

Supporting Women with Substance Abuse Disorder



NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.





Ohio Better Birth Outcomes





Impact of Opioid Use Disorder *in Women & Babies*

Opioid Overdose Death Rate & NAS Rate

	National	Ohio	Rhode Island
Opioid OD Death Rate	21.7	39.2	26.9
NAS Rate	6.5	14.0	10.6

Overdose death rates - 2017

NAS Rate - 2015 (National), 2017 (Ohio) and 2015 (RI)

***33% of overdoses in
Ohio are among
young women***



Reproductive Health Trends *among Women in Treatment*

WOMEN'S SEXUAL HEALTH



**Limited knowledge
and awareness**

CONTRACEPTION USE



**Less likely to use
effective methods**

HEALTH OUTCOMES



**Unintended
pregnancy**

Sources: CDC, Ohio Department of Health, Heil, et al, Terplan, et al, NCH / CompDrug focus group survey
Pregnant or recently pregnant, opioid users: contraception decisions, perceptions and preferences
Fischbein et al. Contraception and Reproductive Medicine (2018) 3:4 <https://doi.org/10.1186/s40834-018-0056-y>



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What Is Needed?

Mom?

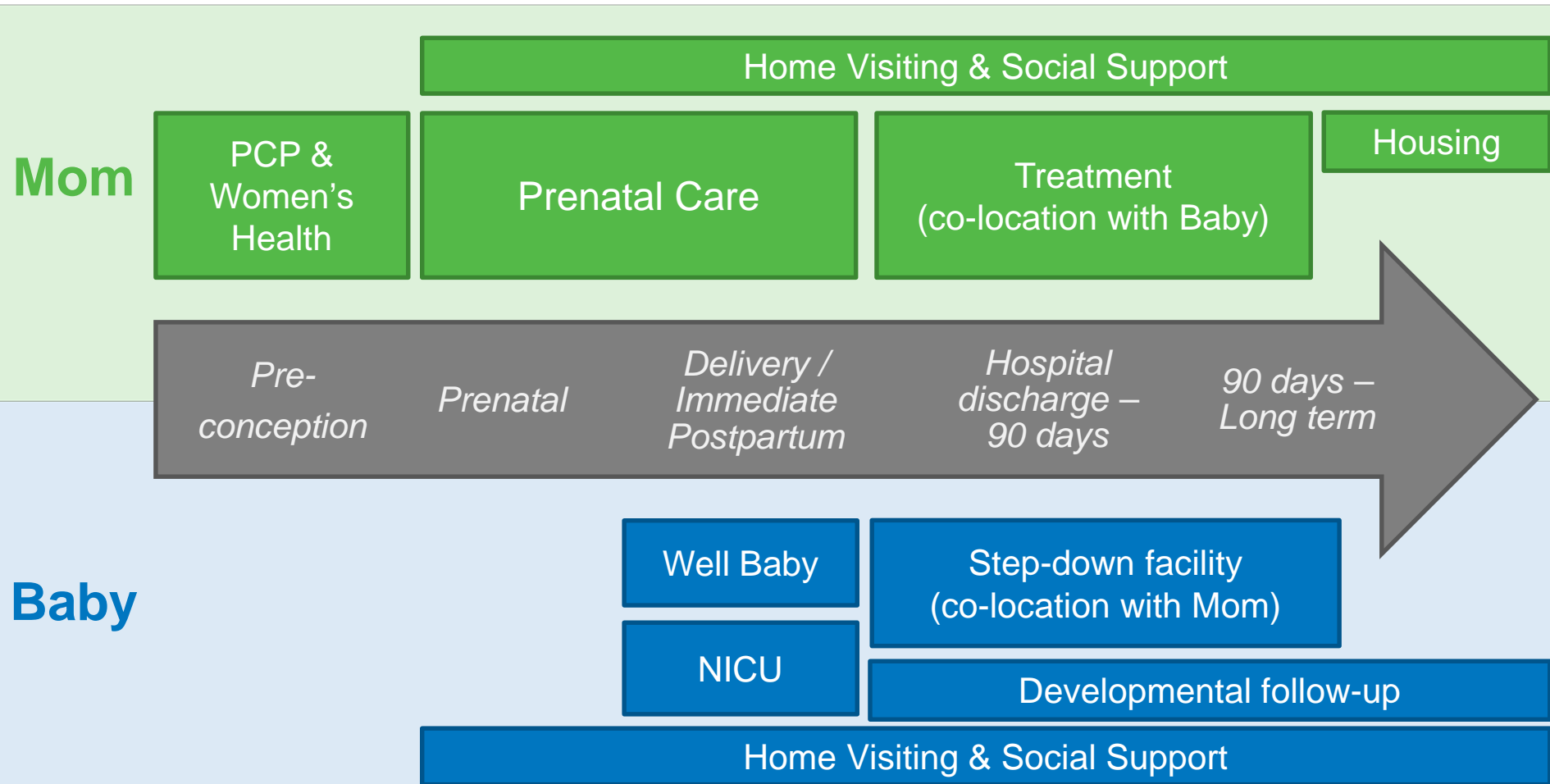


Baby?





Care Path for Mom & Baby





Unique Considerations for Population

1. Stigma and fear

“Why are you being so nice to me?”

2. History of abuse and trauma

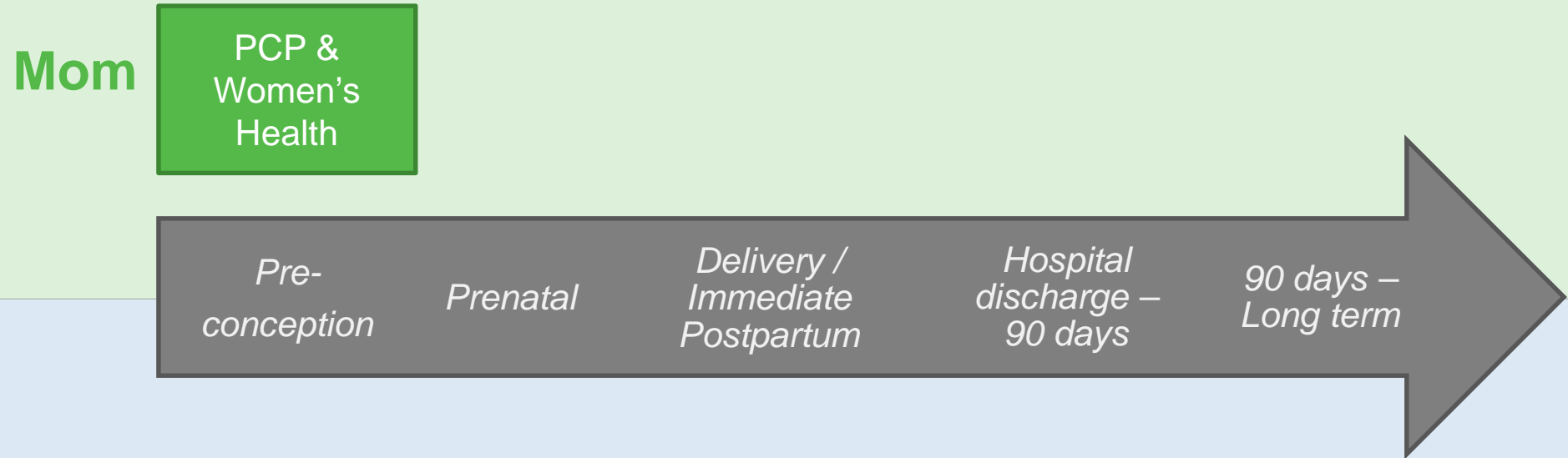
“Nobody cares...they think I just want drugs”

3. Trust in substance abuse provider

“They are like family”



Preconception Health





Preconception Health

Strategy: Connect women in treatment to a women's health provider

Summary:

- On-site clinic
- Appointments + walk-ins
- Services provided at:
 - Treatment centers
 - Courthouse
 - Federally Qualified Healthcare Centers

Results:

- **198 women served**
- **35 LARC**



Challenges & Opportunities

Preconception Health

Operational

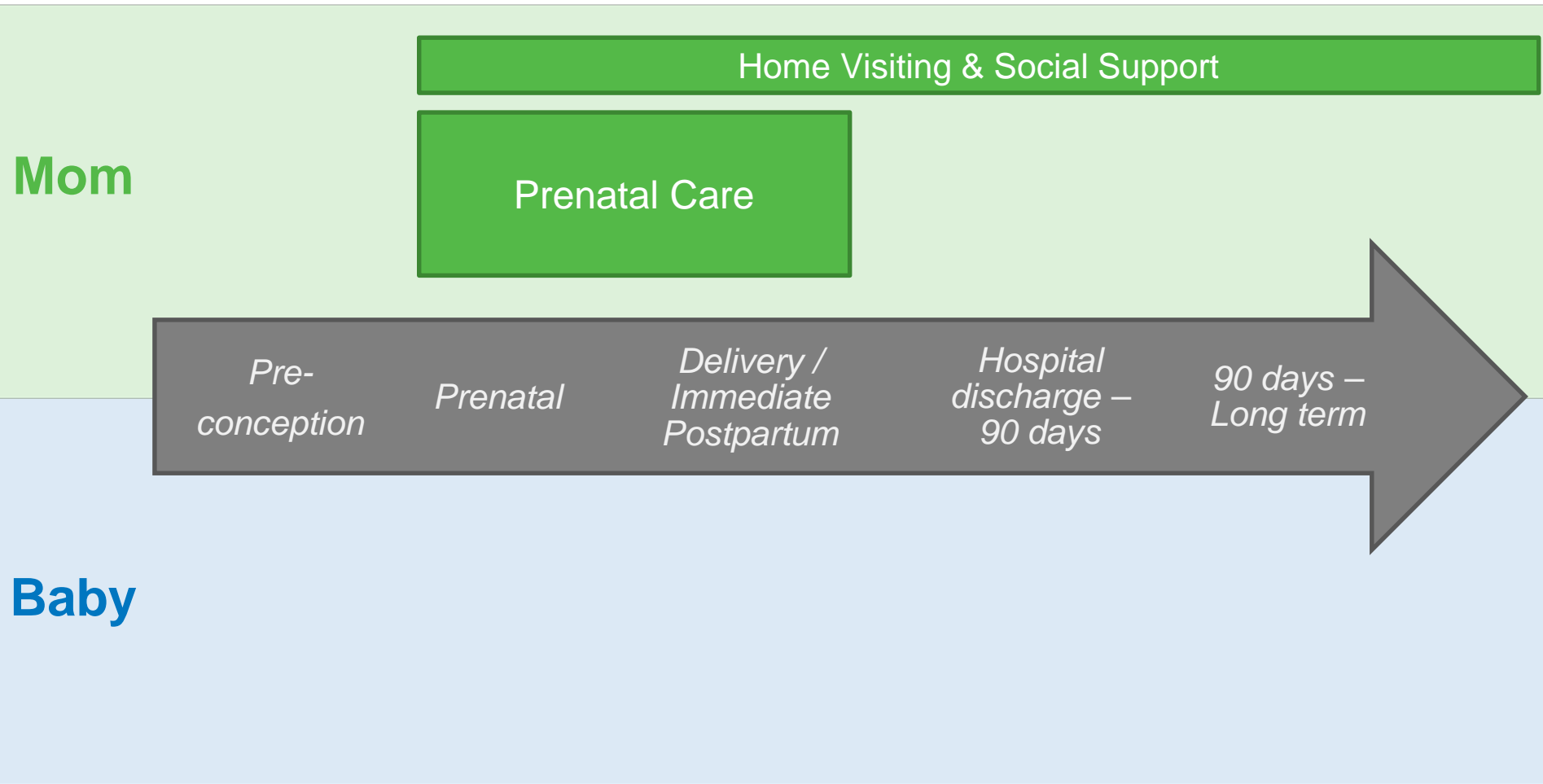
- Branding as Women's Health
- Automatic appointment
- Carefully evaluate mobile vs. on-site

Advocacy

- Ability to bill for LARC while inpatient



Prenatal Care





Prenatal Care

Strategy: Connect women to both prenatal care + substance abuse treatment

Summary:

- Central call center
- Real-time capacity info
- Deep knowledge of services available

Results:

- **86 women connected**
- **Majority in 1st trimester**



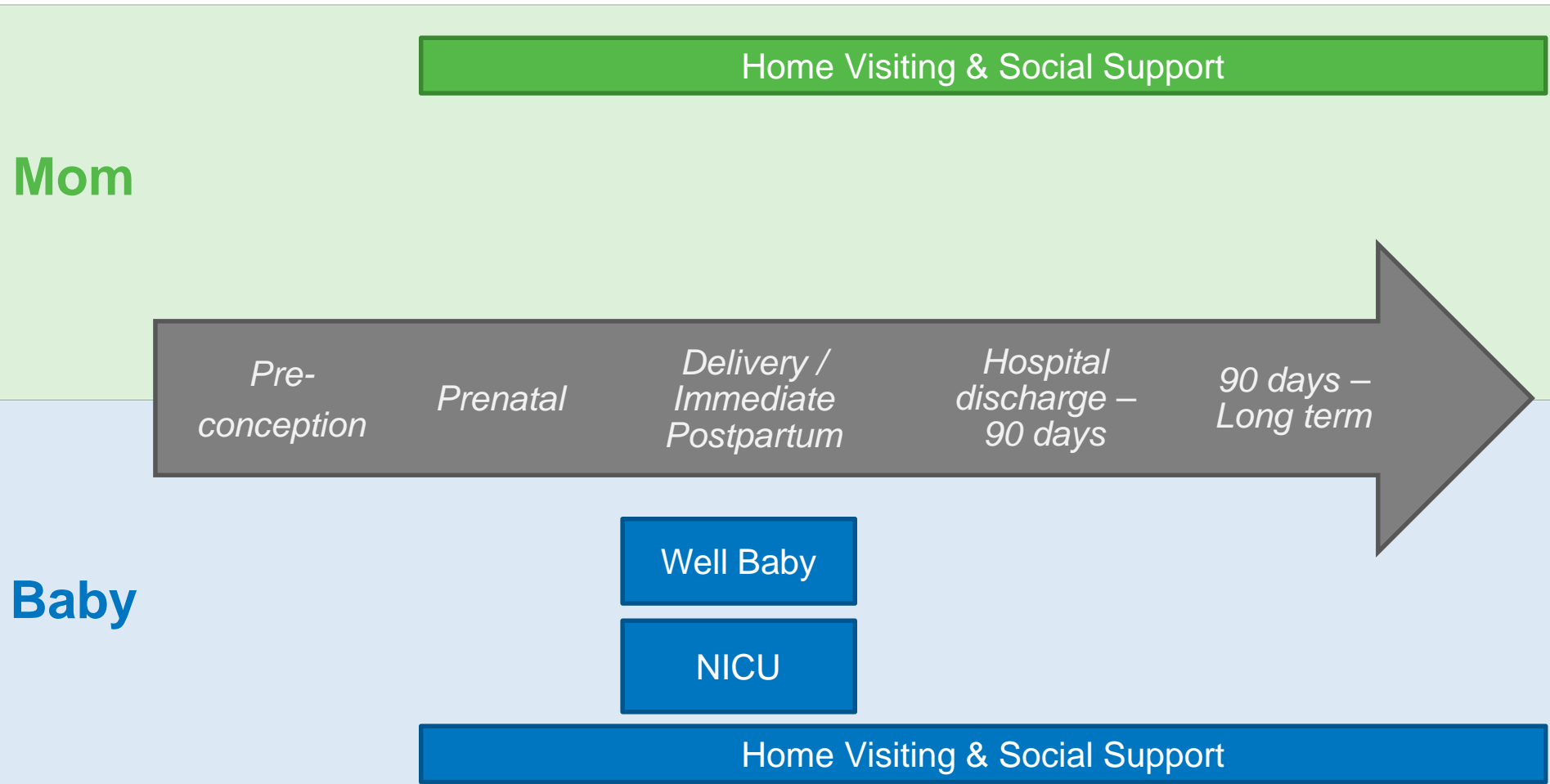
Challenges & Opportunities

Prenatal Care

Operational

- Ongoing knowledge of real-time capacity
- Standard care plan for co-managing
- Communication pathway
- Prenatal care on-site
- ED/other entry points

Immediate Postpartum





Immediate Postpartum

Strategy: Adjust typical NICU care specific to needs of NAS babies

Summary:

- Assessment tool - Eat, Sleep, Console, Weight
- Helps determine need for medication, dosage and weaning
- Non-pharmacological protocol

Results:

- **LOS decrease from 58 (2009) to:**
 - 29 (2010)
 - 17 (2018)





Challenges & Opportunities

Immediate Postpartum

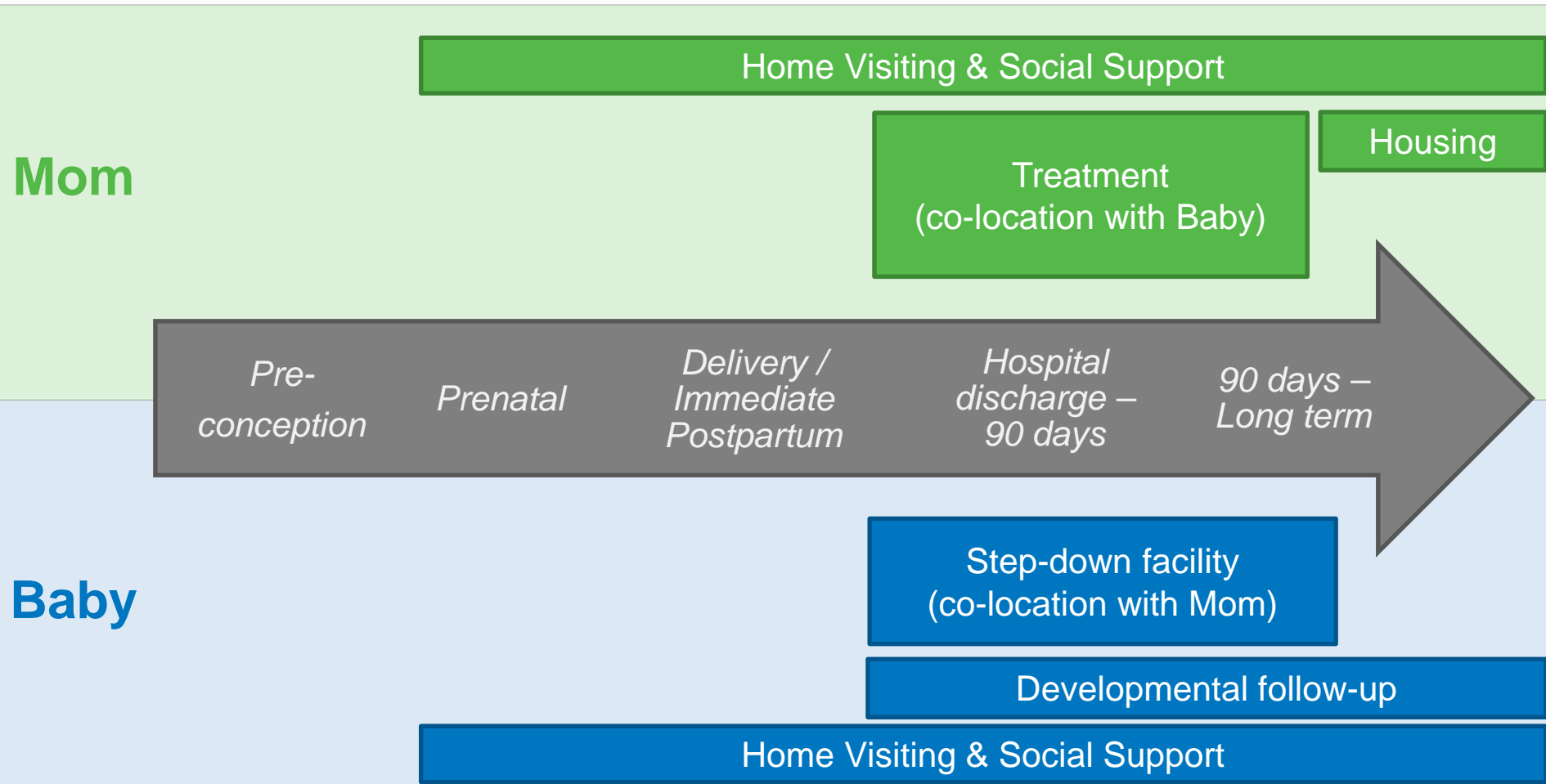
Operational

- Using non-pharmacologic strategies first
- “Trauma informed” and “non-biased care” staff training

Advocacy

- Utilize state’s savings to invest

Transition & Long Term Follow Up





Transition and Long Term Follow-up

Strategy: Step-down facility for NAS dyads

Summary:

- Mom + baby co-located in residential facility
- Baby - medical care from pediatric providers
- Mom - outpatient or residential treatment by mental health provider

Partnerships are Essential

