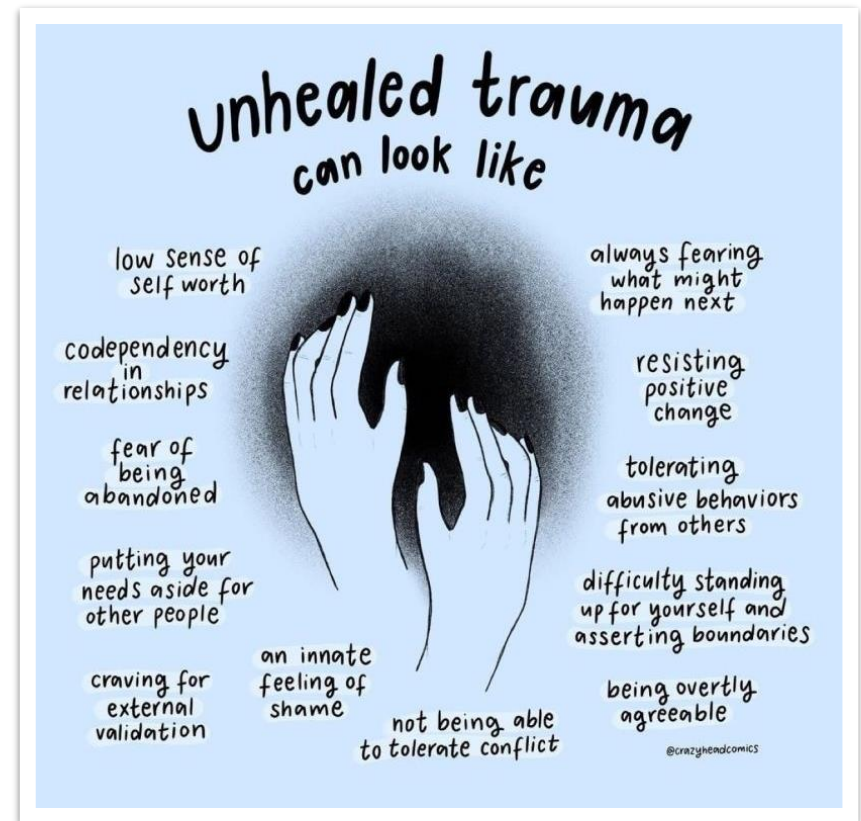
# Influence of gender roles

- Social stigma toward women who use substances is greater than that toward men.
- Gender norms result in further stigmatization
  - Primary caregiver for dependent family
  - Idolization of motherhood
  - Motherly instinct vs. sexual instinct
  - Traditional patriarchal view of marriage
  - Bias towards single motherhood



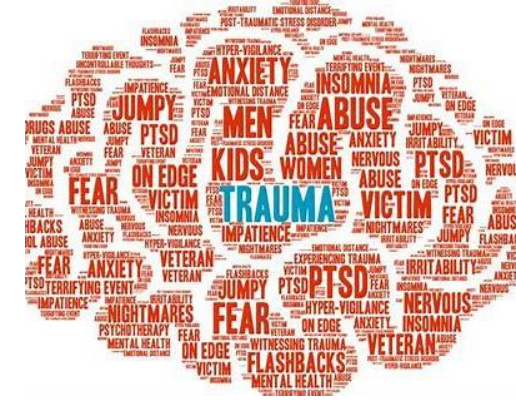
# What is TRAUMA?

- Exposure to actual or threatened death, serious injury, or sexual violence in one or more of 4 ways:
  1. directly experiencing the event
  2. witnessing, in person, the event occurring to others
  3. learning that such an event happened to a close family member or friend
  4. experiencing repeated or extreme exposure to aversive details of such events (i.e., first responders)



# Trauma and PTSD

- Women are more likely to report a history of trauma than men, especially childhood sexual trauma.
- PTSD as a result of childhood sexual trauma and other traumas: often proceeds development of a substance use disorder.
- Substance use to manage PTSD symptoms may lead to an increased risk of experiencing sexual victimization and engaging in at-risk sexual behaviors.
- Women exposed to trauma
  - 1.85X more likely to develop alcohol dependence
- Women exposed to trauma with PTSD
  - 3.54X more likely to develop alcohol dependence



# Trauma informed care

- Understand that *it is not necessary for someone to disclose the specifics of their trauma* in order to receive trauma-informed care.
- Recognize that some people will need more support and different types of support than others.
- Establish a comforting and welcoming physical environment.
- Use strength-based, person-first language.
- Recognize behaviors that providers interpret as being difficult (such as being rude, asking too many questions, or expressing frustration) as attempts to deal with negative past experiences or current stressors.
- Give choices to participants and clients that empower them to set boundaries and determine the pace of physical assessments in the clinical setting.



# The critical role of pregnancy





## Pregnancy is associated with an increased motivation to change

**Pregnant persons are highly motivated and are more active in seeking recovery during pregnancy**

- Feelings of hope or connection to future
- New responsibilities associated with parenthood
- Improved sense of self-worth
- Guilt/internal sense of failure without treatment
- Fear of social repercussions/legal involvement



## Increased stigma associated with pregnancy and parenting

### **Internal Stigma**

Pregnant persons with SUD may feel self-conscious, guilt, self-blame and self-hatred. Fear related to their perceptions of themselves as substance users and/or inability to be a good parent.

### **External Stigma**

Feelings of being stigmatized by others, including counselors, family members, healthcare providers, and friends because of their substance use and its effect on their baby and other children.

# Medication is not enough

- We are treating people, not receptors



# Patient-centered medical home



**Pregnancy and  
Women's  
Recovery Center**



# 10 years ago.....

- In 2014, the Pregnancy Recovery Center (PRC) was started as a payer supported, cost savings program designed to decrease costs associated with:
  - Maternal inpatient methadone hospitalizations
  - Neonatal intensive care unit (NICU) costs associated with NAS
- At that time,
  - Services were only offered for 1-2 days/week
  - 1 full-time RN, providers without protected time to deliver services
  - Programming, revenue, infrastructure was largely undefined
    - Theoretical cost sharing did not materialize
  - Program was “thrown in” with the outpatient clinic
    - 0 level, Medicaid insured patients

# 10 years later....

- Clinical subspecialty of uniquely trained providers with specific content expertise
  - Fellowship training, subspecialty training/certification
  - Comprehensive portfolio of services

## Perinatal Addiction Medicine

Remote consultations



24 hour, 7-days/week

Inpatient consultations



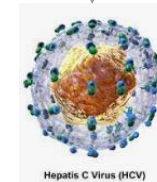
Complex SUD care

Inpatient dyad support



PPU support

Outpatient



HCV  
treatment



SUD care

Telemedicine



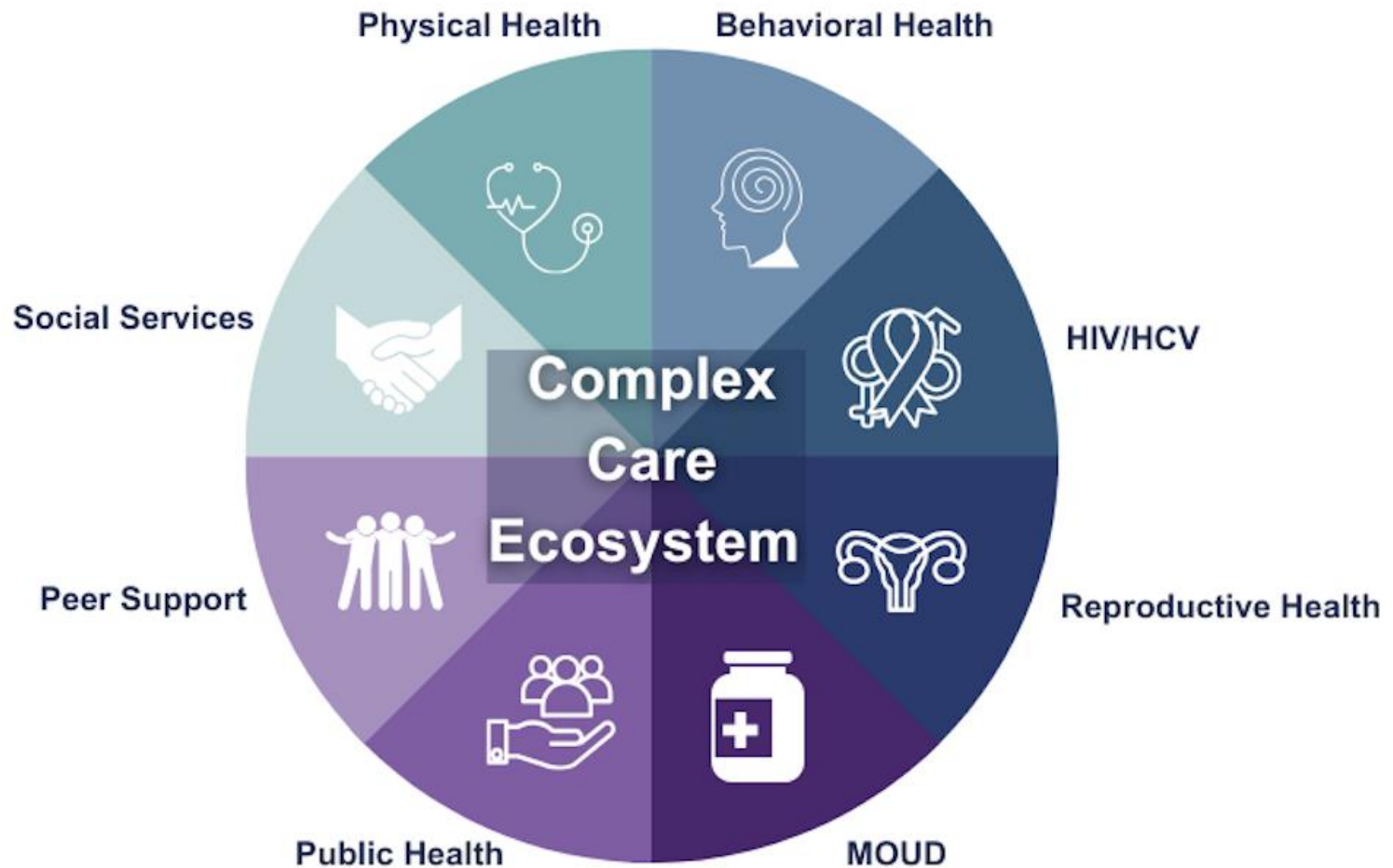
# Collaborative care model



- Pregnancy and Women's Recovery Center
  - 3 nurse case managers
  - 2 social workers
  - 1 behavioral health therapist
  - 2 peer recovery specialist
  - 6 physicians (Ob/Gyn, Family Medicine)
  - 1 APP
- Funding
  - Billable services
  - PA Center's of Excellence (COE) Program
    - Per-member, per-month (PMPM) + traditional fee-for-service
  - Resource grants and foundation funding
    - HRSA, DDAP







**Community Partnerships are Key!**

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## Women-centered programming for women with opioid use disorder

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Topic	Recommendations
<b>Family planning</b>	<ul style="list-style-type: none"><li>• Encourage long-acting reversible contraceptive (LARC) methods</li><li>• Provide immediate postpartum LARC services</li></ul>
<b>Infant Feeding</b>	<ul style="list-style-type: none"><li>• All patients should receive breastfeeding education and support</li><li>• Initiate engagement with WIC (Womens, Infants and Children/Food and Nutritional Services)</li></ul>
<b>Trauma-informed care</b>	<ul style="list-style-type: none"><li>• Understanding the neurobiology of trauma</li><li>• Support training of trauma-informed care for all staff</li><li>• Screen for physical and sexual violence</li><li>• Coordinate care with behavioral health/psychiatric care teams</li></ul>
<b>Parenting</b>	<ul style="list-style-type: none"><li>• Provide parenting skills training and education</li><li>• Link patients and children to social support services (i.e. WIC, early intervention programs)</li></ul>
<b>Childcare</b>	<ul style="list-style-type: none"><li>• Provide safe sleep education</li><li>• Offer and provide childcare services during recovery appointment times</li></ul>
<b>Housing/resource Assistance</b>	<ul style="list-style-type: none"><li>• Integrate social services with an on-site social worker</li><li>• Develop and coordinate a “Plan of Safe Care” with social services providers</li></ul>
<b>Infectious Disease</b>	<ul style="list-style-type: none"><li>• Provide sexually transmitted disease testing and treatment</li><li>• Connection to HCV/HIV treatment providers if identified on screening</li><li>• Encourage condom use</li></ul>
<b>Prenatal/Postpartum Care</b>	<ul style="list-style-type: none"><li>• Ensure compliance with prenatal and postpartum care visits</li><li>• Additional prenatal visits may be warranted to address psychosocial</li></ul>
<b>Behavioral Health</b>	<ul style="list-style-type: none"><li>• Offer women-only support groups</li><li>• Screen for co-occurring depression/anxiety</li></ul>

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# Adapting to Emerging Drug Trends

- Offer admission for any pregnant patient wishing to initiate MOUD
- Responsive MOUD dosing
  - More aggressive methadone titration
  - Higher maximum dose of buprenorphine
- Response to xylazine contamination
  - Adapting withdrawal management protocols
  - Comprehensive drug testing to inform patients and direct clinical decision-making
  - Distributing harm reduction and wound care supplies

# SUD services expansion

- Need identified to expansion the PWRC collaborative care model across community, rural maternity hospitals in the UPMC system
- Tailored approach to meet site needs
  - Clinical care
    - Remote consultations, inpatient consultations, inpatient dyad support, outpatient services, telemedicine services, consults
  - Education
    - Patient and provider level education
  - Policies, protocols, procedures
- Considerations
  - Maternity volume and SUD volume
  - SUD regional prevalence
  - Existing SUD service providers
    - UPMC vs non-UPMC
    - Women's Health vs non-Women's Health

# Expansion of SUD services

- Significant opportunity for expansion of SUD services
  - Expansion models provide templates for other maternity hospital sites
- Each site requires tailoring of clinical services
  - Opportunities at each site due to expansive portfolio of services
- Funding for services
  - Grants designed for initiation of services with expectation for billing sustainability
  - Consultative model – maximize billing, services provided by small group of providers at Magee with APP in-person support
    - Clinical subspecialty designation
  - Center of Excellence designation
  - Supplementation from Magee services

# SUD expansion sites

## UPMC Maternity Hospitals – Hub & Spoke Model

