Provider Guidance -
Molina Complete Care

Pregnant and Parenting Women with Opioid Use Disorder

Guidance to help providers understand the resources and services available to pregnant and parenting women with opioid use disorder.

VA-ALL-PRV-19476-21

MOLINA® HEALTHCARE | Molina Complete Care

Molina Complete Care Mother-Baby Connections

Molina Complete Care (MCC) serves CCC+ and Medallion 4.0 Medicaid beneficiaries statewide. MCC's specialized Substance Use in Pregnancy program provides comprehensive, integrated care management from experienced obstetric nurses with expertise in substance use disorder during pregnancy and Recovery Support Navigators with lived experience. The goal is to prevent and reduce complications related to substance use and provide treatment during pregnancy with the clinical goals of minimizing impacts to the neonate, preventing relapse, promoting recovery, and strengthening the mother's ability to care for herself and her infant. The program is designed to increase the member's awareness of her condition and the value of treatment and self-management.

Pregnancy often provides the incentive to adopt a healthier lifestyle and work towards long-term recovery. However, women are understandably fearful about disclosing substance use. This often drives them away from seeking the care that they and their newborns need. Pregnant women with OUD often face social stigma and the real threats of discrimination, incarceration, and loss of parental rights. It is essential to establish a trusting relationship that is supported by an open and honest communication about substance use in a non-stigmatizing manner and provide interventions and care that preserve the mother-baby dyad. This reduces possibilities of babies being separated from their parents, promotes parenting potential, and supports the baby's health and development.

Opioid use in Virginia

According to Virginia Department of Health data, Virginia is experiencing a growing problem with opioid use during pregnancy resulting in increasing numbers of newborns born with neonatal abstinence syndrome (NAS). The state rate in 2016 was 7.4 babies per 1,000 birth hospitalizations. According to the Virginia Hospital and Healthcare Association (2017):

- 3 out of 4 affected babies are covered by Medicaid; and
- The average hospital cost for babies born with NAS for $53,400 compared to all other hospital births at $9,500.

Refer pregnant women with OUD to MCC's Mother-Baby Connections program by calling 1-800-424-4518.

Pregnant and parenting women with OUD:

- Have the same needs as any other pregnant and parenting woman.
- Have a chronic illness just like diabetes or cardiac disease.
- Should be empowered to care for themselves and their newborn through education and support.
- Should not be judged or discriminated against or made to feel that substance use is a criminal or child welfare issue.

Correct Coding - Substance Use in Pregnancy

This can involve illegal drugs or inappropriate use of abuse of prescription drugs. In addition to Z codes:

O99.32 Drug use complicating pregnancy, childbirth, and the puerperium
O99.320 Drug use complicating pregnancy, unspecified trimester
O99.321 Drug use complicating pregnancy, first trimester
O99.322 Drug use complicating pregnancy, second trimester
O99.323 Drug use complicating pregnancy, third trimester
O99.324 Drug use complicating childbirth
O99.325 Drug use complicating the puerperium

Also use secondary code(s) to identify manifestations of drug use:

F11 Opioid related disorders
F12 Cannabis related disorders
F13 Sedative, hypnotic, anxiolytic related disorders
F14 Cocaine related disorders
F15 Other stimulant related disorders
F16 Hallucinogen related disorders
F18 Inhalant related disorders
F19 Other psychoactive substance related disorders

Example:
O99.324 Drug use complicating childbirth
F11.10 Opioid related disorders -uncomplicated
Z3A.37 37 weeks gestation of pregnancy
Z37.0 Single live birth
Z37.0 Single live birth

Clinical Pathway

- Screen all pregnant women for substance use in a nonjudgmental, non-stigmatizing way using SBIRT (screening, brief intervention and referral to treatment) and a validated tool e.g. the 5 P's or CRAFFT1
- Register for the Virginia's Prescription Monitoring Program (PMP) and check the database https://virginia.pmpaware.net/login if substance use is suspected but not verified by the pregnant woman.

- If opioid use is identified, refer patient to treatment immediately to prevent withdrawal. Women with OUD who decide to stop medication-assisted treatment are at high-risk of relapse and potentially fatal consequences4.
- Opioid agonist pharmacotherapy, medication-assisted treatment (MAT) is the standard of care for pregnant women. Care should include comprehensive treatment and counseling for substance use disorder and other co-occurring conditions. Coordinate care with MAT providers and behavioral health providers. In accordance with 42 CFR, part 2, obtain consents for sharing information.
- If available, refer to an integrated, comprehensive pregnancy-tailored program for ongoing care and treatment. If not available, MAT programs tailored to pregnant women are optimal. These providers have expertise in treatment protocols during pregnancy as well as the special needs of pregnant women and their families. A woman may want to change or reduce her medication in hopes of reducing the chance or severity of NAS in her infant; however, studies have shown that the incidence or severity of NAS is not dose related. The dosage may need to be adjusted throughout pregnancy to avoid withdrawal symptoms, especially in the third trimester.
- The level of care and treatment is dependent on each woman's stage of recovery and/or readiness to change.

Level of Care	Criteria	Provider
Methadone maintenance therapy (MMT) or	May be more effective for women with higher levels of dependence who need more support & structure.	• SAMHSA certified opioid treatment programs provide medication as one component of a whole person approach which includes counseling and other behavioral health therapies
MAT using Buprenorphine		• Daily visits to treatment program until stable then may be permitted to take medication at home between program visits if specific requirements met. • Methadone continues daily, buprenorphine can sometimes be switched to alternate day dosing
Office-based opioid therapy (OBOT) with buprenorphine	Improves access to MAT therapy. May be best suited for women who are highly motivated and engaged.	• Prescribed weekly or biweekly by health care professionals with waiver to prescribe buprenorphine from SAMHSA and receive a unique Drug Enforcement Administration registration number
Residential rehab, IOP, Partial Hospitalization	May be recommended for severe dependence, lack of social supports, other SDoH	• Provides more intensive support and treatment

- Biologic testing, when performed, should be undertaken only with the woman's informed consent and when its benefits outweigh any potential harms, which include those related to mandatory state reporting laws.
- Ensure development of a Plan of Safe Care (federal and state law) for each pregnant woman and her newborn that identifies the services and supports the mother and infant need to ensure the child's optimal health and development.
- When possible, encourage prenatal consultation with the pediatric provider.
- In most cases, encourage and support breastfeeding.
- Provide comprehensive education on contraceptive options and benefits including long-acting reversible contraception (LARC) insertion postpartum prior to discharge.
- Prior to discharge:
    - All women with OUD should receive ongoing care, treatment and counseling to support recovery.
    - Ensure the mother has a safe discharge plan: schedule postpartum mothers for early postpartum follow-up visits, medication-assisted treatment, and other needed services.
    - Coordinate with the pediatric team to ensure coordinated services in the hospital and at discharge.

The mother-baby dyad should be preserved through family centered care.

Care & treatment should be comprehensive, tailored to pregnancy, culturally appropriate, trauma-informed, and non-stigmatizing.

Trauma Informed Care

Trauma informed care is strengths-based care emphasizing empowerment, choice, collaboration, safety (physical and emotional), and trustworthiness.

Care requires a paradigm shift from asking, "What is wrong with you?" to "What has happened to you?"

For example, before screening for substance use, request permission to ask questions about drug and alcohol use. If she declines screening, advise her that you respect that decision but would like to inform her about the potential harms of drug use.

Opioid Treatment Providers for Pregnant Women

Office Based Opioid Treatment (OBOT):

OBOT may be considered for women who are motivated and engaged. To improve access to treatment, OB providers may want to consider obtaining a waiver to prescribe buprenorphine. SUD treatment and counseling should be encouraged. ASAM in collaboration with ACOG designed a curriculum specifically designed for women's health care providers. Courses are made available in part through grant funding from the CDC and in partnership with ACOG.
https://www.asam.org/education/live-online-cme/waiver-qualifying-training/ob-gyn-focus

Office-Based Opioid Treatment (OBOT) Providers
SAMHSA Treatment Provider Locator - https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator

SAMHSA Certified Opioid Treatment Program Directory - Virginia Opioid Treatment Program providers prioritize pregnant women. https://dpt2.samhsa.gov/treatment/directory.aspx

Virginia Community Services Boards (CSBs)
https://www.dbhds.virginia.gov/community-services-boards-csbs

Federal & State Requirements

Federal

- Child Abuse Prevention & Treatment Act (CAPTA) Reauthorization (2010) and P.L. 114-198, Comprehensive Addiction and Recovery Act of 2016, Title V, Section 503 - requires states to develop plans of safe care in response to prenatal drug exposure.

Virginia Statutes

- §54.1-2403.1 Code of Virginia mandates that prenatal care providers screen their patients' use of legal and illegal substances and refer them for further assessment when indicated.
- In policy: The plan of safe care (POSC) should address the needs of the child as well as those of the parent, as appropriate, and ensure that appropriate services are provided to ensure the infant's safety. A POSC should begin when the mother is pregnant and be initiated by her health-care providers.
- §63.2-15093 Code of Virginia: Requires that health care providers file a report with CPS if they suspect a child is experiencing withdrawal or was born affected by substance abuse due to in utero drug exposure. Report online at https://www.vdh.virginia.gov/surveillance-and-investigation/commonwealth-of-virginiastate-board-of-health/.
- §63.2 -1505 Code of Virginia mandates that CPS conduct a family assessment and develop a Plan of Safe Care.

- § 32.1 -127 Code of Virginia directs hospitals to develop and implement a protocol requiring written discharge plans for identified, substance-abusing, postpartum women and their infants. The protocol shall require that the discharge plan be discussed with the patient and that appropriate referrals for the mother and the infant be made and documented. Appropriate referrals may include, but need not be limited to, treatment services, comprehensive early intervention services for infants and toddlers with disabilities and their families pursuant to Part H of the Individuals with Disabilities Education Act, 20 U.S.C. § 1471 et seq., and family-oriented prevention services. The discharge planning process shall involve, to the extent possible, the other parent of the infant and any members of the patient's extended family who may participate in the follow-up care for the mother and the infant. Immediately upon identification, pursuant to § 54.1-2403.1, of any substance-abusing, postpartum woman, the hospital shall notify, subject to federal law restrictions, the community services board of the jurisdiction in which the woman resides to appoint a discharge plan manager. The community services board shall implement and manage the discharge plan.

Resources

Molina Complete Care Provider Toolkit for Pregnant and Parenting Women with OUD – *OUD practice guidelines, Provider Handbook and Newborn Notification forms*
https://www.mccofva.com/for-providers/provider-toolkit/

ACOG Resources Opioid Use in Pregnancy – *includes webinar, committee opinions*
https://www.acog.org/topics/opioids

American College of Obstetricians and Gynecologists (ACOG), Council on Patient Safety in Women's Health Care, Patient Safety Bundle, Obstetric Care for Women with Opioid Use Disorder, 2017 https://safehealthcareforeverywoman.org/patient-safety-bundles/obstetric-care-for-women-with-opioid-use-disorder/

National Substance Use Warmline Peer-to-Peer Consultation and Decision Support – *Free and confidential consultation for clinicians from the Clinician Consultation Center at San Francisco General Hospital focusing on substance use in primary care.*
Call 855-300-3595 Monday through Friday from 10 a.m. – 6 p.m. Eastern time.
https://nccc.ucsf.edu/clinical-resources/substance-use-resources/

Provider Clinical Pathway – *AIM Opioid Disorder Clinical pathway checklist*
https://safehealthcareforeverywoman.org/wp-content/uploads/2018/08/Opioid-Use-Disorder-Clinical-Pathway.pdf

ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use – *devotes a chapter to special pharmacotherapy concerns for pregnant and parenting women (ASAM, 2015).* https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf?sfvrsn=24

Substance Abuse and Mental Health Services Administration. Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants. HHS Publication No. (SMA) 18-5054. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018. https://store.samhsa.gov/product/Clinical-Guidance-for-Treating-Pregnant-and-Parenting-Women-With-Opioid-Use-Disorder-and-Their-Infants/SMA18-5054

Virginia Neonatal Perinatal Collaborative (VPNC)
Maternal OUD & NAS Breakout Session slides

Virginia Department of Social Services (DSS)
Substance Exposed Infants Manual

Virginia Department of Health (VDH)
Opioid Data

Department of Medical Assistance Services (DMAS)
https://www.dmas.virginia.gov/for-providers/addiction-and-recovery-treatment-services/

Standardized Assessment Forms – recommended for pregnant women
5P's Screening Tool
https://dbhds.virginia.gov/library/mental%20health%20services/screener-5ps.pdf

CRAFFT Screening Tool (effective with ages 12-21)
http://crafft.org/wp-content/uploads/2018/08/FINAL-CRAFFT-2.1_provider_manual_with-CRAFFTN_2018-04-23.pdf

March of Dimes – Do your part to reduce stigma so moms and babies get the support they need
https://beyondlabels.marchofdimes.org/

References

1. Society of Maternal Fetal Medicine Special Report - Substance use disorders in pregnancy: clinical, ethical, and research imperatives of the opioid epidemic: a report of a joint workshop of the Society for Maternal-Fetal Medicine, American College of Obstetricians and Gynecologists, and American Society of Addiction Medicine; 2019 https://www.smfm.org/publications/275-smfm-special-report-substance-use-disorders-in-pregnancy-clinical-ethical-and-research-imperatives-of-the-opioid-epidemic

2. Opioid Use and Opioid Use Disorder in Pregnancy. Committee Opinion No. 711. The American College of Obstetricians and Gynecologists (ACOG). August 2017 https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/08/opioid-use-and-opioid-use-disorder-in-pregnancy

Molina Complete Care

25794FLYMCCVAEN
210619