

COVID-19 - Considerations of Maternity Care for the Pregnant Patient with OUD

April 7, 2020
12 – 1 pm EST

Ohio Perinatal Quality Collaborative

Through collaborative use of improvement science methods, reduce preterm births & improve perinatal and preterm newborn outcomes in Ohio as quickly as possible.



Today's presenters:



Dave McKenna, MD
Miami Valley Hospital
OPQC OB Faculty



Mona Prasad, DO, MPH
OhioHealth Grant Medical Center
OPQC OB Faculty



Jennifer Bailit, MD, MPH
MetroHealth Medical Center
OPQC OB Faculty



Mike Marcotte, MD
Tri-Health Good Samaritan
OPQC OB Faculty Lead

Welcome

- **Goals:**
 - Share practicalities of implementing strategies now
 - Discuss what people are doing in situations where it is unclear and guidance doesn't exist
 - **ALL TEACH ~ ALL LEARN**
- Over 230 registrants with several submitted questions - we prioritized topics and scenarios:
 - Vulnerability of this patient population to COVID-19
 - Alterations to care for the pregnant patient with OUD d/t COVID-19
- **Plans:**
 - We will provide resource links on website and update regularly
 - We will send follow-up survey; we will need your feedback to improve
- The case scenarios are from individual institution responses, not OPQC recommendation

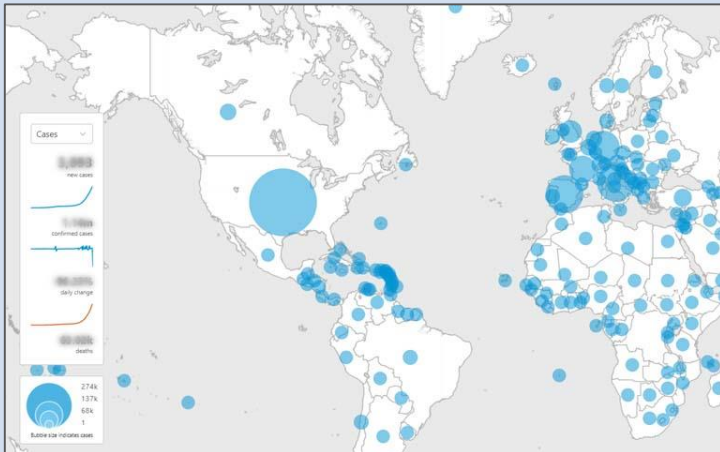
Data Update **April 6, 2020**

WHO/CDC/ODH: COVID-19 Outbreak

WHO

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

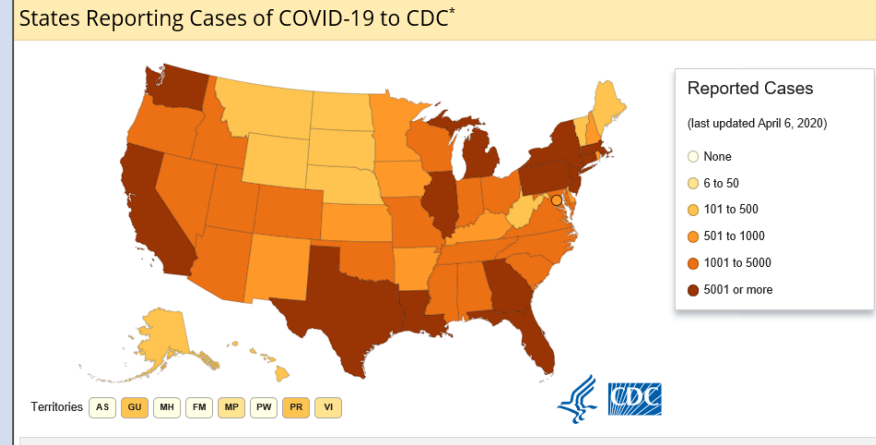
- Updated : 6 April 2020
Coronavirus (COVID-19) outbreak
- **1,309,439** Confirmed cases
 - **72,638** Confirmed deaths
 - **211** Countries, areas or territories with cases



CDC

<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>

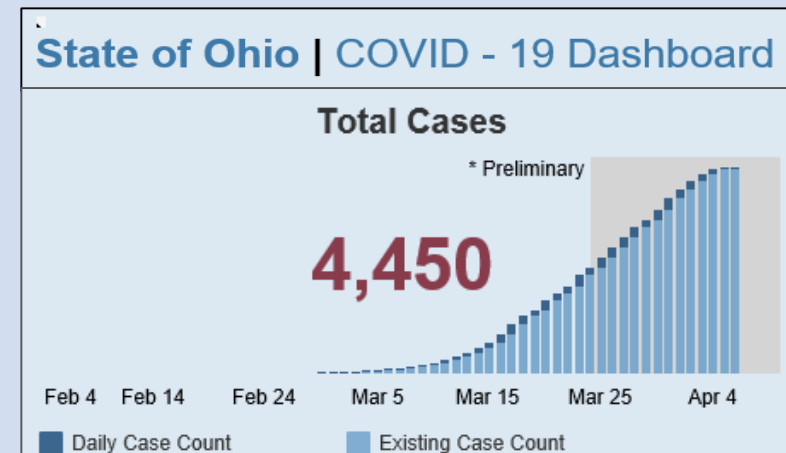
- Total cases: **330,891**
- Total deaths: **8,910**
- Jurisdictions reporting cases: 55
(50 states, District of Columbia, Puerto Rico, Guam, the Northern Mariana Islands, and the U.S. Virgin Islands)



ODH

<https://coronavirus.ohio.gov/wps/portal/gov/covid-19/>

- **4450** Confirmed Cases in Ohio
- **371** ICU admissions
- **1214** Hospitalizations in Ohio
- **142** Deaths

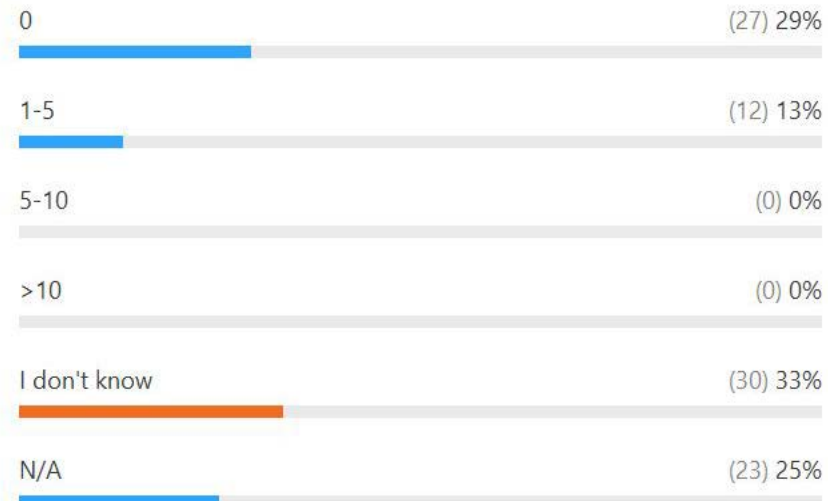


Poll #1:

How many of your pregnant patients with OUD have been diagnosed with COVID-19?

- 0
- 1-5
- 5-10
- >10
- I don't know
- N/A

1. How many of your pregnant patients with OUD have been diagnosed with COVID-19?



Stressors to the pregnant patient with OUD R/T COVID-19

- Increased risk of relapse
- Closure of crucial wrap around services for the pregnant patient with OUD
- How does this affect the home environment? What is the safety of the neighborhood?
- Lack of a personal support systems
- All of this is dependent on where they are in their sobriety

Stressors to the pregnant patient with OUD R/T COVID-19

Case study:

- 27 y.o. G5 P4004, at 32 weeks
- IV opioid use x10 years, +UDS for amphetamines as well
- Started on sobriety in January
- Missed week of appointments with MAT providers
- Was physically ill, but did not reach out to provider

Modifications to in-person MAT appts

- Pandemic or not, MAT in pregnancy is rooted in **Harm Reduction**
- Harm Reduction specific to this may include longer duration of Rx prescribed at a given time, being open to calling in prescriptions, providing prescription with refills, being open to continue treatment without corroborating UDS
- Optimizing telehealth both for medical and mental health providers; limiting in-person MAT visits to that consistent with revised prenatal care guidelines
- Decreasing group visits in favor of increased video visits
- Connecting people with online access to AA and NA meetings
 - <https://aa.org/#>

Modifications to in-person MAT appts

- Video visits require consent
 - At OhioHealth this is the sample consent:
 - I discussed risks, benefits and alternatives of telemedicine consultation with the patient (and any accompanying persons) including the risks that the patient's personal health details and medical records will be discussed over interactive video/audio/telecommunication technology, may be recorded, and that there are inherent diagnostic limitations compared to face-to-face evaluations. They elected to proceed with the telemedicine consultation.
- Patient has to be at “home”
- There are modifiers (GT) to bill for this service

Stressors to the pregnant patient with OUD R/T COVID-19

Is the pregnant patient with OUD at a higher risk for COVID-19?

No good data

Ability to social distance may vary with

Active use of opiates

- Needle sharing
- Drug deals
- Prostitution

On MAT

- Need to go to clinic to dose
- Group homes

May need to combat staff bias and fear in taking care of women with OUD

Stressors to the pregnant patient with OUD R/T COVID-19

Case study:

- 26yo G2P0010 at 26 weeks call the doctor with symptoms concerning for COVID 19.
- Pt told to self isolate but no need to come to the doctor or hospital at this time. Respiratory and obstetric precautions given.
- Pt reports that she is living in a group home and that she has a bedroom to herself. However, she is going to group therapy and eating in a communal setting.
- She does not want to tell the management of the home because she fears being dismissed.
-
- She has not been tested and is only presumed to be COVID positive.

Customizing Patient Centered Care

Residential programs that accept pregnant women and their children

Considerations in the time of the SARS-CoV2 pandemic

- Increased responsibility for overall care of the pregnant patient with OUD
- Emergency rules to reduce community exposure
 - No visitors (including babies/children on safety plans)
 - No passes (patients in IOP living on campus are not allowed to leave campus)
- Enhanced support for the emotional strain of fears and increased movement restrictions
- **Increased communication** with partners (i.e. prenatal care sites, Primary care, pediatricians, MAT)
- Smoking cessation efforts
- Procedures when a Patient has S/S in a residential setting
- PPE/masks
- MAT modifications

Customizing Patient Centered Care

Case study:

- PM is a 29 YO G3P2002 delivered at 37 weeks in the ICU after being admitted with suspected COVID-19.
- Following delivery (HD#2) the COVID-19 RT-PCR returned **negative**.
- Her baby was admitted to a separate room and had 1:1 nursing. PM was not allowed to see her baby initially. She did initiate breast pumping. She had no significant other to care for the newborn.
- On DOL 2 the baby had increased Finnegan scores and was being considered for methadone therapy for NAS.

Considerations:

- Use of the non-pharmacological bundle for NAS
- Stigma and implicit bias in care plans for care of newborns during the Pandemic
- Threats to maternal goals (including Recovery and parenting)
- Communication needed to successfully optimize outcomes for Mother-infant dyad

Guidance from professional organizations

SAMHSA and CDC Resources:

- [CDC's COVID-19 website](#)
- [SAMHSA's Guidance for OTPs](#)
- [SAMHSA's TAP 34, Disaster Planning Handbook for Behavioral Health Treatment Programs](#)
- [Tips For Social Distancing, Quarantine, And Isolation During An Infectious Disease Outbreak](#)
- [Guidance on managing emotionally](#)
- [COVID-19 Public Health Emergency Response and 42 CFR Part 2 Guidance](#)
- [FAQs for Opioid Use Disorder Prescribing and Dispensing in the COVID-19 Emergency](#)

Future Discussion/Webinars

COVID 19 –

What Maternity and Neonatal Providers are Learning: Surge Planning for Perinatal Units

- Friday, April 10th 12N-1pm



Ryan Everett, MPH
The Ohio Hospital Association



James Greenberg, MD
Cradle Cincinnati



Kay Smith, MSN, CNM
ProMedica Toledo

Updated Resources on OPQC Website

IF YOU HAVE QUESTIONS FOR OPQC, PLEASE CONTACT INFO@OPQC.NET.

Through collaborative use of improvement science methods, reduce preterm births & improve perinatal and preterm newborn and maternal outcomes in Ohio as quickly as possible.

For a summary of OPQC and our current projects, please download this [informational guide](#) and learn more about [our success](#).

[Click here to sign up for our quarterly newsletter!](#)

WELCOME TO OPQC!

NEW OPQC COVID-19 Informational Webinars: *COVID-19 - What Maternity and Neonatal Providers are Learning*

Webinar information from March 27th

- Link to webinar recording ([available here](#))
- Link to PDF of webinar slides ([available here](#))
- *Since the webinar was limited to one hour, we did not have sufficient time to cover all the presenters' materials. Find the additional resources not presented during the webinar in the slide deck (link above). Additionally, you can view Summa Health's ED Decision Tree example [here](#).*

NEW Register [here](#) to join the webinar this Friday, April 3 from 12 - 1 pm.

COVID-19
What Maternity and Neonatal Care Providers Are Learning

Hosted by Ohio Perinatal Quality Collaborative
Weekly Friday webinars, 12:00 - 1:00 pm EST

The OPQC website has a list of information and resources that will be updated regularly:
<https://opqc.net/>

Contact us:
info@opqc.net

Take care out there

It takes a village...



Ohio Children's Hospital Association
Saving, protecting and enhancing children's lives



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