



American Hospital Association

Effective Programs for Identification and Treatment of Pregnant Addicted Women

**Conference Call
December 15, 2014**

- Joint call between AHA's Constituency Section for Maternal and Child Health and the Constituency Section for Psychiatric and Substance Abuse Services
- Speakers from Norton Women's and Kosair Children's Hospital and Norton OB/GYN Associates
 - Charlotte Ipsan, RNC, MSN, NNP-BC, FACHE
Chief Administrative Officer
 - Kenneth Payne, MD
- Speakers from CHOICES Recovery Program
 - Mark Schor
Chief Executive Officer
 - Lisa Costaris, MD
 - Ashely Wirbicki, LSW



Charlotte Ipsan, RNC, MSN, NNP-BC, FACHE*
Chief Administrative Officer
Norton Women's and Kosair Children's Hospital
Kenneth Payne, M.D.
Norton OB/GYN Associates

Norton Healthcare

Women's & Children's Division Vision

The medical campus as a whole will continue to meet the inpatient and outpatient needs of the entire community – men, women and children.

We will improve access to a broader range of much needed women's services and expertise in pediatric care.

Norton Women's and Kosair Children's Hospital

- 373 licensed beds
- Top 5% in delivering children in the nation and number one in the State of Kentucky
- 40 bed NICU
- Bariatric Services
- Women's Resource Center
- Oncology Services
- Orthopedic Care
- Dedicated Breast Health Center, Pelvic Floor Health and Bone Health Programs



Norton Hospital

- 614 licensed beds with an additional 28 Behavioral Health beds
- Affiliated with the University of Louisville School of Medicine and multiple residencies
- Several tertiary services with an emphasis on advanced surgical care
- Norton Women's Pavilion with regional Maternal Fetal Medicine service
- Norton Cancer Institute including surgical oncology



Kentucky Health Now

- Statewide initiative to address extensive substance misuse
- Increased opioid pain reliever usage
- Kentucky ranks one of top 10 states
- In 2009, Kentucky significantly exceeded the national average for drug induced deaths
- Increased problem for women

Scope of Problem

- From 2000 to 2012 there has been a drastic increase in Kentucky infants that have been hospitalized with Neonatal Abstinence Syndrome (NAS).
- 28 NAS babies reportedly hospitalized in 2000, 824 in 2012
- The cost to treat has increased from \$235,423 in 2000 to \$39,770,716 in 2012.

- * KY resident NAS Hospitalization Charges, 2000-12

Evolution

- Current drug stabilization program exists within our Norton Healthcare system for non-pregnant women
- Recognition of need for pregnant women
- Fits and starts identifying medical expert team
- Lack of coordinated psychiatric services support
- Division does approximately 8,500 deliveries a year. Only freestanding children's hospital in the state

Timeline

- Identification of needs for NAS Unit
- Providers requesting assistance with pregnant patients
- Full year of planning
- To be implemented 1st Quarter 2015

New Vision Program

- Collaboration with facility medical experts with passion and experience
- Inpatient medical stabilization for approved patient population
- Strict criteria for acceptance
- Vary case by case for treatment depending on gestation
- Connection and coordination with an OB
- Connection with community resources

Goals of Program

- Increased access to providers
- Addressing the stigma associated with “Treatment Centers”
- Protocol development
- Integration with Legislatures
- Options for detoxification of pregnant moms

Tactics

- Solicit physician ambassadors
- Identify hospital area for placement
- Integrate within OB/MFM offices
- Members on Prenatal Task Force (local) and Prescription Drug Abuse Policy Academy (state)
- Development of education materials for hospital staff

Professional Experiences



Kenneth Payne, M.D.
Norton OB/GYN Associates

The journey continues..

CHOICES

Dr. Lisa Costaris

- Bachelor of Science degree in Biology from Wilkes University Wilkes-Barre PA
- Doctor of Osteopathic Medicine from Kansas City University of Medicine and Biosciences
- Board Certified in Internal Medicine and Board Eligible in Addiction Medicine
- Medical Director of Choices Drug and Alcohol Treatment Programs 2000-present
- Medical Director of Choices Recovery Program Methadone 2004-present

Ashely Wirbicki, LSW

- Holds a Bachelors of Science in Psychology from Kutztown University, Kutztown PA
- Holds a Masters in Social Work from Marywood University, Scranton PA
- Licensed Social Worker for the state of PA
- Worked as a therapist at CHOICES Recovery Program from 2010-2013
- Currently works as the Clinical Supervisor at CHOICES Recovery Program from June 2013-Present

Levels of Care

- Inpatient Detox and Rehab
- 12 Detox and 16 Rehab beds
- Provide detox from Opiates, Alcohol and Benzodiazepines
- Provide educational groups and individual counseling
- 12 Step based treatment philosophy
- Refer out for pregnant females abusing alcohol and benzodiazepines
- Refer to methadone clinic for pregnant females abusing opiates

Levels of Care

- Outpatient Suboxone Maintenance
 - Doctor can have up to 100 suboxone clients
 - Clients must attend partial program for the first 6 weeks
 - Clients must take part in weekly individual counseling
 - Submit to random urine drug screens and random pill/strip counts
 - Refer pregnant females to methadone program

Levels of Care

- Outpatient Methadone—CHOICES Recovery Program
 - Has been in service since 2004
 - Started serving up to 100 clients-can now serve up to 300 clients
 - FDA approved for pregnant females
 - Clients must attend individual counseling and group counseling
 - Clients must submit to random UDS

Eligibility for Methadone Treatment

- Currently dependent on opiates or prior client of a methadone clinic
- 18 years of age or older
- Documented history of 1 year of dependence
 - Our program required multiple failed attempts at treatment (methadone last resort)
- Pregnancy with opioid dependency

CHOICES Recovery Program

- Pregnancy Group
 - Weekly group for education on methadone and pregnancy.
 - Gain information on NAS, breastfeeding, pre-natal care and what to expect during labor and delivery
- Mommies and Babies Group
 - Held twice a month until babies are 9 months old
 - Mothers are educated on basic parenting skills as well as education on caring for babies that may be experiencing NAS

CHOICES Recovery Program

- We work closely with local OBGYN offices while the mothers are in our program, as well as the local hospitals.
- Work closely with local Children and Youth agencies to ensure the mothers are following the program recommendations.

Pregnancy and Methadone

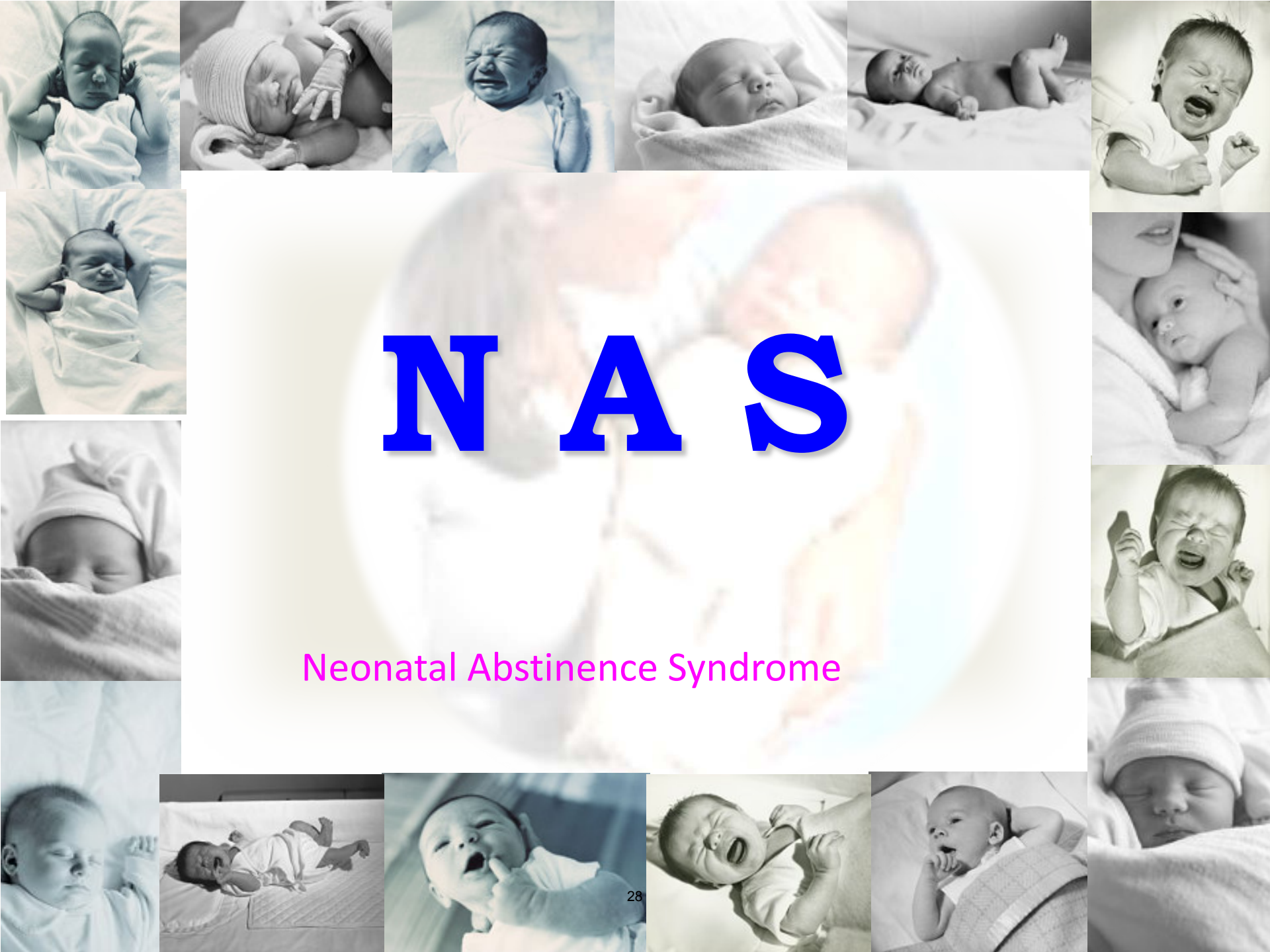
**Pregnant patients on
methadone can and do
deliver healthy babies**

Pregnancy and Methadone

- Newborns may experience withdrawal, which can be readily treated with no lasting harm.
- Mothers should continue receiving methadone during pregnancy, at whatever dose is deemed most adequate
 - Does not harm fetus in terms of incidence or severity of postnatal withdrawal syndrome
 - Compared with untreated opioid addiction, MMT has demonstrated significant benefits for mothers and their infants

Is it Safe???

- Methadone is the only FDA approved medication to treat pregnant females.
 - Eliminates daily fluctuation of medication
 - Reduces lifestyle risks
 - Increases prenatal care
 - Allows breast feeding



N A S

Neonatal Abstinence Syndrome

Neonatal Abstinence Syndrome

- A group of symptoms a baby may experience when withdrawing from exposures to narcotics
- NAS affects the central nervous system
 - Hyperirritability
 - excessive crying
 - Gastrointestinal Dysfunction
 - poor feeding, excessive sucking
 - Respiratory Distress
 - stuffy nose, yawning, sneezing

Finnegan Scoring System

- A tool used to determine if the baby is experiencing withdrawal symptoms
- Each sign receives a score of 1-5
- A total score of 8 or higher will require further assessment

Story of Success

- In 2006 “Lisa” came to the methadone clinic 7 months pregnant. She was resistant to be at the clinic and resistant to treatment.
- October 2006 Lisa delivered a healthy baby girl
- Lisa remained in treatment at methadone program until 2011
 - During the 5 years on the program she attended groups and individual counseling.
 - During the 5 years she also titrated her dose slowly in order to avoid and WDS

Cont'

- Lisa transferred to our suboxone program in 2011 and remains on the program
- To date she still takes part in monthly individual counseling
- She is currently working on titrating off suboxone and hopes to be off the program by the summer

Cont'

- Lisa now lives on her own with her daughter
- She has obtained a Bachelors in Social Work and works at a local inpatient drug and alcohol unit

Why This Works...

- Individuals are seen daily for dosing
- Intense treatment during and after pregnancy
- Coordination of care with outside agencies that may not take place if the client was not in treatment
- Monitoring that the patient is compliant with prenatal care- working towards a safe pregnancy and delivery