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:

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Miami Valley Hospital
OPQC OB Faculty

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OPQC OB Faculty

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MetroHealth Medical Center
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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
Updated: 6 April 2020

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

- **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)

**Ohio**
- **4,450** Confirmed Cases in Ohio
- **371** ICU admissions
- **1,214** Hospitalizations in Ohio
- **142** Deaths

**State of Ohio | COVID-19 Dashboard**

**Total Cases**

- Preliminary

4,450
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
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/#](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

Mike Marcotte, MD
Tri-Health Good Samaritan
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
COVID 19 –
What Maternity and Neonatal Providers are Learning: Surge Planning for Perinatal Units
• Friday, April 10th 12N-1pm

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The Ohio Hospital Association

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Updated Resources on OPQC Website

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...

The OPQC Qi projects are funded by the Medicaid Technical Assistance and Policy Program (MEDTAPP) and administered by the Ohio Colleges of Medicine Government Resource Center. The views expressed in this meeting are solely those of the authors and do not represent the views of state or federal Medicaid programs.