Medication Assisted Treatment for Opioid Dependent Women in Pregnancy

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QUESTIONS

- What is the extent of the issue of opioid dependence in pregnancy?
- What is the neonatal outcome of continued opioid abuse in pregnancy?
- Why Medication Assisted Therapy (MAT)?
- What are the options for MAT?
- Methadone maintenance vs. Buprenorphine?
- Stigma for the patient?
- Case Study

What is the extent of opioid dependency in pregnancy?

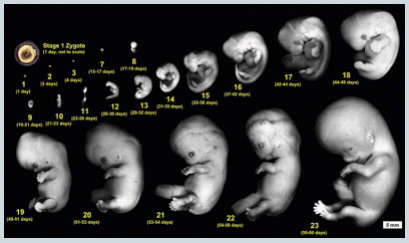
- Prevalence
- 400,000 patients seeking treatment for opioid dependence 4% pregnant 19% opiates
- Age 18-24 -7.4% newborns opiate dependent
- 16.2% pregnant teens report using illicit substances

- Urban treatment center 7.6% pregnant patients + opioids

What is the outcome of continued opiate abuse in pregnancy?

- Preterm labor
- Fetal distress (withdrawal)
- Intrauterine growth retardation
- Fetal demise
- Infection HIV HCV

- MAT vs untreated 5x complications



Why MAT?

- Decreased criminal activity
- More adherent to prenatal care

- Decreased risk of infection
- Fewer miscarriages
- Decreased risk of low birthweight newborns

What are the options for MAT?

- Buprenorphine Therapy
- FDA approved in 2002 for the treatment of opioid dependence
- Partial agonist with ceiling effect

- Methadone Maintenance Treatment
- Methadone developed in 1937
- More than 45 years of experience
- Started in 1964 in NYC in response to the post WWII epidemic of opioid dependence
- Full agonist

Methadone Maintenance vs Buprenorphine

- Methadone Advantages:
- Structure
- In house counseling
- Long term studies show no neurobehavioral developmental issues

- Methadone Disadvantages:
- Interaction with antiretrovirals
- Cardiac arrhythmias
- Stigma
- Privacy
- Daily dosing need for transportation
- Availability of programs

Buprenorphine

- Advantages:
- Privacy in office based practices
- Less stigma(so far!)
- Less severe neonatal abstinence syndrome(NAS) partial agonist
- Shorter neonatal hospital stay

- Disadvantages:
- No long term studies of developmental issues
- Greater dropout rate

MOTHER Study

- 2010
- Could buprenorphine maintenance yield methadone advantages with less neonatal distress?
- 175 enrolled/ 131 through delivery
- Started at 6 – 30 weeks gestation
- NAS milder than MMTP
- Morphine required by neonate 11% as much as methadone
- 43% shorter hospital stay than methadone

Stigma

- "Addicted Babies" NYT 2/14 Gov. Paul LePage ME.
- 927 drug addicted babies born in 2013
- Can babies be addicted? (think of definition of addiction)
- Cost $53000 per newborn
- Solution more enforcement
- A few attempts to prosecute mothers for harm to neonate
- Gov. Paul Shumlin VT State of the State opiate dependence

HUB and Spoke

- Vermont initiative to treat opioid dependence throughout the rural state
- 5 regions
- Choice between suboxone and methadone.
- HUB daily dosing, close supervision OTP Opioid Treatment Program
- Spoke, Office Based Opioid Treatment Program OBOT

Brattleboro Retreat: Buprenorphine Clinic

- Partnership with Habit Opco
- 7/13 1 patient for 2 months
- Now 150 patients
- Daily dosing for 1 month then weekly take homes if meet criteria

Brattleboro Retreat: Buprenorphine Clinic

- 15 pregnant patients in the past year
- 2 transferred
  - 1 to Methadone and 1 to SPOKE
- 1 high risk preterm labor (missed injections delivered at 29 weeks)
- Compliance issues: OB f/u, opiate use
  - (1 patient no prenatal care until third trimester)
- Monthly follow up and contact with OB

Case Study

- 30 year old female seeking detox from heroin. + urine pregnancy.
- Referred for discussion of treatment
- What do you want to know?