

PRISMA HEALTHSM

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Chair, Department of Obstetrics & Gynecology
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- I have no relevant conflicts of interest to disclose.

Overview

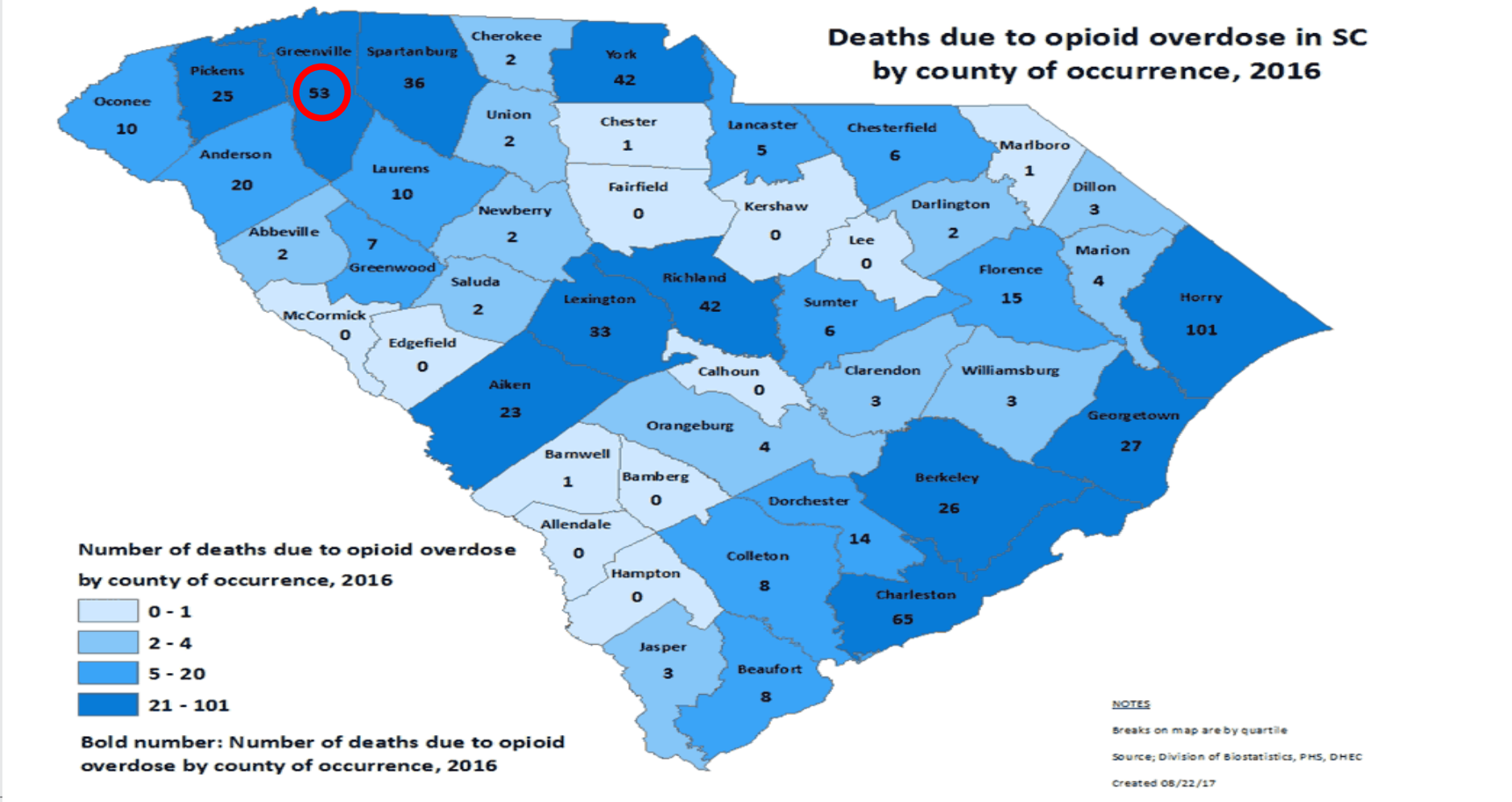
1. My “why”: SUD by the numbers
2. The Magdalene Clinic: a case study
3. Preconception care for women with SUD
4. Contraception in the setting of the SUD
5. Help! Resources for the busy clinician

My why.

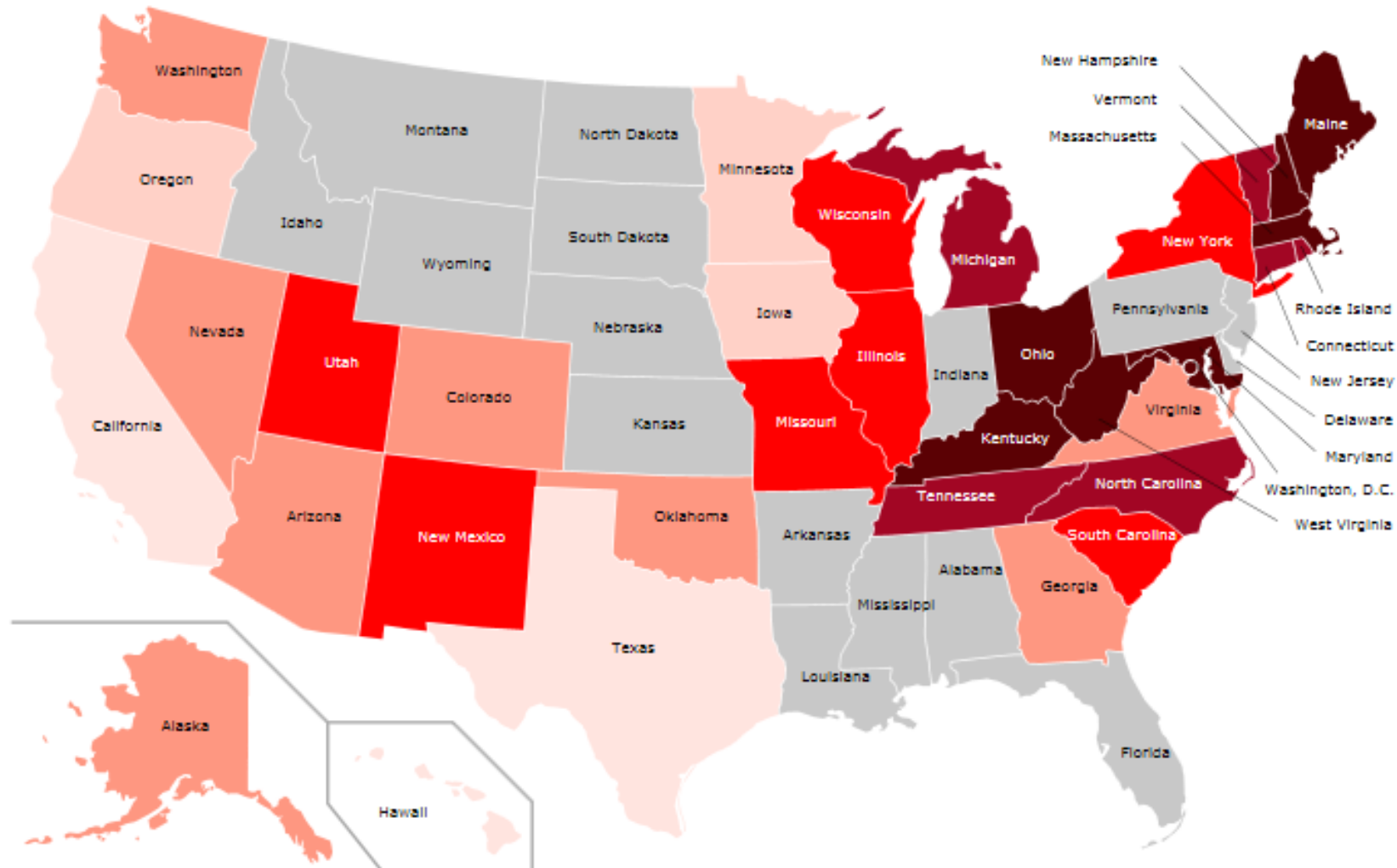
Scope of the Problem

- 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)

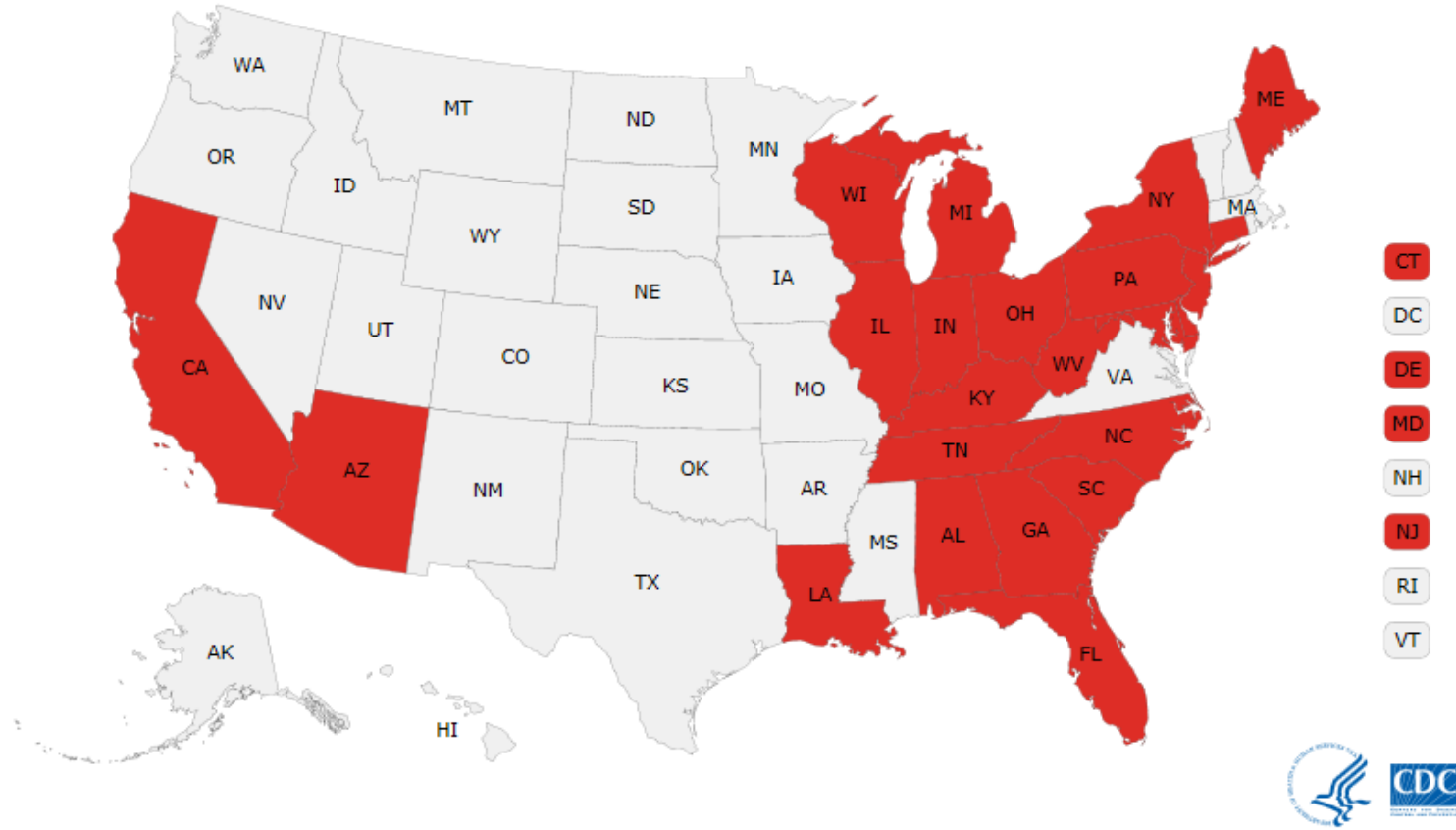
Scope of the Problem



2017 Opioid-Involved Overdose Death Rates (per 100,000 people)¹



Statistically significant drug overdose death rate increase from 2016 to 2017, US States



Statistically significant increase

Statistically significant increase from 2016 to 2017

- No
- Yes

<https://www.cdc.gov/drugoverdose/data/statedeaths.html>

The Magdalene Clinic.

- Or, starting a clinic when you have absolutely no idea what you are doing.



Sentinel Event.

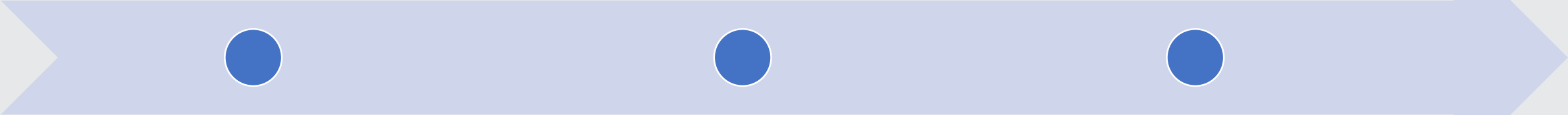
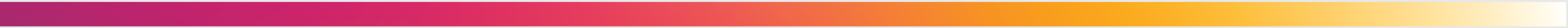
August 2017: Don't
be afraid of the cold
call.

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)

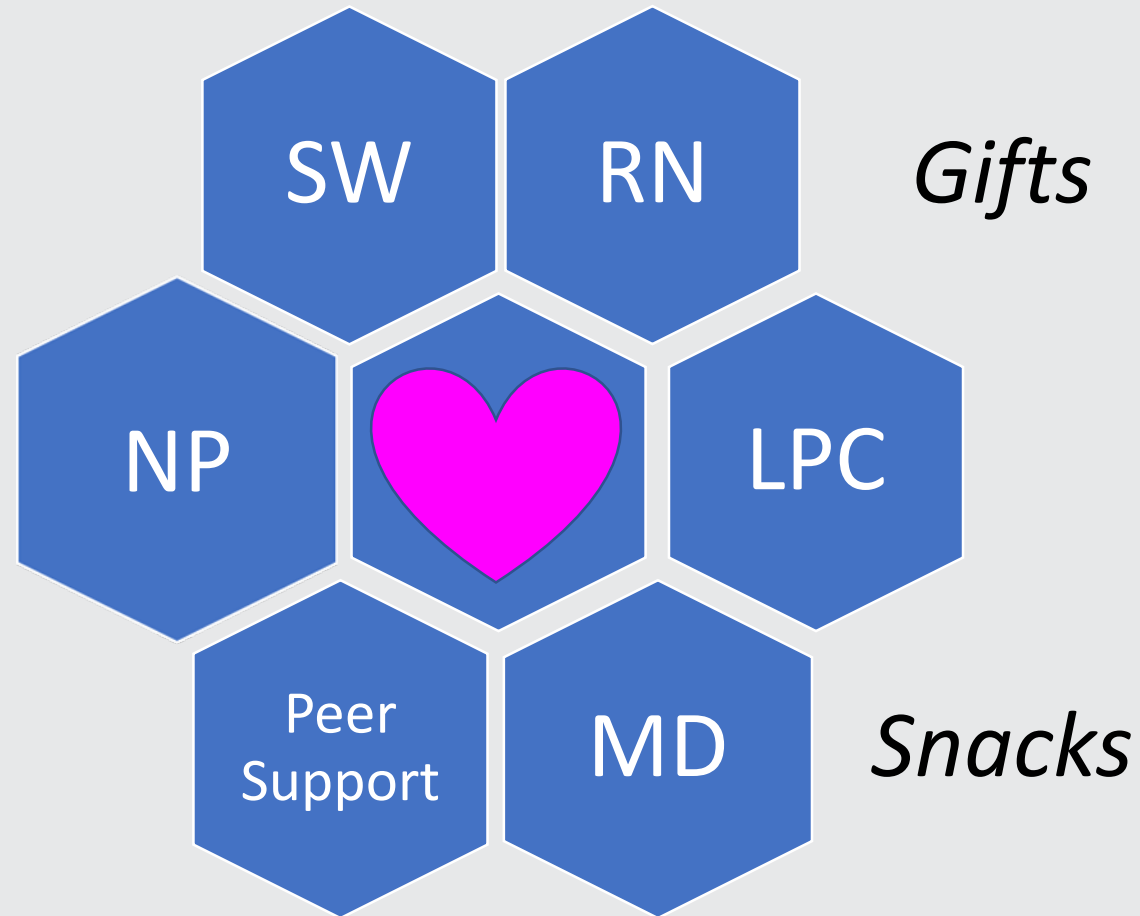
July 1, 2019 – Started Year 2/5. More than 200 families served to date.

January 2019 – Project Manager fully onboarded

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

Radical Love. Radical Service. A Radical Change.

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](#)



MAGDALENE — CLINIC —

864-455-8897

1120 GROVE RD.
GREENVILLE, SC 29605

HELPING WOMEN
WITH ADDICTION
DURING PREGNANCY
AND BEYOND.

 **PRISM**

LOVE.
SERVICE.
RADICAL CHANGE.

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 (5 stars)

Works, hassle-free, for up to...

- The Implant (Nexplanon): 3 years
- IUD (Skyla): 3 years
- IUD (Mirena): 5 years
- IUD (ParaGard): 12 years (No hormones)
- Sterilization, for men and women: Forever

Okay (3 stars)

For it to work best, use it...

- The Pill: Every. Single. Day.
- The Patch: Every week
- The Ring: Every month
- The Shot (Depo-Provera): Every 3 months

Not so well (1 star)

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

- Withdrawal
- Diaphragm
- Fertility Awareness
- Condoms, for men and women (Needed for STI protection; Use with any other method)

What is your chance of getting pregnant?

Less than 1 in 100 women

6-9 in 100 women, depending on method

12-24 in 100 women, depending on method

FYI, without birth control, over 90 in 100 young women get pregnant in a year.

A must read.

Safety: *Consensus Statement*

National Partnership for Maternal Safety

Consensus Bundle on Obstetric Care for Women With Opioid Use Disorder

Elizabeth E. Krans, MD, MSc, 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, FAAFP, Robyn D’Oria, MA, RNC, Deidre McDaniel, MSW, LCSW, and Mishka 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

mentation resources have been created to help providers, hospitals, and health systems translate guidelines into clinical practice, and multiple state-level Perinatal Quality Collaboratives are developing quality improvement initiatives to facilitate the bundle-adoption process. Structure, process, and outcome metrics have also been developed to monitor the adoption of evidence-based practices and ensure consistency in clinical care.

(Obstet Gynecol 2019;134:365–75)
DOI: 10.1097/AOG.0000000000003381

The opioid epidemic is a profound public health crisis.¹ In 2014, 92 million, or 37.8% of adults in the United States reported the use of prescription

Obstet Gynecol. 2019 Aug;134(2):365-375. doi:
10.1097/AOG.0000000000003381.

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^{a,b,c,*}, Walter K. Kraft, MD^d

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 solely with nonpharmacologic 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.

Disclosure Statement: H.E. Jones has no relationship with a commercial company that has a direct financial interest in subject matter or materials discussed in article or with a company making a competing product. W.K. Kraft has received research funding from Chiesi.

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perinatology.theclinics.com

A Word about Adverse Childhood Experiences (ACEs)

Adverse Childhood Experience (ACE) Questionnaire

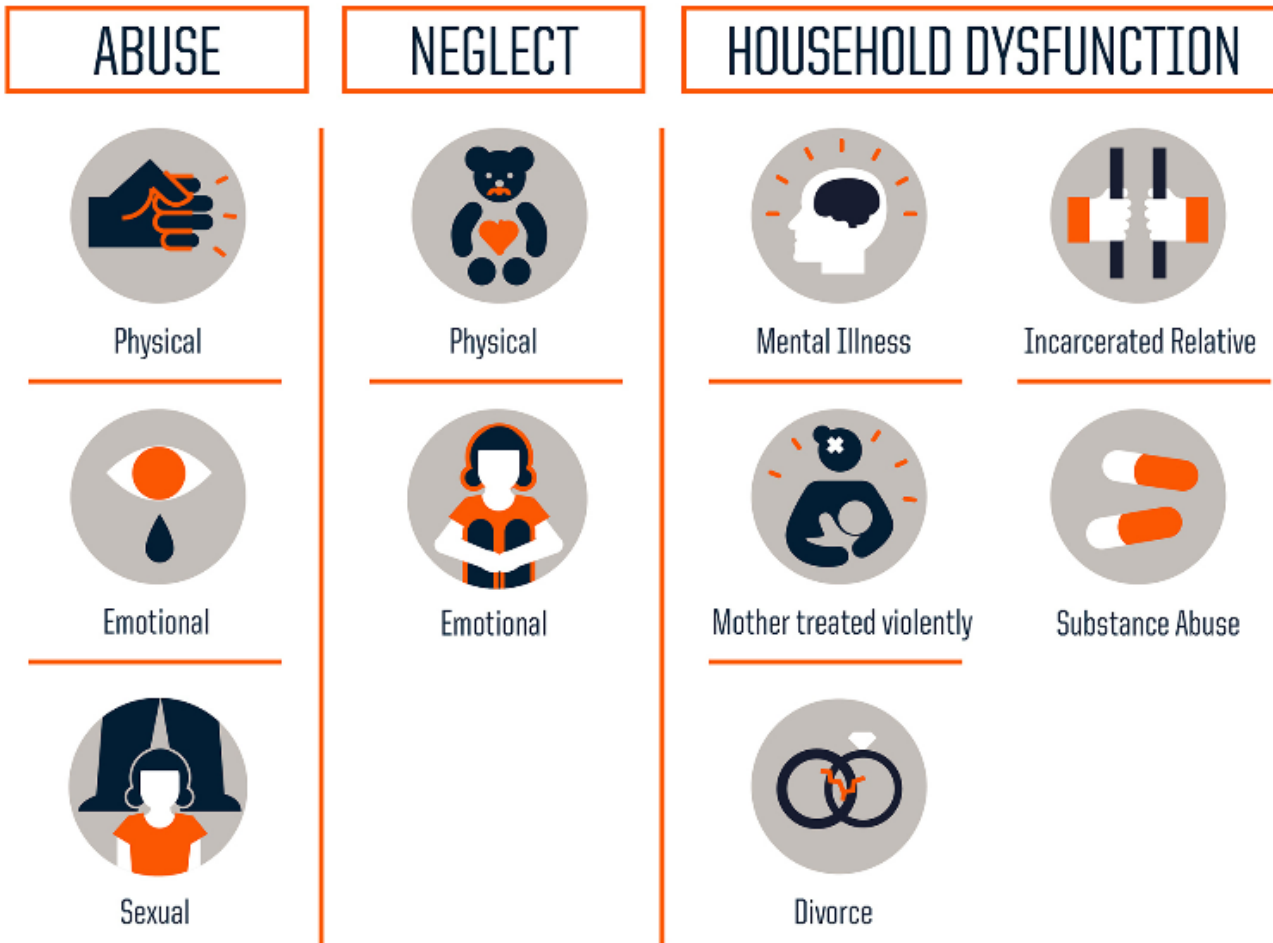
Finding your ACE Score ra hbr 10 24 06

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?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often** ...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes 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?
or
Try to or actually have oral, anal, or vaginal sex with you?
Yes No If yes enter 1 _____
4. Did you **often** feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes 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?
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 yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score

Three Types of ACEs



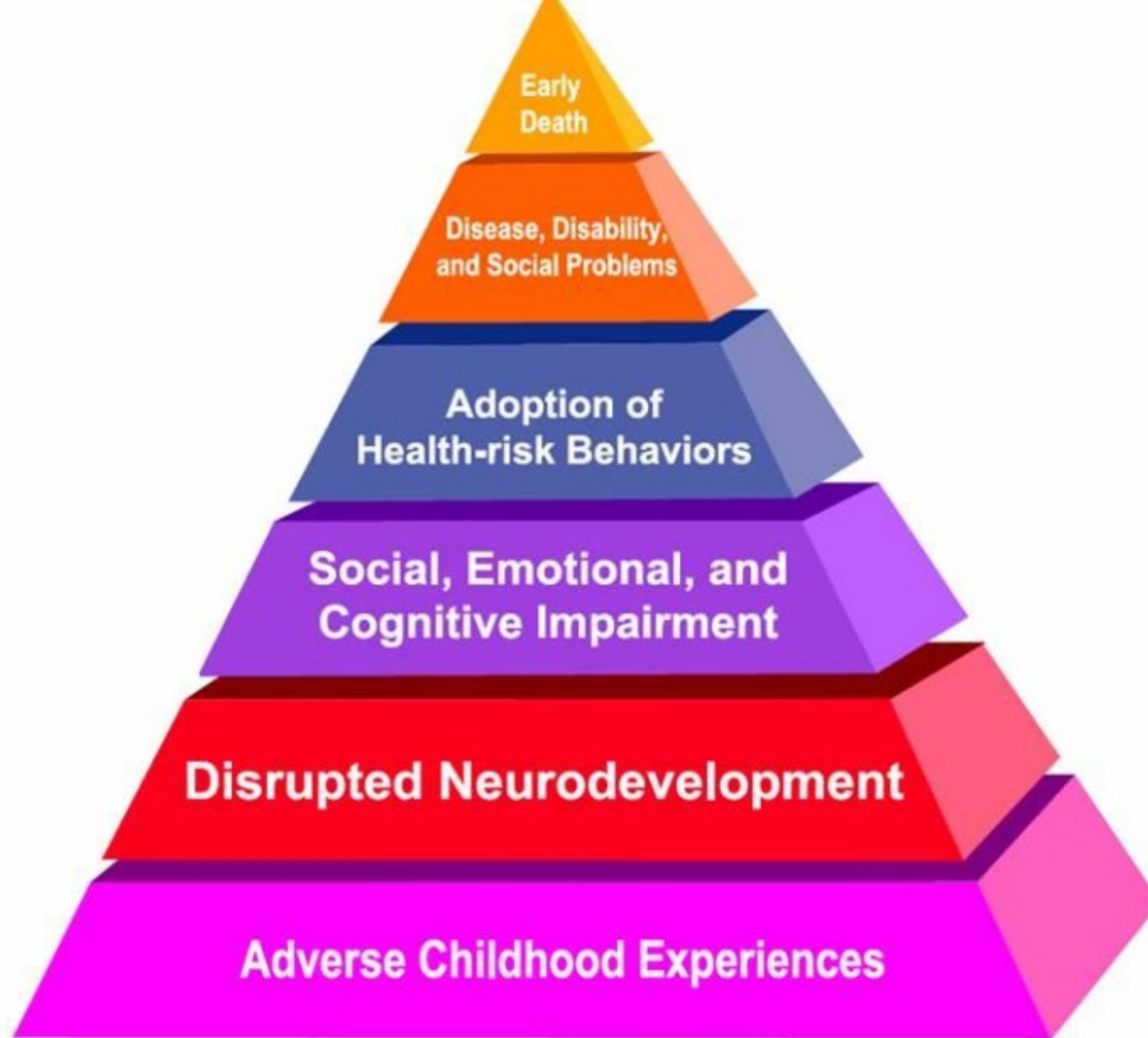
Source: Centers for Disease Control and Prevention

Credit: Robert Wood Johnson Foundation

Death



Conception



Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Assessing Adverse Childhood Experiences during Pregnancy: Evidence toward a Best Practice

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Am J Perinatol Rep 2019;9:e54–e59.

Abstract

Objective To quantify the prevalence of adverse childhood experiences (ACEs) among a diverse urban cohort of pregnant women.

Study Design The ACE survey was self-administered to 600 women categorized evenly between the waiting room, private examination rooms, and CenteringPregnancy group spaces. The percentage of women willing to complete the survey per location was compared using chi-square tests, and the mean ACE score per arm was compared using Wilcoxon's rank-sum test.

Results Of the 660 women approached for participation, 5% declined; 67% reported ≥ 1 ACE exposure and 19% reported an ACE score of ≥ 4 . By domain, 59% experienced household dysfunction, 25% abuse, and 25% neglect. Women in the waiting room were more likely to decline participation ($p < 0.01$), and those participating in the postpartum inpatient arm had a significantly lower proportion affirming 8 of 10 ACE questions, were less likely to report ≥ 1 ACE, and had a lower mean ACE score when compared with the outpatient arm ($p < 0.01$).

Conclusion The prevalence of ACEs in this diverse pregnant cohort was high. The ideal locations to distribute the survey are the outpatient examination rooms.

Keywords

- ▶ ACE
- ▶ pregnancy
- ▶ adverse childhood experiences
- ▶ CenteringPregnancy

- 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:

RESILIENCE
tools to respond to the challenges of life

EMPATHY
ability to understand & share the feelings of others



HELP!

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

www.daodas.sc.gov

The screenshot shows a web browser window with the URL <https://www.daodas.sc.gov/>. The page features the South Carolina DAODAS logo (Department of Alcohol and Other Drug Abuse Services) and a navigation menu with links: Home, About, Prevention, Treatment, Recovery, Training, Employment Opportunities, and Contact Us. A central banner for Al-Anon Family Groups contains the text: "Supporting healthy individuals, healthy families, and healthy communities." Below this, it reads "NOT EVERYONE TRAPPED BY ALCOHOL IS AN ALCOHOLIC." and "What can you do when someone close to you drinks too much?". At the bottom of the banner are three green buttons: "I Need Information.", "I Need Help.", and "Living In Recovery.".

PRISMA
HEALTHSM

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!

[Local Treatment
Providers](#)

[DUI Intervention
Services](#)

[Priority Populations](#)

[SBIRT Initiative](#)

[Gambling Addiction
Services](#)

[SAP Registry for
Commercial Drivers](#)

[SAMHSA Buprenorphine
Treatment Physician
Locator](#)

[JCCA Child and
Adolescent Services
Resource Map](#)

[JCCA Evidence-Based
Trauma-Specific
Treatment Map](#)



Treatment Works

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 \(SCJCCA\)](#) 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 types 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: (864) 833-6500 [@](#)

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

Trauma Specific Providers
[Click Here for More Information](#)





Joint Council on Children and Adolescents Evidence-Based Trauma-Specific Treatment Providers


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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) 241-1040 
North Greenville County

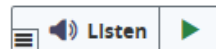
Piedmont Center for Mental Health Services
Phone: (864) 963-3421 
South Greenville County

Children's Advocacy Center
Julie Valentine Center
Phone: (864) 331-0560 

Traumas 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



Photo by [DEA](#)

Es Español

PDF (285.08 KB)

Treatment & Recovery Information



[Treatment and Recovery](#)

[Does Drug Treatment Work?](#)

[Treatment and Rehab Resources](#)



PhoenixCenter
Prevent • Treat • Recover

864.467.3790

SEARCH SITE

GO

[ABOUT](#) [TREATMENT](#) [PREVENTION](#) [TRAINING](#) [SUPPORT](#) [RESOURCES](#) [CONTACT US](#)



FREEDOM
FROM ADDICTION STARTS HERE.



I NEED HELP



I NEED INFO

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).