Foundation *for* Opioid Response Efforts

'COVID-19 National Emergency Response' Webinar Series

Caring for Pregnant and Parenting Women with OUD During the COVID-19 Pandemic
April 23, 2020
Webinar Questions and Answers

Disclaimer: We have asked our webinar panelists to address questions from the webinar and are providing responses below, to the best of our current knowledge, given the rapidly evolving circumstances. These answers are informational in nature and are not intended as legal or medical advice.

1. **You mentioned that your patients showed 25% traumatic brain injury. How was this diagnosed? Please elaborate on your statement.**

   UNC Horizons completes a comprehensive clinical assessment on each patient who is enrolled in the program. Embedded in this assessment is a set of validated questions to screen for traumatic brain injuries. Those patients who screen positive are then referred for assessment and intervention, as needed. Many of the patients we care for have experienced motor vehicle accidents, had their heads, hit, kicked, and/or beaten or have had other forms of violence exposure to their head.

2. **You mentioned that you monitor for NOWS during labor and delivery. Unless you have a patient, who has had no treatment you should not see neonatal symptoms at delivery. Did I misunderstand your statement?**

   Labor and Delivery staff, NICU staff, and attending medical providers must be prepared for Newborn withdrawal symptoms (NOWS) even if the client has been engaged in MOUD treatment prior to delivery. NOWS is not usually seen until at least 24-72 hours post-delivery – often withdrawal signs before 24 hours are nicotine withdrawal. NOWS symptoms may be less severe if the client is engaged in prenatal MOUD pharmacotherapy and the newborn may require a shorter length of treatment and hospital stay.
   A great resource: SAMHSA. (2018). Clinical guidance for treating pregnant and parenting women with opioid use disorder and their infants.

3. **Women with OUD frequently have psychiatric issues (about 65%). How are you dealing with these very important issues which include PTSD as a result of physical and sexual abuse?**

   What we do at UNC Horizons, all patients who enter treatment are screened for psychiatric co-occurring disorders multiple times in their treatment. Those individuals who screen positive for such disorders are then seen by a psychiatrist on our team who completes and evaluation and then is part of the overall treatment planning for this person's care. We also have specific groups focused on the topic of co-occurring disorders for the patients, provide training for staff

on these issues and the individual therapists also provide appropriate behavioral health treatments to address such co-occurring disorders.

4. **In the Pandemic of COVID-19, how do you assess fetal growth?**

   Fetal growth will still be followed through a modified prenatal visit schedule that uses perinatal visit spacing as these schedules still include in-person visits. Once the pregnant client reaches the last month of pregnancy, most schedule templates also include more frequent in-person assessments. Telehealth visits will typically include asking the pregnant client to track her weight and blood pressure at home and to report them during the telehealth visit. ACOG has also addressed the use of prenatal ultrasounds as needed to assess growth, especially if the client tests positive for COVID-19. We also must keep in mind that OUD can impact maternal weight gain and fetal growth so the dyad must be followed closely.

5. **Is this COVID-19 move-in plan available for dissemination?**

   Yes, see the **documents** provided thanks to the great work of Dr. Elisabeth Johnson and Lyla Kolman at Horizons who were the main authors of the document.

6. **Could you speak more to the role of midwives in providing this care?**

   Midwives provide prenatal and postpartum care all across the United States. Many are in collaborative practice with an interprofessional team as well as obstetricians and gynecologists. Certified nurse-midwives (CNMs), along with many other advanced practice registered nurses, have independent practices in several states. Most recently, CNMs also became eligible to complete waiver training and can now prescribe MOUD to help care for women with OUD once they are waivered. CNMS care for women across the lifespan and provide primary care, well woman care, obstetric care, gynecological care, family planning services and even post-menopausal care. Midwives also work in a variety of practice setting and often serve very vulnerable and diverse populations. For more information about midwives, please visit the American College of Nurse-Midwives at **www.midwife.org**

7. **Would you be open to sharing the mommy survival guide?**

   Please see attached **documents.**

8. **What is included in your Mommy survival kit?**

   Please see attached **documents.**

9. **How can we better educate and share credible information with healthcare providers?**

Advertising webinars, sharing documents, never missing a chance to talk about the issues in staff meetings, grand rounds and in educational settings.

10. **Which States consider SUD as child abuse?**

    A comprehensive site that gathers collective state information regarding substance use during pregnancy is the Guttmacher Institute at https://www.guttmacher.org/state-policy/explore/substance-use-during-pregnancy

11. **I am pleased that Dr. Terplan and others talked about disparities not just in maternal health but also child welfare. We also know they exist in our COVID outcomes. Are the practitioners collecting stratified data to support equitable outcomes? And/ or to show the disproportionate access and outcomes in health and child welfare space? Payers often like to say they data samples are too small in an attempt to do little to eradicate disparities.**

    Great Question! Data stratified by race (and ideally self-reported race) are essential – though are not always collected. We need to push state child welfare to report out by race. However, if we understand racial inequities as being reflections of racism, more than individual level variables are needed.

12. **I heard about the unlikely transmission of the virus to baby, but how detrimental is the virus on our pregnant moms. Not sure if you mentioned that? Any maternal mortalities?**

    I think two of the best sites for maternal-fetal COVID-19 information are the Society for Maternal-Fetal Medicine at https://www.smfm.org/covid19 and the American College of Obstetricians and Gynecologists at https://www.acog.org/en/Topics/COVID-19

13. **Can you discuss more harm reduction measures that are incorporated at UNC; naloxone, access to SSP, access to sex worker health resources?**

    There are many vibrant grassroots organizations in NC such as the North Carolina Harm Reduction Coalition (NCHRC) that focuses on implementing harm reduction interventions, promoting public health strategies, drug policy transformation, and justice reform throughout the American South. When naloxone for overdose reversal was first introduced into NC, UNC Horizons partnered with NCHRC for training staff and patients on the use of naloxone. Staff/patient training and naloxone distribution continues today. Our program also provides sexual health education and assess to contraceptive practices as well as medical health care.

14. **Do any of your groups advocate ban the box measures, so people with criminal records can get job interviews?**

The question refers to the “box” on many employment applications asking the applicant if that person has ever been convicted of a crime or been incarcerated. A Ban the Box ordinance removes the set of questions about criminal activity at the initial stage of the employment process. A criminal background check would only be initiated once the hiring official is ready to offer the applicant a job or the applicant is a finalist for the open position. At that time. The applicant is able to make sure the criminal background items found are accurate and explain the nature of the crime(s), how long ago it has been since such actions were committed, when incarceration ended, and discuss successful rehabilitation efforts and provide certifications, if available. UNC Horizons has proudly hired many individuals with criminal backgrounds, and they have greatly contributed to the success of our program.

15. **How long is the horizons program? How long can they stay in the program postpartum?**

    It depends on the severity of the patient’s substance use disorder(s) and their needs. Please see our website for more information; https://www.med.unc.edu/obgyn/horizons/

16. **What are the four States that reimburse for Doulas?**

    Doulas have begun to receive Medicaid reimbursement for labor support services in NY, MN, OR and most recently WA has been working on its state budget for reimbursement. Several other states have introduced legislation. The Doula Medicaid Project has some state specific information: https://healthlaw.org/doulamedicaidproject/

    Doulas are committed to social justice and social equity for families. Their culturally appropriate and individually tailored care has been associated with improved maternal and newborn health outcomes. They can offer both labor and postpartum support. For more information about doulas please visit the DONA International site at https://www.dona.org/covid-19-and-doulas/