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• I have no relevant conflicts of interest to disclose.
Overview

1. My “why”: SUD by the numbers
2. The Magdalene Clinic: a case study
3. Preconception care for women with SUD
4. Contraception in the setting of the SUD
5. Help! Resources for the busy clinician
My why.
Scope of the Problem

• In 2016, there were 550 deaths in SC from prescription opioid overdose listed on the death certificate (up 18% from 2014).

• Death from heroin overdose increased by > 70% from 2014 to 2016.

• Deaths from heroin or opioid overdose in SC now >> deaths from homicide.

• Women of childbearing age bear a disproportionate burden of this disease.

• Greenville County ranks third worst in the state for opioid-related deaths (behind Horry and Charleston Counties)
Scope of the Problem
The Magdalene Clinic.

• Or, starting a clinic when you have absolutely no idea what you are doing.
August 2017: Don’t be afraid of the cold call.

Opened doors for the “Magdalene Clinic” – November 1, 2017
Our marching orders ...

• If we do absolutely nothing else, we can make sure our patients feel loved and wholly respected.

• No shame.
• No shying away from the hard conversations.
• No easy fixes.
• Redefining our wins.

Trauma-informed care.
April 2018 – Awarded $1.15 million evaluation and expansion grant (HG 2036)

January 2019 – Project Manager fully onboarded

July 1, 2019 – Started Year 2/5. More than 200 families served to date.
Core Beliefs of the Magdalene Clinic

• Substance use disorder (SUD) is a complex medical disease, not a moral failing.

• Women seeking care during pregnancy benefit from consistency of providers, affirmation of their dignity and worth at every encounter, and peer support services.

• Women seeking care during pregnancy should be met with judgment-free care – “What destructive things have been done to you in your life?” is far superior to “What destructive choices have you made in your life?”
A pretty basic model.
Magdalene Clinic


Our aim is to provide a safe, non-judgmental loving space for women who are using or have used illicit drugs during their pregnancy to seek prenatal care.

HELP ME  PATIENT REFERRALS
Preconception care for women with SUD

1. Reproductive desires +/- Contraception and folate
2. Vaccinations (Hep B, flu)
3. Screening
   - Hep C
   - HIV
   - Carrier Screening
   - Co-morbid psych disorders (EPDS, PHQ9)
   - IPV/trauma (Abuse Assessment Screen, TAA)
4. Treatment!
Contraception Planning for Women with SUD

**HOW WELL DOES BIRTH CONTROL WORK?**

- **Really, really well**
  - The Implant (Mirena)
  - IUD (Skylla)
  - IUD (Mirena)
  - IUD (ParaGard)
  - Sterilization, for men and women

  - Works, hassle-free for up to... 3 years, 1 year, 5 years, 12 years, Forever
  - No increases
  - Less than 1 in 100 women

- **Okay**
  - The Pill
  - The Patch
  - The Ring
  - The Shot (Depo-Provera)

  - For it to work best, use it... Every, Single, Day, Every week, Every month, Every 3 months

- **Not so well**
  - Waterproof
  - Diaphragm
  - Fertility Awareness
  - Condoms, for men and women

  - For each of these methods to work, you or your partner have to use it every single time you have sex.

- **Needless to say**
  - Use with any other method

- **12-24 in 100 women, depending on method**

**What is your chance of getting pregnant?**

**Bedside**

- The work by the UCSF School of Medicine Baby Center and Bedside's licensed as a Creative Commons Attribution - NonCommercial - NoDerivs 3.0 Unported License.
Safety: Consensus Statement

National Partnership for Maternal Safety
Consensus Bundle on Obstetric Care for Women With Opioid Use Disorder

Elizabeth E. Krans, MD, MS, Melinda Campopiano, MD, Lisa M. Cleveland, PhD, RN,
Daisy Goodman, DNP, CNM, Deborah Kilday, MSN, RN, Susan Kendig, JD, MSN, Lisa R. Leffert, MD,
Elliott K. Main, MD, Kathleen T. Mitchell, MHS, LCADC, David T. O’Gurek, MD, FAAP,
Robyn D’Oria, MA, BSN, Deidre McDaniel, MSW, LSW, and Misika Terplan, MD, MPH

The opioid epidemic is a public health crisis, and pregnancy-associated morbidity and mortality due to substance use highlights the need to prioritize substance use as a major patient safety issue. To assist health care providers with this process and mitigate the effect of substance use on maternal and fetal safety, the National Partnership for Maternal Safety within the Council on Patient Safety in Women’s Health Care has created a patient safety bundle to reduce adverse maternal and neonatal health outcomes associated with substance use. The Consensus Bundle on Obstetric Care for Women with Opioid Use Disorder provides a series of evidence-based recommendations to standardize and improve the quality of health care services for pregnant and postpartum patients.

ACOG Quotes for the win ...

• Understanding of addiction as a **chronic neurobiologic disease** is fundamental to engaging in treatment.

• Understanding the extent and nature of a woman’s substance use within the larger context of her life (eg, **trauma history**) is essential for careful diagnosis and successful treatment.

• Clearly articulated plans for the continuation of opioid pharmacotherapy ... should be instituted before discharge after birth.
Box 3. Suggested Structure, Process, and Outcome Measures for Obstetric Care for Women With Opioid Use Disorder (Limited Set*)

Structure Measures
- Percentage of maternity care settings that have implemented a universal screening protocol for substance use, including opioid use disorder
- Percentage of maternity care settings using postdelivery and discharge pain management prescribing practices for routine vaginal and cesarean deliveries focused on limiting opioid prescriptions
- Percentage of maternity care settings with specific pain management and opioid prescribing guidelines for pregnant women with opioid use disorder

Process Measures
- Percentage of women with opioid use disorder who receive medication-assisted treatment or behavioral health treatment during pregnancy
- Percentage of opiate exposed newborns receiving mother’s milk at newborn discharge
- Percentage of opiate-exposed newborns who go home to biological mother

Outcome Measures
- Rate of opioid-related deaths during pregnancy and for 1 year postpartum among all mothers giving birth
- Percentage of newborns affected by maternal opiate use
- Percentage of newborns diagnosed with neonatal opioid withdrawal syndrome
- Average hospital length of stay for newborns with neonatal opioid withdrawal syndrome
Analgesia, Opioids, and Other Drug Use During Pregnancy and Neonatal Abstinence Syndrome

Hendrée E. Jones, PhD, Walter K. Kraft, MD

KEYWORDS
- Neonatal abstinence syndrome • NAS • Neonatal opioid withdrawal • NOWS
- Neonatal • Addiction • Opioid use disorder • Prenatal

KEY POINTS
- A life course perspective helps patients stop substance use. Pregnancy is a critical time for behavior change. Healing opioid use disorder requires an individualized multifactorial approach.
- Buprenorphine formulations (alone and those with naloxone) and methadone show relative safety and efficacy for the fetus, mother, and child. Medications work best with comprehensive physical, psychological, and case management.
- Infants with significant in utero opioid exposure need observation for neonatal abstinence syndrome (NAS). At least half of infants with NAS can be managed safely with nonpharmaceutical approaches.
- Future genetic factor research may yield (1) infant risk stratification to minimize NAS intensity and duration and (2) optimizing NAS treatments based on drug disposition and effect differences.
A Word about Adverse Childhood Experiences (ACEs)
While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often:
   - Swear at you, insult you, put you down, or humiliate you?
     Yes  No  
   or
   - Act in a way that made you afraid that you might be physically hurt?
     Yes  No
     If you enter 1

2. Did a parent or other adult in the household often:
   - Push, grab, slap, or throw something at you?
     Yes  No
   or
   - Ever hit you so hard that you had marks or were injured?
     Yes  No
     If you enter 1

3. Did an adult or person at least 5 years older than you ever:
   - Touch or fondle you or have you touch their body in a sexual way?
     Yes  No
   or
   - Try to or actually have oral, anal, or vaginal sex with you?
     Yes  No
     If you enter 1

4. Did you often feel that:
   - No one in your family loved you or thought you were important or special?
     Yes  No
   or
   - Your family didn’t look out for each other, feel close to each other, or support each other?
     Yes  No
     If you enter 1

5. Did you often feel that:
   - You didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you?
     Yes  No
   or
   - Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
     Yes  No
     If you enter 1

6. Were your parents ever separated or divorced?
   Yes  No
   If you enter 1

7. Was your mother or stepmother:
   - Often pushed, grabbed, slapped, or had something thrown at her?
     Yes  No
   or
   - Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
     Yes  No
   or
   - Ever repeatedly hit, hit you at least a few times or threatened with a gun or knife?
     Yes  No
     If you enter 1

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   Yes  No
   If you enter 1

9. Was a household member depressed or mentally ill or did a household member attempt suicide?
   Yes  No
   If you enter 1

10. Did a household member go to prison?
    Yes  No
    If you enter 1

Now add up your “Yes” answers: _____ This is your ACE Score
Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
67% had a positive score
19% had a score of 4 or more
59% household dysfunction
25% abuse
25% neglect
ACE-informed Approach

"An ounce of PREVENTION is worth a pound of cure"
Benjamin Franklin

Negative impacts of ACEs are significantly mitigated by having an Always Available (trusted) Adult (AAA)

People with 4+ ACEs and NO CONSTANT SUPPORT are 3x more likely to do any two of the following:

- Heavy drinking
- Poor diet
- Daily smoking

Than people with 4+ ACEs and CONSTANT AAA SUPPORT

The presence of PROTECTIVE FACTORS can often mitigate the consequences of ACEs:

- Safe, stable, nurturing relationships
- Concrete support for families in times of need
- Parental resilience
- Caregiver knowledge & application of positive parenting skills
- Child's social and emotional skills
- ACE-aware, supportive communities and social systems

TRAUMA-INFORMED CARE

Holistic, multi-agency, non-stigmatising, information sharing among all professionals

All children need to develop:

- EMPATHY: ability to understand & share the feelings of others
- RESILIENCE: tools to respond to the challenges of life

www.70-30.org.uk
@7030Campaign
HELP!

• Resources for the busy clinician who wants to do the right thing but has negative 3 minutes in which to see the patient...

[PRISMA HEALTH logo]
Recovery-Support Resources

DAODAS has provided the following list of support groups and other recovery-support resources for individuals to utilize while working to stay in recovery. (This is not intended to be an all-inclusive list, and updates will be made as warranted.)

Twelve-Step (aka Anonymous) Fellowships

For Individuals with Substance Use Disorders

- Alcoholics Anonymous (meetings throughout South Carolina)
- Narcotics Anonymous (meetings throughout South Carolina)

For the Family

- Al-Anon / Alateen (meetings throughout South Carolina)
- Nar-Anon (meetings throughout South Carolina)
- Adult Children of Alcoholics (meeting in Columbia, S.C.)
- Gam-Anon (meeting in Columbia, S.C.)
- Families Anonymous (meeting in Columbia, S.C.)
- Co-Dependents Anonymous (meetings throughout South Carolina)

Other Anonymous Fellowships

- Cocaine Anonymous (meeting in Florence, S.C.)
- Gamblers Anonymous (meetings throughout South Carolina)
- Dual Recovery Anonymous (meeting in North Charleston, S.C.)
- Nicotine Anonymous (meeting in Greer and Rock Hill, S.C.)
- Chemically Dependent Anonymous (some meetings in South Carolina)
- Crystal Meth Anonymous (some meetings in South Carolina)
Treatment Works

Overcoming a substance use disorder – or some other type of addictive behavior – is one of the most difficult things a person can go through in life, and this process is not one to go through alone. Overcoming addiction takes a strong commitment from the individual, and also support, encouragement, and help from loved ones and treatment professionals.

DAODAS ensures the availability of a menu of treatment options through a system of state-licensed and
Joint Council on Children and Adolescents

Evidence-Based Trauma-Specific Treatment Providers

As part of the Joint Council on Children and Adolescents (JCCA) focus on trauma, the Workforce Training Collaborative (a subcommittee of the SCJCCA) created this trauma road map to connect South Carolinians to evidence-based trauma-specific treatment providers. The map includes contact information for agencies and organizations that provide evidence-based trauma-specific treatment. Click on the county name to see the types of treatment that are provided in that county. Each agency and organization will conduct an assessment to determine the best type of treatment to meet an individual's needs. The SCJCCA does not endorse any specific agency or provider and cannot guarantee what specific type of treatment an individual will receive. Please click here to provide feedback on your experience using the map.

Laurens County

Substance Use Provider
GateWay Counseling Center
Phone: (843) 833-6700

Mental Health Provider
Beckman Center for Mental Health Services
Phone: (864) 229-7120

Children's Advocacy Center
Beyond Abuse
Phone: (864) 227-1623

Traumas treated: Sexual abuse, physical abuse
Age range: 3 - 17 years

Truama Specific Providers
Click Here for More Information
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Greenville County
Substance Use Provider
The Phoenix Center
Phone: (864) 467-3790

Mental Health Provider
Greenville Mental Health Center
Phone: (864) 241-1640
North Greenville County

Piedmont Center for Mental Health Services
Phone: (864) 993-3421
South Greenville County

Children's Advocacy Center
Julie Valentine Center
Phone: (864) 331-0260

Trauma treated: All child maltreatment (physical abuse, sexual abuse, neglect, witness to trauma, etc.)
Age range: 3-18 (Services also available for adults)

Trauma Specific Providers
Click Here for More Information
Bath Salts Facts

Bath salts are illegal drugs that get people high. People make them with chemicals like ones found in the khat plant, which grows in many parts of the world. Illegal bath salts are not related to products like Epsom salts that people use for bathing.

Bath salts are a white or brown crystal powder. They are sold in small packages with a warning that says you are not supposed to eat them ("not for human consumption"). Sellers use this message to confuse the police, and to hide the fact they are drugs.

People usually swallow, snort, smoke, or use a needle to inject (shoot up) bath salts.

Some names of bath salt products are:
- Flakka
- Cosmic Blast
- Ivory Wave
- Vanilla Sky
- White Lightning

https://easyread.drugabuse.gov/
FREEDOM FROM ADDICTION STARTS HERE.
If all else fails and you need a buddy ...

• ... and you’re taking care of a **reproductive age woman**, call (864.320.9667) or email (kacey.eichelberger@prismahealth.org) me.
• ... and you’re taking care of a **baby**, email Dr Jenny Hudson (jennifer.hudson@prismahealth.org).
• ... and you’re taking care of **anyone else**, email Dr Alain Litwin (alain.litwin@prismahealth.org).

... and you need **anesthesia/pain management** assistance, email Dr Kevin Walker (kevin.walker@prismahealth.org).