



Expanding Perinatal Support for Individuals with Opioid Use Disorder in Washington County



Opioid Use Disorder Treatment Access

Washington County has one of the highest rates of substance affected infants born annually in Maine at 139.2 out of 1000 live births compared to a state average of 73.7.¹ A portion of these infants have a condition called neonatal opioid withdrawal syndrome, during which infants go through the process of opioid withdrawal from maternal opioid use during pregnancy.² Treatment during pregnancy for opioid use disorder (OUD) can lower the instances of neonatal withdrawal syndrome.^{2,3} This treatment is best accomplished in a wraparound model, where patients are not only receiving medical treatment for OUD and prenatal care, but are also provided with peer support, counselling, and other resources.^{3,4} There are many barriers to access this treatment and support in Washington County for these individuals. Some of these barriers are physical, as Washington County is a large county without a strong public transportation system. Other barriers include the stigma that many of these individuals face in medical settings as well as in community settings.⁵ There are many existing organizations in Washington County that work collaboratively to address many of these barriers to access and to provide support. Organizations such as the Community Caring Collaborative's Connection Initiative, Maine Families, Healthy Acadia, Safe Harbor Recovery Home, Peer Recovery Centers, and Aroostook Mental Health Center create this network of support.⁶ There are still changes that can be made and resources that can be added to further provide treatment for these individuals.

Recommendations

Invest in Referral Specialists in Hospitals in Washington County



There are many excellent organizations in Washington County that are working to support individuals with opioid use disorder during the perinatal period. Unfortunately, there is often a gap between the two existing hospitals and those resources. Due to limited resources and time in the hospital setting, it is difficult for hospital staff to know enough about those resources to refer individuals from the Emergency Department or inpatient setting. This is made more difficult by the staffing of the hospitals with traveling physicians and nurses that might not be familiar with the resources in the community. A referral specialist would be able to make those connections and bridge the gap between the clinical setting and community resources. This referral specialist can use trauma informed practices to connect this vulnerable population with the best resources for their situation.

Develop Another Recovery Home in Washington County



Safe Harbor is the only certified recovery residence for women and children in Machias, Maine.⁷ This home was designed as a collaboration between Healthy Acadia, the Community Caring Collaborative, Downeast Community Partners, and Aroostook Mental Health Services, Inc.⁷ Safe Harbor has successfully transitioned families to independent housing, seen reunification of children with mothers and integrated these families into the community in Machias.

The residence is a model of collaboration between community organizations. There is an environment and a need in Calais, Maine that could support another home, using Safe Harbor as model if funding became available.



Consider Changing the Mandatory Reporting Process for Infants Born Exposed to Substances

Under current policy, all infants born with prenatal exposure to drugs (including medication assisted treatment) or fetal alcohol syndrome are reported to Child and Family Services at the Department of Health and Human Services (DHHS) through the same pathway as suspected child abuse.⁸ This notification cannot be “construed to establish a definition of ‘abuse’ or ‘neglect’”.⁸ Having a different phone number or notification pathway to DHHS for those individuals who are pregnant and are stable on medications for Opioid Use Disorder (MOUD) would help to decrease stigma for those on treatment. A different pathway of notification may help encourage pregnant individuals to start or maintain medication assisted treatment during the perinatal period, while reducing stigma associated with MOUD during pregnancy.⁹ States (such as Vermont) without such a reporting process have been shown to have a higher rate of prenatal care and post-partum follow up than those with identified reporting systems.^{9,10}



Increase Flexible Funding to Organizations that Exist in Washington County

Many of the unique barriers to access that are faced in Washington County are addressed using creative solutions. Maine Families may use flexible funds to purchase gas gift cards so that families can afford to drive to appointments. Grocery gift cards can be used for diapers. This funding can also be used to cover car seats, meal vouchers and temporary childcare for extended NICU stays. Flexible funding can be used to meet specific needs of these families. The goal of this funding would be to remove stressors and barriers to access for these individuals to promote continuous perinatal support and care.



Increase Utilization of Stigma and Trauma Informed Care in Primary Care Settings

Stigma can prevent individuals from both initiating treatment for opioid use disorder and from maintaining treatment.^{3,5} This stigma is multiplied for pregnant individuals as the societal expectations for pregnant people change.^{3,5} Two of the largest health networks in the state, MaineHealth and Northern Light are initiating stigma training for all their primary care offices for the entire staff. This training focusses on the principles of trauma informed care and how stigma towards those with OUD can affect their treatment. Expanding this training to other primary care clinics in Washington County that are not a part of these networks as well as the emergency departments in the county would help reduce the stigma this patient population receives at health care settings.

Current State

- The current mandatory reporting policy in the state of Maine falls under Title 22, Subtitle 3, Chapter 1071, Subchapter 2, 4011-B “Notification of prenatal exposure to drugs or having fetal alcohol spectrum disorder”.⁸ This statute states that prenatal drug exposure or fetal alcohol syndrome requires a notification to DHHS through the same pathways as reports of abuse or neglect. This notification cannot be used to “establish definition of ‘abuse’ or neglect” and cannot be used to prosecute for any illegal action, such as “exposing a fetus to drugs or other substances”.⁸

Background

The standard of care for opioid use disorder (OUD) is medications for opioid use disorder (MOUD). MOUD medications are long-acting opioid agonists.^{3,11,12} They reduce the cravings and the withdrawal symptoms to prevent illicit opioid use. There are various kinds of MOUD that can be used during pregnancy. The oldest form is methadone, which requires trips to federally certified methadone clinics. Methadone is safe during pregnancy, though guidelines suggest split dosing during the third trimester.^{11,12} Other MOUD include buprenorphine, which can be prescribed by physicians and does not require daily dosing. The most common form of buprenorphine prescribed is called Suboxone, which is a combination of buprenorphine and naloxone (an opioid antagonist).^{12,13} In comparison with methadone, buprenorphine has shown to shorten the length of Neonatal Opioid Withdrawal Syndrome (NOWS).² The use of MOUD for opioid use disorder in pregnancy has been shown to lower the incidences of NOWS. Breast feeding is a non-pharmacologic treatment for NOWS and is safe on MOUD.^{12,13,14}

According to the guidelines in the Canadian Journal of Obstetrics and Gynecology treatment for prenatal care and opioid use disorder contains MOUD, prenatal care, and referral to community resources for psychosocial interventions.¹⁵ Following the 2021 Maine Guidelines for treatment of OUD during pregnancy, all these patients should be screened for social determinants of health in addition to polysubstance use.¹⁶ Often treatment of OUD involves address the social determinants of health that affect the patient. This guideline also recommends that the combination treatment of buprenorphine and naloxone or buprenorphine monotherapy be used during pregnancy, though the later requires a prior authorization from MaineCare, which can be a further barrier to treatment.¹⁶

Stigma for those with OUD plays a large role in seeking treatment and maintaining treatment.⁵ This internalized and societal stigma disproportionately affects pregnant people.^{3,5} Training in trauma informed care and stigma can help increase retention in prenatal care.³ Trauma informed care is a way of interacting with patients based on five principles: Safety, Trustworthiness, Choice, Collaboration, and Empowerment. It is designed to give patients more autonomy in their health care decision making and to recognize that certain language or actions may be traumatic for patients.¹⁷ Combined MOUD, mental health services, and prenatal care in a clinical environment that uses trauma informed practices has been shown to increase retention of these individuals in prenatal care.^{3,15} It has also led to longer gestation times and shorter hospital stays after birth.³

Washington County falls under District 7 for public health nursing. District 7 currently has only one public health nurse for the entire district, leading to gaps in care.¹⁸ Downeast Community Partners has a Nurse Home Visiting Program that has three nurses working in Washington County providing maternal and perinatal support.¹⁹ The county has one birthing hospital, Downeast Community Hospital in Machias, Maine. Emergent detoxification and recovery services are provided in the emergency department at Downeast Community Hospital. In the women's health department, pregnant individuals can receive both MOUD and prenatal care in one location.²⁰ In addition, there are five federally qualified health care centers in the county. Pregnant individuals can find MOUD at the Discovery House Comprehensive Treatment Center in Calais Maine (the only methadone clinic in Washington County).²¹ MOUD is prescribed for perinatal individuals at Arnold Memorial Medical Center in Jonesport, Groups: Recover Together in Calais and Machias, Healthways Regional Medical Center in Lubec and Machias Maine, and Harrington Family Health Center.^{22,23,24,25} Other resources include OPTIONSMe and various peer support groups and mental health services.²⁶

There are many existing organizations in Washington County that work with this population in both creative and collaborative ways. Maine Families, a statewide organization, supports mothers from the prenatal period until the child is three years old.²⁷ Maine Families provides in home support available to all families that are pregnant or are within three months postpartum.²⁷ This service is at no cost to the family. For individuals who also have OUD, Maine Families works as a preventative

organization. They answer questions about prenatal care, breastfeeding, and support through OUD treatment.²⁷ They help families sign up for programs such as Woman, Infants and Children (WIC), MaineCare, and Supplemental Nutrition Assistance Program (SNAP) among others. Maine Families in Machias consists of a network of eight individuals, including three lactation consultants. So far this year they are serving 96 families, with openings for more in their case load. In addition to home support, Maine Families addresses barriers to treatment by using flexible funding to provide car seats, gift cards for gasoline to get to prenatal appointments, car repairs to get to appointments, meal vouchers during hospital stays, grocery store gift cards and other assistance all directed at limiting stressors and barriers to maintaining a healthy pregnancy and parent-child relationship. Maine Families works on building relationships, while teaching healthy communication and life skills, working to combat the stigma of poverty and substance use disorder.²⁷

Another organization active in this field in Washington County is the Community Caring Collaborative (CCC). Rather than work in direct care to individuals, the CCC focuses on training, convening organizations, and incubating new programs.²⁸ The CCC provides training on cultural competency and substance use informed practices in medical settings, to hospitals around the state and early childhood education centers. They work to bring groups together and to encourage collaboration when possible.²⁸ Washington County is a large county geographically with a relatively small population. The CCC helps to prevent work done in “silos” but rather brings organizations together to create this network best suited to the unique rural environment of Washington County. They also help to start programs to fit community need before establishing them within appropriate organizations. In addition to its other work, the CCC has created the Connection Initiative, an online platform that provides information and connection to community resources in Washington County.²⁹ The Connection Initiative has information on where to access MOUD, peer support, or any of the other services offered by local community organizations.^{28,29}

Healthy Acadia is a community health organization that serves both Washington and Hancock Counties. Healthy Acadia provides support in the form of peer support, recovery coaches, recovery and prevention resources, Self-Management and Recovery Treatment (SMART) groups, and directs individuals towards MOUD.³⁰ Healthy Acadia was recently awarded a five year PROSPER grant, which provides recovery support specifically for pregnant individuals.³¹ Prosper Community Navigators help with pregnancy, parenting skills, recovery treatment, and care coordination. The goal behind the PROSPER program is to provide wrap around services to support pregnant individuals perinatally.³¹

Aroostook Mental Health Services (AMHC) is non-profit community mental health center that serves Aroostook, Hancock, and Washington counties.³² They run the Downeast Recovery Support Centers in Machias and Calais, providing peer recovery support. Also integrated into AMHC is the Overdose Prevention through Intensive Outreach and Naloxone & Safety (OPTIONS) program.³² This is a free statewide program with liaisons for every county in the state focused on overdose prevention in more acute settings.²⁶ Group, individual, and family-based therapies are also services this organization provides. AMHC also works with the Adult Drug Treatment Courts to provide substance use treatment and peer recovery support. Though they do not currently do so, they will soon be providing MOUD in Machias.³²

Healthy Acadia, the CCC, Downeast Community Partners, and AMHC have collaborated to establish the first Maine Association of Recovery Residences certified recovery residence in Washington County called Safe Harbor.⁷ Safe Harbor, started in 2019, is a home for women in recovery and their children. It is located within Machias, Maine.⁷ The residence is situated within walking distance of the Peer Recovery Center, the public schools, and the University of Maine in Machias. It encourages community involvement and making sure that these families become a part of a larger community. The home has five units with the goals being transitioning to independent living and reunification with children, while providing safe, supportive housing. It's location and multipronged support have contributed to its effectiveness.

There are already policy and organizational changes that have recently happened and will occur in the next couple of months that will increase access to and support through treatment for this population. Recently, the Biden-Harris administration removed the X-Waiver requirement for physicians to complete a specific certification to prescribe buprenorphine.³³ The removal of this waiver opened the field so that many more physicians can manage MOUD care.³³ In the next couple of months MaineCare (Maine's Medicaid) will cover the work of the MaineMOM organization. MaineMOM integrates maternal care and opioid use disorder treatment using a team-based model to provide comprehensive treatment at one location.^{34,35} This includes MOUD, prenatal care, peer support, and case management.³⁴ With their services soon to be covered by MaineCare, MaineMOM can expand more easily into Washington County.

As mentioned previously, the mandatory reporting of infants exposed to prenatal substance use undergoes the same reporting process as reporting child abuse or neglect.⁸ Open communication from the beginning of the pregnancy about the reporting process can help to build trust in the provider-patient relationship. In the state of Maine, this notification cannot be used to bring criminal charges against the parent for substance use, or as a sole determination of abuse or neglect.⁸ The reporting pathway for those on MOUD (as MOUD consists of long-acting opioids) is the same. This report can add stigma to these individuals that are stable on treatment for OUD during perinatal period and can affect the retention of patients in perinatal medical care.^{9,36} The policies across states fall into the categories of reporting as child abuse policy, mandatory reporting policy, both or neither. In a cross-sectional study of 4,155 women with prenatal substance use, it was shown that any reporting policy (whether it is abuse policy, mandatory reporting policy, or both) showed a "lower likelihood of prenatal care than those with neither policy".⁹ They were also less likely to attend post-partum visits 4-6 weeks after delivery.⁹ For example, in Vermont when a substance exposed newborn is born, the medical team, in collaboration with the parents, creates a Plan of Safe Care (PSOC) that is then communicated to the pediatrician in the medical record. The Child Abuse Prevention and Treatment Act (CAPTA) report is still filed, but it is deidentified before being reported to the Family Services to be reported in the annual report of the Children's Bureau.¹⁰ This reporting system has decreased some of the stigma around seeking treatment for substance use as well as retention of patients in perinatal care outside of their substance use.

Stigma plays a large role in how people with SUD experience healthcare and the society around them. Stigma can be structural (built into policies), public (stereotypes driving interactions with others) and self-stigma (internalized).⁵ Stigma can take the form of thoughts, attitudes, and behavior towards others. This stigma disproportionately affects pregnant women, with society's expectations of the role of pregnant individuals to be about caring for the fetus.^{4,5} This stigma can lead to discrimination and different treatment decisions in health care settings. It can also affect how and if these individuals seek treatment.⁵ Stigma training in all levels of a healthcare clinic can increase retention of patients in prenatal care and in MOUD.^{3,4}

I had the privilege of interviewing members of several of these organizations in addition to physicians who work in Washington County. Gaining insight from the individuals that work directly in the field was invaluable to understand the multipronged approach that exists in Washington County (and across the state of Maine) to provide support to this population. I am grateful for the time they lent me and to see the work that is being done in this field.

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