



“The greatness of a community is most accurately measured by the compassionate actions of its members. ~Coretta Scott King

CHAP Weekly Update

October 23, 2020

Opioid Use Disorder in Pregnancy

Opioids are used to treat severe physical pain.

In 2019, about 7% of women across the country reported using opioids during pregnancy. Approximately 1 in 5 reported getting opioids from someone other than their healthcare provider.

Opioid Use Disorder is when opioids are used longer or in larger amounts than needed or when they are used to treat emotional pain and anxiety.

A person with Opioid Use Disorder may have these signs:

- Cravings
- Attempts to reduce use are unsuccessful
- Use interferes with caring for children, work or school
- Use puts person or loved ones in danger
- Enjoyable activities end so that drugs can be obtained



Problems for Pregnant Mothers

Although opioid use in pregnancy is a big problem, pregnancy itself can motivate many women to adopt a healthy lifestyle. Most women do not want to use opioids while they are pregnant.

Withdrawal symptoms from opioids can be severe and cause sickness. They include:

- Abdominal pain and cramping
- Nausea, vomiting, diarrhea
- Anxiety, hot flashes, restlessness, tremor and dizziness
- Fast heart rate and high blood pressure
- Sweating, tearing, sneezing, and runny nose



Problems for Baby

- Poor growth, preterm birth, stillbirth and some birth defects
- Neonatal Abstinence Syndrome

Neonatal Abstinence Syndrome: A baby born addicted to opioids and then goes through withdrawal.

Symptoms: Irritability, difficulty feeding, respiratory problems, and seizures. Some babies' symptoms are so severe that they need to be in the Neonatal Intensive Care Unit. Symptoms can last up to 2 weeks and cost up to \$100,000/baby.



Treatment: It begins with frequent feeding on demand, decreasing stimulation (light, noise), swaddling and holding. If these measures don't work, morphine may be started with slow withdrawal.

Types of Opioids

- Opioids made from poppies may include morphine, codeine, heroin, and opium.
- Synthetic opioids include Hydrocodone, Oxycodone, Methadone, Tramadol, Fentanyl.
- Sometimes opioids are made in combination with other drugs, like Vicodin®, which is a combination of Hydrocodone and Acetaminophen.



Drug Sources

Some opioids, such as Tramadol, can be purchased on the internet. Prescriptions that are sold or left over are another source. Some women start with pain pills, but when they become hard to find or too costly, they switch to using heroin. Currently, heroin is much cheaper than pain pills, but there is no quality control. This puts women at additional risk.



Other substances like meth, marijuana and alcohol are also a problem when used in pregnancy. A later session will discuss meth and marijuana use in pregnancy. When any of these drugs are misused, it is referred to as a Substance Abuse Disorder.

Let us know what you think! aka-CHAPCOVID-19weeklyupdates@anthc.org
Send questions for presenters and each other, and suggest topics for discussion.



“My voice was heard, and I had a choice.” “Having wrap around support was the key to my success”.

~ Mothers who overcame addiction.

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Treatments for Opioid Use Disorder

Medicines Used in MAT

- ❖ **Cognitive Behavioral Therapy** – Can be done by zoom or over the phone. Talk to your referral doctors and your behavioral health practitioners.
- ❖ **Group therapy** – Available in some regions.
- ❖ **Residential Treatment** – People live and recover in a supported environment. Dena A Coy is a residential treatment center for women, including women who are pregnant or have young children. Length of stay is typically 120 days but is individualized.
- ❖ **Detox Center** – A safe place to withdraw and get started on recovery.
- ❖ **Medication Assisted Treatment (MAT)** – A combination of behavioral health therapy and medicine. For some women, this provides the care they need to stay in recovery.
 - *Methadone and Subutex* stimulate the opioid receptor in the brain at a much lower level than opioids, reducing euphoria (high) and respiratory depression. They decrease physical dependency and cravings, decrease withdrawal symptoms that promote cravings, and are safer in case of overdose.
 - *Vivitrol* is long acting naltrexone which blocks the action of opioids. It can also be used in Alcohol Use Disorder.

Methadone	Liquid, powder, diskette	Must be given in certified treatment setting
Subutex and Suboxone*	Film or tablet	May be given in healthcare provider’s office or given to patients to take home
Vivitrol	Injection	Person must have stopped using all opioids and alcohol 7-14 days before starting



* *Subutex and Suboxone*: Subutex has buprenorphine alone, which is an opioid receptor activist and Suboxone has Naloxone added to it. Naloxone is an opioid antagonist, which means it immediately reverses the effects of opioids.

Both Methadone and Suboxone are safe to use in pregnancy. Once addiction has been managed on either Suboxone or Methadone, people may be able to wean off these medications entirely.



Thanks to Bethany Berry, CNM for her presentation on *Treatment of Addiction in Pregnancy*.

Have a Question? Need Some Advice?

Contact Bethany Berry, CNM
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COVID-19 By The Numbers

Alaska total cases:	11,837	68 Deaths
US total cases:	8.38 Million	223,000 Deaths
World total cases:	41 Million	1.14 Million Deaths



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What Can You Do To Help?



□ Screen for substance use disorders.

Ask the questions in the CHAM:

When a woman wants to get pregnant

First prenatal

Return prenatal

Ask without judgement. Ask with compassion. Don't assume you know. If the patient isn't pregnant, ask about contraception. Remember, most women do not want to be using opioids if pregnant.

□ Learn about treatment options in your region

□ Work to remove barriers to women seeking care

Examples of barriers:

- Shameful feelings
- Lack of access to treatment
- Lack of support from family or healthcare providers
- Fear – of being found out, of losing children, of losing partner/family, of letting family down

□ Look for ways to reduce harm

Anything that decreases the potential harm to a woman, her baby, her children, or her family, increases safety for everyone. Find ways to decrease use, even just one fewer time each day. Anything that keeps mom and baby a little safer will reduce harm.

Examples:

- Enrolling in any treatments listed above.
- Provide clean needles. Dirty needles transmit Hep B and C, HIV, and other infections that can be passed on to the unborn baby.
 - Talk with your referral doctor or follow regional guidelines.

COVID-19 Update

Herd Immunity is in the news. Herd immunity means enough people in the population are immune to a disease so it can't spread in a rapid fashion. For COVID-19 it is estimated about 60% of people need to be immune for herd immunity. This level of immunity will only be achieved through vaccination.

Alaska's current surge of COVID-19 cases around the state continues with daily counts over 100. Continue to support each other and your communities by wearing masks, washing your hands, and practicing social distancing. We'll get through this, but it will still be a while.

November 10

Bring ideas about how you and your loved ones can stay safe while celebrating Thanksgiving, Christmas, New Years, Winter Solstice, or any other holiday.



Save the Date

Next Session: October 27, 2020 Dr. Elisha Brownson will talk about *Burn Care in the Village*.

CHA/P on Facebook



Community Health Aide/Practitioner Facebook page:

<https://www.facebook.com/groups/AlaskaCommunityHealthAidesPractitioners>



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM

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