NATIONAL CURRICULUM IN REPRODUCTIVE PSYCHIATRY

Substance Use Disorders
Opioid Use Disorder
Progressive Case Conference
Trainee Guide

Contributors
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Learning Objectives
1. Describe the epidemiology, risk factors for, and consequences of opioid use disorders (OUD) in pregnancy
2. Discuss validated screening tools for substance use in pregnancy
3. Explain evidence-based treatment options for OUD in pregnancy

Required Pre-Reading
Opioid Use Disorder Self-Study

Optional Supplemental Reading
References for this module can be found in the Opioid Use Disorder Self-Study

Case Presentation
Ms. M is a 32-year-old G3P1011 presenting for an initial prenatal visit at an estimated gestational age of 27 weeks based on a certain last menses. She reports that the pregnancy was unplanned, and that she had originally considered a termination. However, she did not have the money for a termination, and as time went on, she felt more accepting of the pregnancy. She states that aside from nausea and constipation, she hasn't had any concerning symptoms during the pregnancy. While the RN is doing her medication reconciliation for her prenatal chart, she notices that the patient has on her medical chart past-year prescriptions for tramadol, oxycodone, and naproxen. She acknowledges taking non-prescribed buprenorphine periodically in order to manage opioid cravings.

1. What are non-judgmental ways to discuss substance use during pregnancy?

2. What are the differences between opioid use, opioid misuse, and opioid use disorder?

After exploration, Ms. M's clinical history is consistent with an opioid use disorder. She acknowledges that she should enter treatment, but is worried about her boyfriend and her family finding out about her addiction. She wants to know what safeguards you have for protecting her confidentiality. She is willing to explore options for treatment "as long as I don't get my baby taken away from me."

3. What should you tell her regarding confidentiality?

Reassured by your guarantees of confidentiality, Ms. M states she is interested in buprenorphine treatment for her opioid use disorder. “My girlfriend told me that if I get treatment, I won’t be on opioids anymore, and the baby won’t go into withdrawal.”

4. What kind of treatment is recommended for perinatal OUD?

5. What should you tell her about her baby’s risk for withdrawal if she is taking methadone or buprenorphine?

Ms. M is back for a prenatal appointment 6 weeks after you last saw her. She is now 35 weeks along. She missed an appointment in the interim, and missed an appointment for her buprenorphine refill. She used heroin during that time to prevent withdrawal. Her last ultrasound showed an appropriately grown fetus without any anatomical abnormalities. Her prenatal labs show that she is positive for Hepatitis C. She feels stressed that she used heroin, and is worried about getting her child taken away from her. She has increased her smoking in the past few days.

In addition, Ms. M endorses increasing relationship problems after her boyfriend found out about her OUD treatment – “He thinks I should be able to kick this on my own, and thinks I’m selfish for exposing his baby to an unsafe medication.” She is upset that he is pulling away from her, and has been yelling at her more frequently.

6. What would be the most appropriate next steps? How might you reduce her risk for opioid overdose?

You connect Ms. M with a delivery doula since it’s no longer a guarantee that her boyfriend will be there to support her during delivery. At 38 weeks, Ms. M wants to talk about scheduling an induction so her sister can make plans to watch her other child. She’s worried about being judged by the staff on Labor & Delivery, and equally worried about how she’ll manage her pain if she ends up getting a Cesarean section.

7. How can you assist this patient in meeting her goals for labor, delivery, and the postpartum period?

Ms. M is now 6 weeks postpartum and returns to see you for a postpartum visit. She reports that her delivery went well and that her baby did not require any medication treatment for NOWS, although it was hard for her to stay with the baby in the hospital for 4 days since she has another young child. She had a vaginal birth and did not require an opioid pain medication. The hospital made a report to child protection after her baby was born due to her heroin use in the third trimester. She was initially upset about this and anxious that her children would be removed, but after investigation, child protection made a safety plan with her and have helped her obtain childcare for her older child. She is currently staying with her sister, which she identifies as a safe and supportive environment. She is not currently seeing her baby's father regularly and is unsure if she will get back together with him. She is breastfeeding her baby and attending treatment visits regularly at her buprenorphine program. She hopes to return to work in a few months and is on a waiting list for supportive housing. She plans to get treatment for her hepatitis C when she is finished breastfeeding.