

How Could She Do That To Her Baby?

UNDERSTANDING DRUG USE DURING PREGNANCY

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Objectives

- ▶ Understand scope of problem drug use in pregnancy.
- ▶ Understand why women use drugs and don't get prenatal care.
- ▶ Understand why traditional approaches to perinatal drug addiction don't work.

Substance Use in Hawaii- The Healthiest State?

▶ Tobacco

- ▶ Hawaii-Third trimester tobacco use decreased from 9.6% in 2009 to 5.0% in 2011*
- ▶ Third lowest in the nation
- ▶ Nationwide rates 2011 10% **
 - ▶ Range from 2% CA to 27% in W. Va

▶ Alcohol

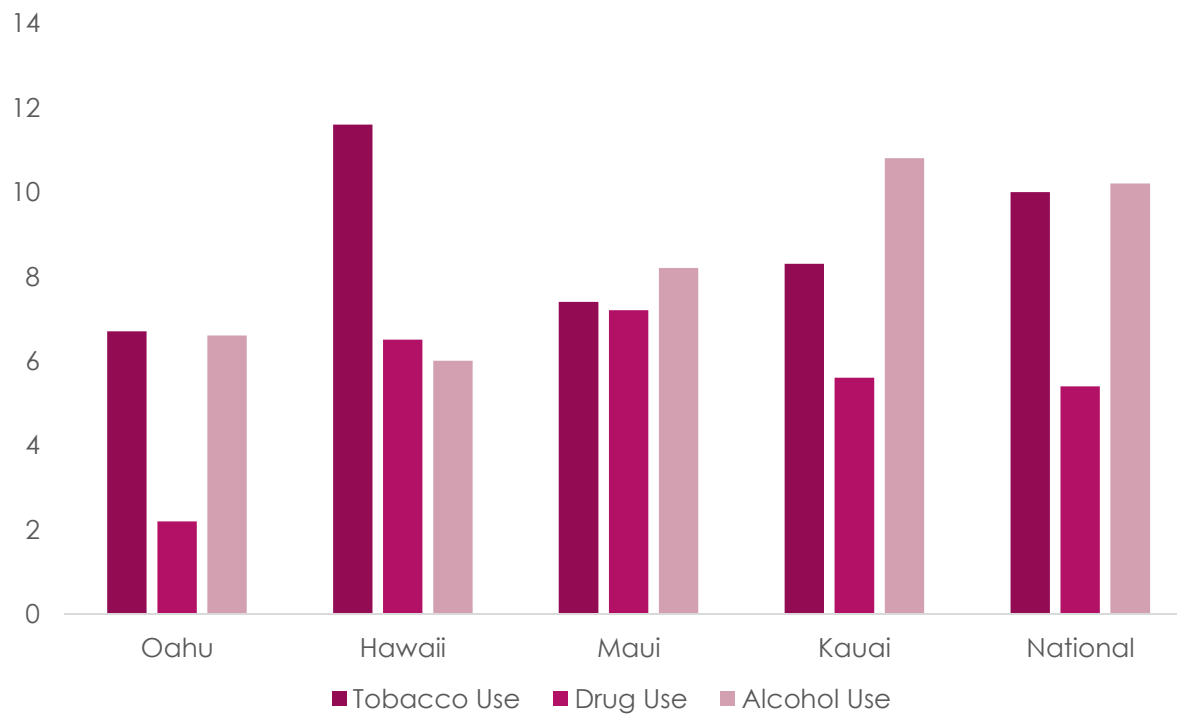
- ▶ 6.9% 3rd trimester use-Hawaii *
- ▶ 1.2% binge drinking-Hawaii *
- ▶ 10.1% 3rd trimester use-US **
- ▶ 1.3% binge-US **

*CDC PRAMS

**CDC BRFSS

The not so good news

Chart Title





The good, the bad and the tragic

▶ The Good

- ▶ Rates of opioid use disorders and overdoses are much less than other areas of country-endemic
- ▶ Low rates of HIV

▶ The Bad

- ▶ National estimates of methamphetamine use during pregnancy <1% (NSDUH)
- ▶ Hawaii estimates 2006-5.8% (Derauf et al)

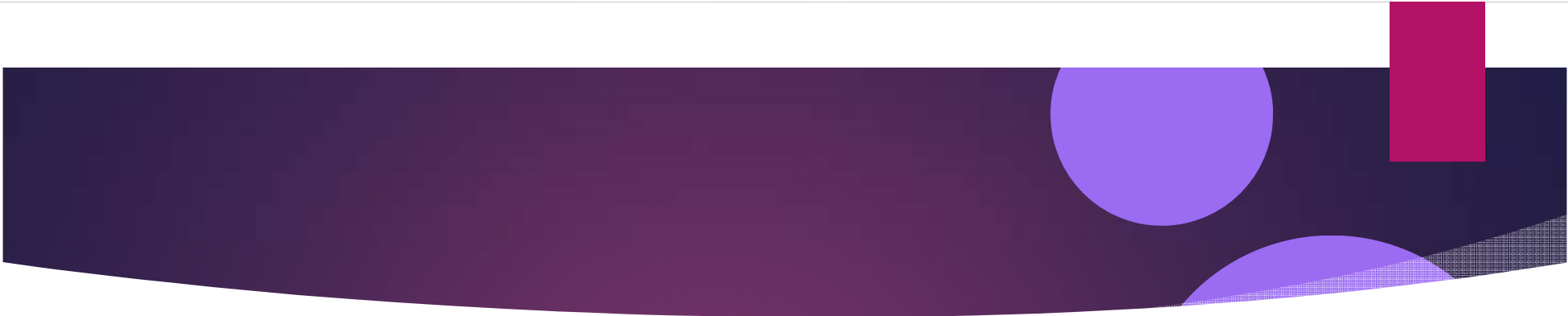
▶ The tragic-Health disparities

- ▶ 21% of Native Hawaiians had third trimester tobacco use (Wright&Tam, 2010)
- ▶ 8.3% of Native Hawaiians used drugs during pregnancy



Patient #1

L.M. 36 y/o g1p0 at 25 weeks presented to me for prenatal care. She states this was an unplanned pregnancy. She originally had wanted to terminate, but found out too late. Now she was excited about the pregnancy.



L.M. (cont)

History of high blood pressure-but not on meds currently. BP
130/85

Denied drug, alcohol, or tobacco use on screening.

Social history: employed as a bookkeeper. In a stable 4 year
relationship

Tox Screen negative



L.M. (cont)

Presents 1 week later to my office with
blood pressure of 160/110 and 2+
proteinuria

Transferred to Kapiolani. At Kap her tox
screen was + for methamphetamines.



“Ice” Allure to Women

- ▶ Co-occurring mood disorders
 - ▶ Depression/anxiety
 - ▶ Domestic violence/PTSD
 - ▶ Childhood sexual assault
- ▶ Weight loss
- ▶ Multiple jobs, extra energy
- ▶ Low cost/longer action

Meth and Pregnancy

- ▶ Increased risks of preeclampsia and preterm birth
 - ▶ Stopping use at any time ameliorates outcomes
- ▶ Confounded by tobacco use, poor diet, homelessness, poverty, interpersonal violence
 - ▶ 69% women also smoke



L.M. (continued)

- ▶ She spent 5 weeks in the hospital with severe preeclampsia.
- ▶ 1st 4 days she slept and was extremely irritable.
- ▶ 2 weeks into stay, became very tearful.
 - ▶ “They’re going to take my baby away aren’t they?”



Traditional Approaches to Addiction in Women

- ▶ Call CPS-women with addiction not fit to parent.
- ▶ Arrest her. Then she'll stay clean at least while she's in jail. Baby won't be affected.
- ▶ Arrest her. Make enrollment in drug treatment a condition of discharge.



The Trouble with CPS

- ▶ “Removing a child from his family may cause serious psychological damage-damage more serious than the harm intervention was supposed to prevent.” Michael Wald, 2000.
- ▶ Profound loss “I want to have another baby to fill that hole in my heart from missing those two months.”
- ▶ Average number of pregnancies and deliveries much higher than in non-addicted population.
- ▶ Become pregnant again.



Family Treatment

- ▶ Keeping women and their children together, even while the mother is receiving drug abuse treatment, leads to better outcomes for the children and to increased likelihood of success in treatment for the mother. (State of New Mexico)



L.M. (Continued)

- ▶ Her partner had no clue she was using.
- ▶ She started using to “lose weight.”
- ▶ Didn’t have any idea that her medical problems may be caused by ice use.
- ▶ Delivered at 33 weeks by emergent C/S for abruption



L.M. (Happy Ending)

- ▶ Baby/Mom did well
- ▶ Mom home POD 3
- ▶ Baby home after 2 weeks
- ▶ Partner not using and patient got treatment, so able to maintain custody



Traditional Approach #2 Arrest Her. Then She Can't Use

- ▶ Policies that focus on the harms of illicit drug use on the unborn child ignore the proven risks of legal substances, such as alcohol and tobacco.
- ▶ Our research and others has shown these to be much more harmful to infants than meth.
- ▶ Prevents women from disclosing use, getting treatment, and getting prenatal care.

Lessons Learned from South Carolina

- ▶ In 1997, Cornelia Witner was prosecuted for child abuse for using crack-cocaine during pregnancy.
- ▶ State Supreme Court upheld her conviction.
- ▶ Tested without her knowledge or consent.
- ▶ After her prosecution:
 - ▶ Admissions to drug-treatment dropped by 80%.
 - ▶ Increase in infant mortality.
 - ▶ 20% increase in abandoned babies.

Kaneohe Woman Charged with Manslaughter over Death of Newborn Son



- * T. Awohi arrested after her newborn son died
- * Admitted to ice use during pregnancy
- * Conviction overturned
- * Chilling effect on women obtaining prenatal care

Source: Honolulu Star-Bulletin, 2004



Racial Disparities-South Carolina

- ▶ Women of color have higher rates of substance use during pregnancy
- ▶ More white women use substances during pregnancy, esp. alcohol and tobacco
- ▶ Of the 42 women arrested under South Carolina law, 41 were African American.
- ▶ South Carolina only tested indigent women, not women in private practice settings.



Racial Disparities-Here

- ▶ Native Hawaiian men, women and youth over-represented in the criminal justice system (Hawaii Department of Public Safety, 2000).
- ▶ Hawaiian female youth and female inmates typically present with more severe substance disorders and mental disorders than do their Hawaiian male and Non-Hawaiian male counterparts (Andrade et al., 2006; Kassebaum, & Chandler, 1994; Nishimura et al., 2005).
- ▶ White women much more likely to go home with babies than women of color.



The Problem with Prison

- ▶ In Prison in Hawaii, less than 5% of women get mental health care, including substance abuse treatment (Beck & Maruschak, 2001).
- ▶ Women in prison don't get adequate prenatal care.
- ▶ Women in prison are subjected to abuse, inadequate nutrition, and increased stress, all of which increase pregnancy complications.
- ▶ Treatment is much cheaper than prison



Traditional Approach #3: Arrest Her. Make Her Get Treatment.

- ▶ Increases motivation to get treatment, Not necessarily motivation to participate in treatment.
- ▶ Not enough treatment facilities.
 - ▶ Women's Way only has 21 beds.
 - ▶ <100 treatment beds on all of Oahu.
- ▶ One woman had to get arrested before she was able to get tx (had been on waiting list for 5 weeks).



Gender Specific Treatment

- ▶ Needs to provide childcare/transportation
- ▶ Trauma-centered. Extremely high rates of childhood sexual trauma in these women
- ▶ Because women are much more relationship oriented, may not do as well in residential tx-esp if separated from children.



“But they all lie to me.”

- ▶ Fear
- ▶ Fear of discovery
- ▶ Fear of prosecution
- ▶ Fear of losing children
- ▶ Fear of treatment
- ▶ Fear of disapproval



Fear of Disapproval

- ▶ “I’ll see that woman. I’m good at yelling at patients.”
- ▶ “She lied to me. I really let her have it. How dare she.”
- ▶ “She has 3 other children at home. I hope they take them away too.”



What does work?-SBIRT

- ▶ Screening
- ▶ Brief Intervention
- ▶ Referral to Treatment



SBIRT

- ▶ Screening-needs to be universal using validated screening tools
- ▶ Brief Intervention
 - ▶ Using Motivational Interviewing Techniques
- ▶ Referral to Treatment
 - ▶ Need to know referral sources
 - ▶ Best if warm hand off

PATH (Perinatal Addiction Treatment of Hawaii) Clinic





PATH Clinic Mission

To provide comprehensive perinatal clinical and social services to women with past or present substance abuse issues, in a homelike setting, free of judgment, and supportive of each woman's unique path from pregnancy to capable parent.

PATH Clinic

A Waikiki Health Center Clinic

845 22nd Avenue
Honolulu, HI 96816
(808) 791-9390
Fax: (808) 683-7058

Please call for an appointment.

PATH@waikihc.org
www.waikihc.org/PATHClinic

Perinatal, Behavioral Health & Social Services

*Confidential, nonjudgmental care in a comfortable, homelike setting
for women with past or present addiction issues.*



WAIKIKI HEALTH CENTER
Compassionate Healing. Expert Care.



PATH Clinic

(Perinatal Addiction Treatment of Hawaii)

At PATH Clinic, women with past or present addiction issues are offered perinatal, behavioral health and social services. The clinic is supportive of each woman's unique path to health and capable parenting.

Health Services

Primary Medical Care | Prenatal and Postpartum Care
Obstetric and Gynecologic Care | Ultrasounds
Birth Control | Preconception Planning
Referrals to Pediatric Care
Help Quitting Tobacco

Mental Health & Addiction Counseling

Assistance Attaining Benefits

Medical Insurance | WIC | Food Stamps



www.pathclinic.org

A Waikiki Health Center Clinic | 845 22nd Ave., Honolulu HI 96816

PATH History

- ▶ Funded 2006-7 by Hawaii State Legislature-\$600 K
- ▶ August 2008, Obtained 501(c)3 status
- ▶ Received PSST contract (BabySafe) from state
- ▶ May 2009, notified PSST program ended
- ▶ Applied for 5 federal grants-SAMHSA x 2, CDC and NIH-not funded
- ▶ Lived for almost two years dependent on philanthropy for social services funding
- ▶ May 2010 Operations folded into Waikiki Health Center
- ▶ November 2015 received Mutual of America Governor Hugh L. Carey Community Partnership Award



Services Provided

- ▶ Prenatal, Delivery, Postpartum care
- ▶ Childcare
- ▶ Transportation-limited
- ▶ Social Services inc. housing assistance, Quest enrollment, etc.
- ▶ Addiction psychiatry
- ▶ Buprenorphine
- ▶ Classes/groups

PATH Clinic Success

- ▶ 331 deliveries
- ▶ Preterm birth rate (<37 weeks) 10.9 %
 - ▶ For 2014-5 6.2%
- ▶ 92% retained custody at 2 weeks post-partum
 - ▶ Of the 6 in 2014-5, 4 were incarcerated and 2 had positive utox at delivery (1 went into residential treatment and regained custody)
- ▶ Repeat pregnancy rates at 15 months 17% vs. 21% Medicaid



Summary

- ▶ Meth is a very compelling drug for women
- ▶ Women don't choose to use drugs when pregnant. They are addicted and then become pregnant.
- ▶ Policies that punish pregnant women for drug use in pregnancy counterproductive serve to prevent women from obtaining care.
- ▶ Prenatal care and other harm reduction means are effective at preventing complications from perinatal drug use



Questions

<https://www.youtube.com/watch?v=on2E1N6JhaE>