

Provider Guidance – Molina HealthCare of Florida

# 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.

Molina FL Specialty Plan serves regions 4, 5 and 7 as an MMA specialty plan for individuals with serious mental illness (SMI). Substance Use in Pregnancy program provides comprehensive, integrated case management by experienced obstetric nurses with expertise in SMI and substance use disorder during pregnancy. 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 the possibility of babies being separated from their parents, promotes parenting potential, and supports the baby's health and development.

*Refer pregnant women with OUD to Molina's Maternity Program  
MFLCaseManagement@MolinaHealthCare.Com*

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:

## Opioid use in Florida

Current data in Florida illustrates a growing problem with opioid use disorder (OUD) in pregnancy. Florida Pregnancy Associated Mortality Review (PAMR)<sup>2</sup> findings reveal:

- The rate of Florida women with OUD identified at delivery admission quadrupled from 0.5 per 1,000 deliveries in 1999, to 6.6 in 2014. Use of illicit opioid and related drugs is now increasing as prescription opioids are becoming more restricted.
- Drug-related deaths are the leading cause of death to mothers during pregnancy or within one year afterwards in 2017, accounting for 1 in 4 of these deaths in Florida. There are now as many maternal drug-related deaths as deaths due to traditional causes of maternal mortality. 75% of maternal drug-related deaths occur after the baby is born and the mother has been discharged.

Florida has experienced a ten-fold increase in Neonatal Abstinence Syndrome (NAS) rates from 2002-2012.<sup>3</sup>

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 CRAFFT<sup>1</sup>
- Register and check the Florida Controlled Substance Monitoring Program database <https://florida.pmpaware.net> 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 consequences<sup>4</sup>.
- 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 MAT using Buprenorphine	May be more effective for women with higher levels of dependence who need more support & structure.	<ul style="list-style-type: none"> <li>• SAMHSA certified opioid treatment programs provide medication as one component of a whole person approach which includes counseling and other behavioral health therapies</li> <li>• Daily visits to treatment program until stable then may be permitted to take medication at home between program visits if specific requirements met.</li> <li>• Methadone continues daily, buprenorphine can sometimes be switched to alternate day dosing</li> </ul>
Office-based opioid therapy (OBOT) with buprenorphine	Improves access to MAT therapy. May be best suited for women who are highly motivated and engaged.	<ul style="list-style-type: none"> <li>• Prescribed weekly or biweekly by healthcare professionals with waiver to prescribe buprenorphine from SAMHSA and receive a unique Drug Enforcement Administration registration number</li> </ul>
Residential rehab, IOP, Partial Hospitalization	May be recommended for severe dependence, lack of social supports, other SDOH	<ul style="list-style-type: none"> <li>• Provides more intensive support and treatment</li> </ul>

- 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

Florida MAT Programs for Pregnant Women

<https://www.myflfamilies.com/service-programs/samh/docs/MethadoneClinicList.pdf>

### 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 healthcare 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>

### Telehealth

Brave Health is a virtual clinic specializing in behavioral health. They provide telehealth-enabled counseling, therapy, psychiatry, and medication management, including MAT treating a range of conditions across the spectrum of mental health and substance use disorder.

BeBrave: <https://bebravehealth.com/>

## 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.

### **Florida Statutes**

- 383.14, F.S., identify and refer for Healthy Start services all infants prenatally exposed to abuse of prescription drugs and illegal substances.

- 39.001, F.S., a *Plan of Safe Care* is to be developed through constructive, supportive and non-adversarial relationships intruding as little as possible into the life of the family. Accordingly, a *Plan of Safe Care* is always voluntary. Monitoring is intended to ensure child welfare professionals are initiating timely and appropriate referrals to service providers who have developed a culturally sensitive, multi-faceted and multidisciplinary approach to working with mothers and infants prenatally exposed to substances.

## Resources

### **Florida Provider Toolkit for Pregnant and Parenting Women with OUD–**

*OUD practice guidelines, Provider Handbook and Newborn Notification forms*

<https://www.molinahealthcare.com/providers/fl/medicaid/SubstanceAbuseToolkit.aspx>

### **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.*

<http://nccc.ucsf.edu/wp-content/uploads/2016/12/CCC-Substance-Use-Warmline-Flier-EST-7.25.16.pdf>

### **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>

### **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>

Standardized Assessment Forms – recommended for pregnant women

**5P's Screening Tool**

<https://www.in.gov/laboroflove/files/5%20Ps%20Screening%20Tool.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](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 During Pregnancy Florida Pregnancy-Associated Mortality Review (PAMR) March 2020 [http://www.floridahealth.gov/statistics-and-data/PAMR/\\_documents/opioid-use-during-pregnancy.pdf](http://www.floridahealth.gov/statistics-and-data/PAMR/_documents/opioid-use-during-pregnancy.pdf)
3. Florida Maternal Opioid Recovery Effort (MORE) Tool Kit: A Quality Improvement Initiative, Version February 2020, Florida Perinatal Quality Collaborative
4. 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>