Beyond Birth: A Comprehensive Recovery Center serving parenting women
Session Objectives

• Highlight Plan of Safe Care
• Introduce the Beyond Birth Comprehensive Recovery Center
• Describe Levels of Care
The Evolution of Two Programs
PATHways Prenatal and Beyond Birth

PATHways and Beyond Birth

Prenatal Care and Engagement in Recovery
Beyond Birth Family-Centered Recovery
Multidisciplinary Team

Empowerment and Sustained Recovery

Uk HealthCare
Among the more than 72,000 drug overdose deaths estimated in 2017*, the sharpest increase occurred among deaths related to fentanyl and fentanyl analogs (synthetic opioids) with nearly 30,000 overdose deaths.

Source: CDC WONDER
Kentucky Resident Drug Overdose Emergency Department Visits
Drugs Most Commonly Listed as Contributing to the Overdoses

Note: An overdose that involved multiple drugs was counted under each relevant drug category.
Produced by the Kentucky Injury Prevention and Research Center, a bona fide agent for the Kentucky Department for Public Health. December 2016. Data source: Kentucky Outpatient Services Claims Files, Office of Health Policy, Cabinet for Health and Family Services. Data are provisional and subject to change.
Fentanyl, either combined with heroin or alone, was involved in 1,008 Kentucky resident overdose deaths. That accounts for 69% of all deaths, up from 47% in 2016.

Alprazolam (Xanax) - 34% of cases
Gabapentin - 29%
Methamphetamine - 28% (57% increase)
Oxycodone - 13% (6% decline)
Hydrocodone - 13% (3% decline)
Perceived Need for Treatment

18.4 million did not perceive a need for treatment (95%)

880,000 perceived a need for treatment (5%)

19.3 million people aged 12 or older needed but did not receive substance use treatment at a specialty facility

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2015.
NACU - “Care by Parent” Initiative

- Encourage skin-skin and breastfeeding
- Infant massage
- Jin Shin Jytsu
- Pacifiers
- Swaddling
- “Happiest Baby on the Block,” Dr. Harvey Karp

Providing this combination of services has resulted in a 40% reduction in babies requiring medication for treatment of NAS.
Neonatal Abstinence Care Unit
“Rooming In” is Better for Babies - Need for Medication

32 Babies Received Care by Parents*

Two Required Medication for Neonatal Abstinence Syndrome

32 Babies Received Traditional Care*

Twelve Required Medication for Neonatal Abstinence Syndrome

*The mothers of the 64 infants were matched according to gestational age, smoking, and breastfeeding status
“Rooming In” is Better for Babies – Length of Stay

32 Babies
Received Care by Parents*

Their average length of stay at the hospital was six days.

32 Babies
Received Traditional Care*

Their average length of stay at the hospital was thirteen days.

*The mothers of the 64 infants were matched according to gestational age, smoking, and breastfeeding status.
Building Relationships and Trust

Where would you be without this program?
- “I’d be either dead or in jail because I’m a repeat offender. I was carrying a lot of guilt and shame.”
- “I get emotional because my children now have a mother. I can fully protect my children now.

Anything else you would like us to know
- “I don’t feel judged in this program”
- “Not only am I present, but I’m also present. Had I not been in this program, I probably wouldn’t have my baby”
- “I’m very thankful for Pathways because I’m here and I’m not just wandering around existing. I’m living a life and it’s very beautiful…”
Increased attendance at prenatal group sessions was significantly associated with decreased illicit drug use

- Substance use validated by iCup and quantitative analysis
- No illicit drug use at admission to L & D for 80% of moms
- Of those with an inappropriate UDS, only 1 tested positive for
- 31% infants have received treatment for NAS/NOWS (well below the national average)
- Among those who participate in “Care-By-Parent” during neonatal observation period in the NACU, this rate is much lower
- For every one-session increase in attendance, women were 13% to 18% more likely to be drug-free at each follow-up visit after delivery
Serving Kentucky Counties
An amendment of the Child Abuse Prevention and Treatment Act (CAPTA) requires development of best practices for safe care of substance exposed newborns.

Included are all infants affected by:

- Illegal substance abuse
- Withdrawal symptoms
- Fetal Alcohol Spectrum Disorder (FASD)
- Prenatal substance exposure
Plan of Safe Care: improving connection and care

- Focus on mom and baby
- Treatment referrals for family members
- Decrease ACE’s
Adverse Childhood Experiences: the main determinant of health and social well-being of the nation

**ABUSE**
- Physical
- Emotional

**NEGLECT**
- Physical
- Emotional

**HOUSEHOLD DYSFUNCTION**
- Mental Illness
- Incarcerated Relative
- Mother treated violently
- Substance Abuse

*Source: Centers for Disease Control and Prevention*
*Credit: Robert Wood Johnson Foundation*
Issues Facing Women with Substance Use Disorders

- Intergenerational drug-related child abuse & neglect
- Biopsychosocial factors affecting families
  - Lack of positive & supportive relationships
  - Lack of formal education & job skills
  - Legal issues
The Addiction Crisis
76% of IV drug users have 7 or more ACE’s.
Risk of Abuse & Neglect

Children with parents who abuse substances are **3 times more likely to be abused**, and more than **4 times as likely to be neglected**, than those who grow up without an addicted parent.
A life that has become unmanageable...
Generational Transmission of ACE’s

“Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today.”

Dr. Robert Block, the former President of the American Academy of Pediatrics

67% of the population have at least 1 ACE
The “Magic” of the NACU is a Prepared Mom/Caregiver

**Sleep/Wake Control**
- Assist with transition
- Gentle handling
- Appropriate stimulation

**Motor/Tone**
- Non-nutritive sucking (pacifiers)
- Containment, holding
- Swaddling
- Positioning aides
- Rocking

**Signs of Stress**
- Promote rest-babies need sleep
- Keep environment quiet, limit stimuli
- Identify what upsets your baby
- Understand limits of what baby can tolerate

**TOUCH:**
- gentle, slow

**VISUAL:**
- dim lights

**SOUNDS:**
- speak quietly

**MOVEMENT:**
- hold, swaddle
### Neonatal Abstinence Syndrome: Onset and Duration of Symptoms

<table>
<thead>
<tr>
<th>Drug</th>
<th>Onset (Hours)</th>
<th>Frequency (%)</th>
<th>Duration (Days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin</td>
<td>24-48</td>
<td>40-80</td>
<td>8-10</td>
</tr>
<tr>
<td>Methadone</td>
<td>48-72</td>
<td>13-94</td>
<td>≤30</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>36-60</td>
<td>22-67</td>
<td>&lt;28</td>
</tr>
<tr>
<td>Prescription Opioids</td>
<td>36-72</td>
<td>5-20</td>
<td>10-30</td>
</tr>
</tbody>
</table>
Knowledge is Power

- Nonpharmacologic management of NAS
- Knowledge of addiction from their own experience
- Open discussion about trauma/prevention of trauma in their own children’s lives
- Each success is a celebration

EMPOWERMENT

happens when you face the profound responsibility you have for your own life.

— Bryant McGill

Simple Reminders
Accountability is a key component of long-term recovery.

Frequency of patient encounters and random screens are key.

Guidance through the recovery process is provided by a multi-discipline treatment team.

No two roads to recovery are exactly alike but the components of successful recovery programs include:

- Drug tests are random and up to twice a week for new patients
- Multi disciplines work together to provide case management and the opportunity for more targeted case planning
- High risk, high need patients will have the highest frequency of contact
The Beyond Birth Comprehensive Recovery Center excels in the specialty care of post partum and parenting women with substance use disorders through evidence based medical and behavioral health services using accountability, individualized care, and support in an outpatient setting.
Program Objectives

Provide excellent, individualized care

Be efficient in process and scope

Serve all with kindness through accountability and structure

Kindness is the language which the deaf can hear and the blind can see.

- Mark Twain
Patients can:

• Become active participants in their own care
• Learn about, anticipate and understand treatment options and protocols
• Use the ASAM criteria’s six dimensions, or life areas, to better understand how risks and strengths, skills and resources in one life area can affect another

We follow the ASAM criteria:
Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. **DYSFUNCTION IN THESE CIRCUITS** leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

**ADDICTION IS CHARACTERIZED BY INABILITY TO CONSISTENTLY ABSTAIN, IMPAIRMENT IN BEHAVIORAL CONTROL, CRAVING, DIMINISHED RECOGNITION OF SIGNIFICANT PROBLEMS WITH ONE'S BEHAVIORS AND INTERPERSONAL RELATIONSHIPS, AND A DYSFUNCTIONAL EMOTIONAL RESPONSE.** Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

[https://www.asam.org/education/live-online-cme/fundamentals-of-addiction-medicine](https://www.asam.org/education/live-online-cme/fundamentals-of-addiction-medicine)
Why offer treatment?

Addiction can cause disability or premature death, especially when left untreated or treated inadequately.
Addiction is characterized by:

Inability to consistently **Abstain**;

Impairment in **Behavioral control**;

**Craving**; or increased “hunger” for drugs or rewarding experiences;

**Diminished recognition of significant problems** with one’s behaviors and interpersonal relationships; and

**A dysfunctional Emotional response**.
Be a Problem Solving Ninja
Treating Substance Use Reduces Health Risks

- Identify ongoing health concerns
  - Hepatitis A, B, C
  - HIV
  - STI's
  - Endocarditis
  - Osteomyelitis
  - Bacteremia
  - Cellulitis
  - Oral health
- Presence of active substance use
- Screen for alcohol and marijuana use
- Offer brief intervention (SBIRT)
Harm Reduction

Offers safeguards for individuals not ready for treatment

- Needle exchanges
- OB Care during pregnancy
- Access to condoms
- Long acting birth control
Levels of Care and Types

Recovery Programs - residential

Inpatient treatment - medical/behavioral

Long term residential

Intensive Outpatient Program

Outpatient

Jail Based Programs

Comprehensive Medical
Basic Needs Must be Met First

- Is safe housing available?
- Are there neighborhood concerns?
- Does the patient have a recovery support group?
Helping Patients Succeed

The opportunity to give back

- A doctor you can trust
- Having enough money
- People you can count on
- Dependable transportation
- Safe housing

HealthCare
Group Prescribing
Strong case management
Emphasis on recovery community
Medication assisted long term recovery
Medication is a tool-not treatment
Supports that Change Lives

- Access to safe housing
- Drug free work places
- GED Education
- Flexible Work Schedules
- Length of treatment as outpatient
- Strong recovery community supports
- Financial literacy-support during transition from Medicaid to private insurance
The Story of the Strong Tree
Thank you