



From Stigma to Hope to Healing:

A SHIFT in Perspective on Prenatal Substance Exposure

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Financial Disclaimer

I have no conflicts of interest to disclose

Maricopa SHIFT Learning Objectives

1. Participants will learn the definition and prevalence of NAS diagnosed newborns in Arizona.
2. Participants will learn the typical protocol for hospitals for NAS diagnosed newborns, and the alternative “Eat, Sleep, Console” protocol.
3. Participants will learn the importance of treating patients with non-stigmatizing language and practices.
4. Participants will gain an understanding of the importance of keeping moms and babies together with non-stigmatizing support.
5. Participants will understand their role in the Maricopa SHIFT Collaborative and the importance of completing an Infant Care Plan prior to the birth of the baby.

To participate in polling questions:
Scan the QR code using your cell phones camera



Polling Questions:

A: Strongly agree B: Agree C: Neutral D: Disagree E: Strongly disagree

- 1-Pregnant women should abstain from MAT (Methadone) treatment in order to protect the baby.
- 2- If parents loved their children, they would stop using drugs when pregnant.
- 3- People who receive MAT, (Methadone), are substituting one drug for another.
- 4- If a baby needs treatment for opioid withdrawal at birth (NAS), it must mean the mother used fentanyl or heroin during pregnancy
5. A mother should not breastfeed if receiving MAT



SHIFT: Safe, Healthy Infants and Families Thrive



The Opioid epidemic in the U.S.

- **LIVES LOST: The equivalent of nearly 1 loaded 737 jet, due to overdose: EVERY SINGLE DAY***
- Over 107,000 lives lost in the last 12 months in the United States
- During this presentation, an average of **12 people will have died in the U.S.** from an overdose; 6 people die EVERY day in Maricopa County alone.
- 60% involve illicit Fentanyl*

<https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>



What about infants exposed to opioids in utero?

SEN: *Substance Exposed Newborn*:

An infant affected by prenatal exposure to any legal or illegal substance.

NAS: *Neonatal Abstinence Syndrome*: A postnatal drug withdrawal syndrome;
Occurs primarily among Opioid-exposed infants

Also referred to as: NOWS:

Neonatal Opioid Withdrawal Syndrome

(NOT “drug addicted babies”)



Prevalence of NAS in Arizona

NAS BIRTHS ARE SHARPLY ON THE RISE

2009: 1.68 NAS PER 1,000 BIRTHS > > > > 154 TOTAL NAS BIRTHS

2020: 9.9 NAS per 1,000 BIRTHS > > > > 782 TOTAL NAS BIRTHS

2021: 11.3 NAS per 1,000 BIRTHS > > > 1,000 births/year (est.)

COSTS TO MEDICAID: 76% of NAS births are covered by AHCCCS

NAS BIRTHS
\$49,900 (16-day hospital stay)
(\$49 million+ per year)

VS.

NON-NAS births
\$3,200 (2-day hospital stay)

Pregnancy and MAT– Polling Question #1

MYTH: A pregnant woman should discontinue MAT immediately.

FACT: MAT is the Gold Standard of care for expectant parents with OUD. Abrupt discontinuation of opioids in an opioid-dependent pregnant woman can result in preterm labor, fetal distress, or fetal demise.

NAS is an expected, treatable condition.



SUD and pregnancy- Polling Question #2

MYTH: SUD affects a mother's love for her baby.

FACT: Parents with a Substance Use Disorder are parents first; however, SUD may interfere with their ability to be a protecting, nurturing parent.



Parents and MAT- Polling Question #3

MYTH: Parents who receive Medication Assisted Treatment (MAT), are substituting one drug for another.

FACT: This idea reinforces stigma; It prevents people with an opioid use disorder from getting help that can save their lives.

MAT helps patients to **FUNCTION** in everyday life activities.

You cannot recognize someone who is receiving MAT simply by appearance.



Opioid use during pregnancy: Polling question #4

MYTH: If a baby needs treatment for opioid withdrawal at birth (NAS), it must mean the mother used fentanyl or heroin during pregnancy.

FACT: There are several reasons why a newborn might experience NAS, including:

- Mother received prescription opioid medication for chronic pain/other condition
- Receiving MAT (Methadone/Buprenorphine) for treatment of Opioid Use Disorder (OUD) while pregnant
- Misuse of their own prescribed Opioid or other medication
- Misuse of another's prescribed medication (diversion)
- Using heroin or other street opiates (such as illicit Fentanyl)

Breastfeeding and MAT: Polling question #5

MYTH: A mother should not breastfeed if receiving MAT

FACT: Breastfeeding poses additional benefits:

- Higher level of safety/stability for mothers
- Improving bonding and attachment
- Shorter hospital stay for baby
- Decreased severity of NAS for the baby/reduced medication to treat NAS



"Breastfeeding should be encouraged in women who are stable on their opioid agonists (MAT); who are not using illicit drugs, and who have no other contraindications, such as HIV infection."

Maricopa SHIFT: Safe, Healthy Infants and Families Thrive

- Promoting best practices Prenatally for the treatment of pregnant women with a Substance Use Disorder (SUD)
- Comprehensive, judgement free, non-stigmatizing, integrated care
- Our goal is to improve outcomes for parents and their newborns

Maricopa County



together we thrive

Best Practice: Universal Screening for SUD in expectant parents– NOT “laboratory drug testing”

- **4 P's Plus* screen:** The only validated screening tool designed specifically for pregnant women. It screens for alcohol, tobacco, marijuana, illicit drug use, depression and domestic violence
- 3-4 minutes to complete
- Ideally done at the first prenatal appointment
- 3 pilots underway: Yavapai SHIFT; MCDPH; Univ. of AZ. College of Medicine, Phoenix
- **NOTE: Screening is NOT drug testing**

What happens to these babies dx with NAS?

Current hospital approach for newborns dx with NAS



- Infant assessed every 3-4 hours using the Finnegan scoring tool
- If a positive screen, (8 or >), the baby is transferred to the NICU (separated from mom)
- Opioids are administered to baby to keep score below 8 (typically morphine)
- Baby's hospital stay averages 30 days or more
- Costs \$40,000-\$60,000 or more per newborn

Drawbacks to the current approach:

Separates the mom/partner from baby

The NICU is often a loud, bright, disruptive place for babies who are experiencing NAS

Medication is the first line of treatment to console baby; typically morphine

NICU stay typically 30 days



Current Approach: NICU/Level II nursery in hospital



Best practice: **Eat, Sleep, Console** approach

Evidence-based: Gaining wider acceptance

EAT- Does the infant have poor feeding due to NAS?

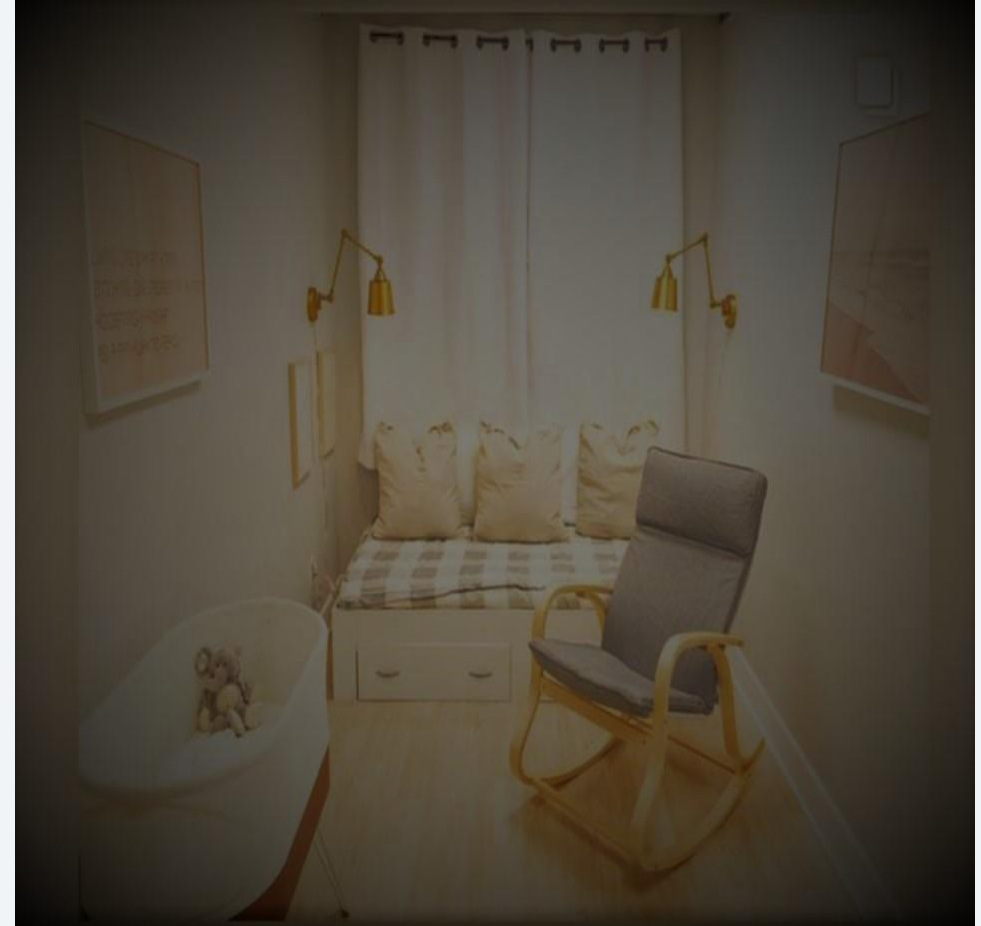
SLEEP- Does the infant sleep less than 1 hour due to NAS?

CONSOLE- Can the baby be consoled within 10 minutes?

- **Parents are encouraged to care for infant – bonding & attachment**
- **Rooming-in: Parents can stay with baby 24 hours**
- **Non-pharmacologic measures for baby are utilized FIRST**
- **Breastfeeding is encouraged**
- **Average length of stay: 6 days**
- **Dramatic reduction in costs**

Research shows a decrease in length of hospital stay, reduction in exposure to pharmacologic treatment, and reduced hospitalization costs

Eat, Sleep, Console: Room-in



Eat, Sleep, Console: Evidence-Based results

- Methods: In 2010, a multidisciplinary team began several plan-do-study-act cycles at Yale New Haven Children's Hospital. Interventions included standardization of nonpharmacologic care coupled with an empowering message to parents; development of a novel approach to assessment; administration of morphine on an as-needed basis, and transfer of infants directly to the inpatient unit, bypassing the NICU.

Results:

- Average length of hospital stay *DECREASED* from 22.4 to 5.9 days
- Infants treated with morphine decreased from 98% to 14%
- Costs *DECREASED* from \$44,824 to \$10,289
- No infants were readmitted for treatment of NAS; *NO ADVERSE EVENTS reported*



Better outcomes? ✓
Parent friendly? ✓
Baby friendly? ✓
Lower cost? ✓

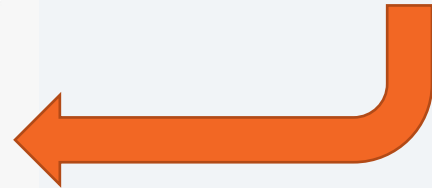


Compassionate Care: How do we approach families?

Pregnancy: A period that is at once vulnerable and also full of potential for transformation and change



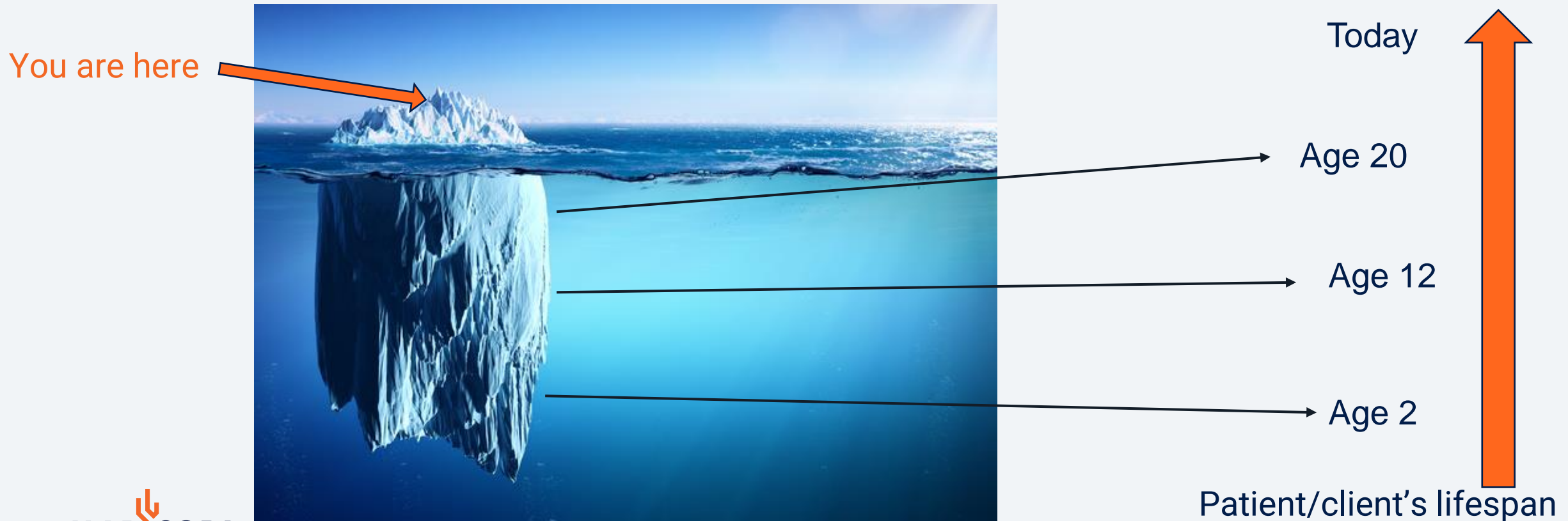
Our relationship with parents



Best practice: Everyone has a (hi)story

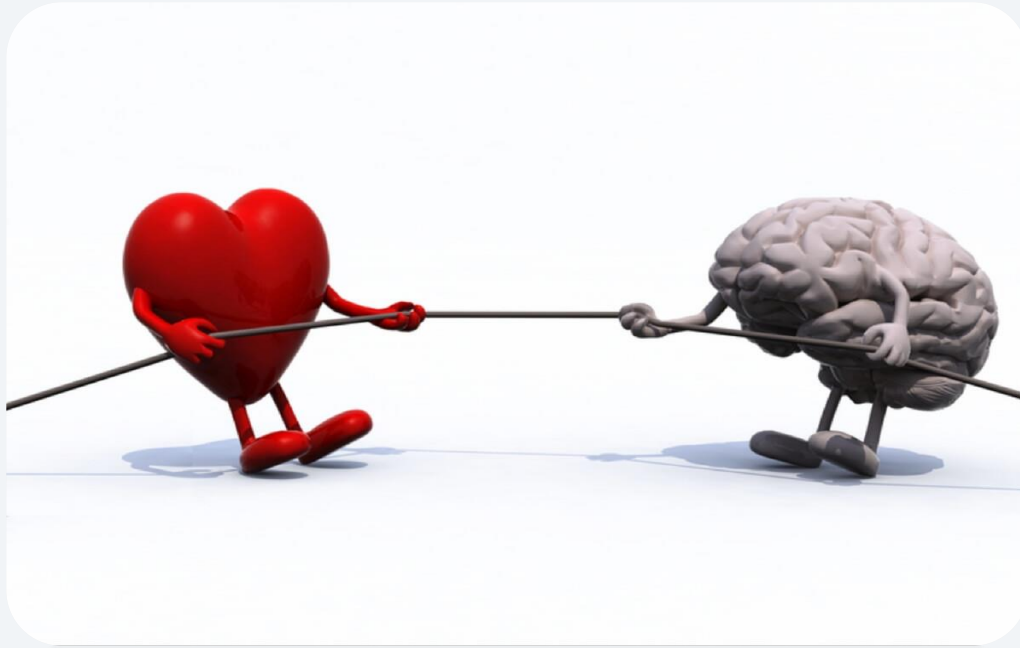
There is a strong association between trauma, PTSD and SUD

Are we hardwired for **connection or protection?**



Moving from “Head Knowledge” to “Heart Practice”

What does it mean to be “Trauma Informed” ?



Translating “Knowledge” (What I know)
to

“Practice” (What I do/ How I am with patient/clients)



Let's try a little experiment



Infant Mental Health: **All relationships matter**

Mom and Baby: a symbiotic* relationship, healing
SHIFT: critical FIRST relationships

*Characterized by or being a close, cooperative, or interdependent relationship

“Congratulations!”



We speak for...

Moms and dads who patiently play kitchen with their toddlers

and toddlers throwing their food (and everything else) on the floor

and 2am tantrums

and 3am snuggles



1,142 likes

inspiremore "I been waiting on my order to get done for 45 minutes, and I'm the only customer here. She was making good progress at first, then she stopped for 20 minutes to go watch Paw Patrol," wrote Chris. "Overall the customer service could be better, but the cook is a cutie; so I'll give her another chance."

For your consideration:

Is SUD/OUD a criminal justice issue or a treatable public health issue?

What do you think?



85% of the U.S. prison population has an active **substance use disorder** or were incarcerated for a crime involving drugs or drug use: 1.7 million people.

We speak for... practices that encourage health because shame and blame are never effective interventions for people to get healthier.

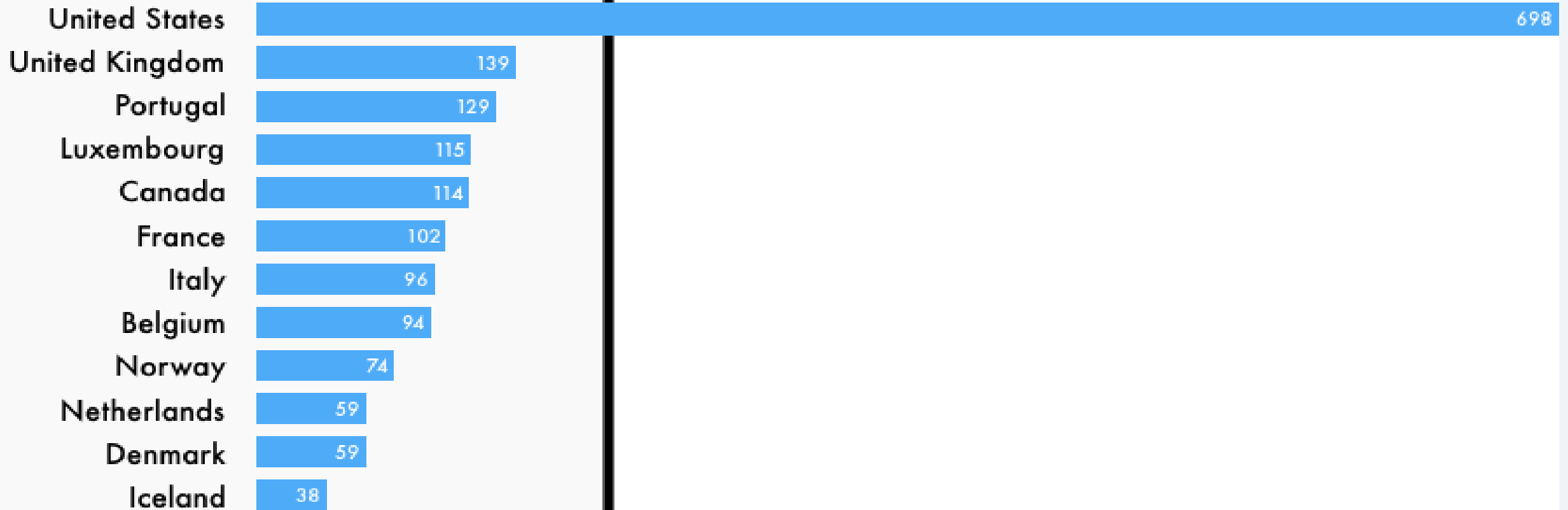


<https://nida.nih.gov/publications/drugfacts/criminal-justice>



INCARCERATION RATES

AMONG FOUNDING NATO COUNTRIES



Incarceration rates per 100,000 population

Stories from the field: your stigma may be showing

Demarcus & Nellie: New clients

“Everyone thinks we are the worst parents in the world”

Bus: ½ mile to court; 15 mins late: rights severed

Lyndsey: client at CFT/TDM/PP5

“I felt like I was invisible; what did they talk about? What happened?”

Worker/therapist:

“I refuse to work with... (“drug abusers/addicts”; “dv perpetrators”; people who use needles...)”

“WE are the help!”

Best practice: *NASW Code of Ethics*

Every industry has its own code and best practices



“We said we would help”

Best practice: *NASW Code of Ethics*

- *Value of Human Relationships:*

Relationships between people are an important vehicle for change
(Think “Worker/parent relationships and mom/baby relationships”)

- *Dignity and Worth of the Person:*

Treat each person in a caring and respectful fashion
(Think “NO stigmatizing language or practices”)

- *Commitment to clients*
- *Client’s self-determination*
- *Confidentiality*
- *Social justice*
- *+ others*



Instead of stigma

Addict; Junkie; User

Drug addicted baby

Recreational drug use
(OUD is not a pleasure cruise)

Dirty U/A; Dropped Dirty

Drug seeking behavior; dopesick

Use person-first language

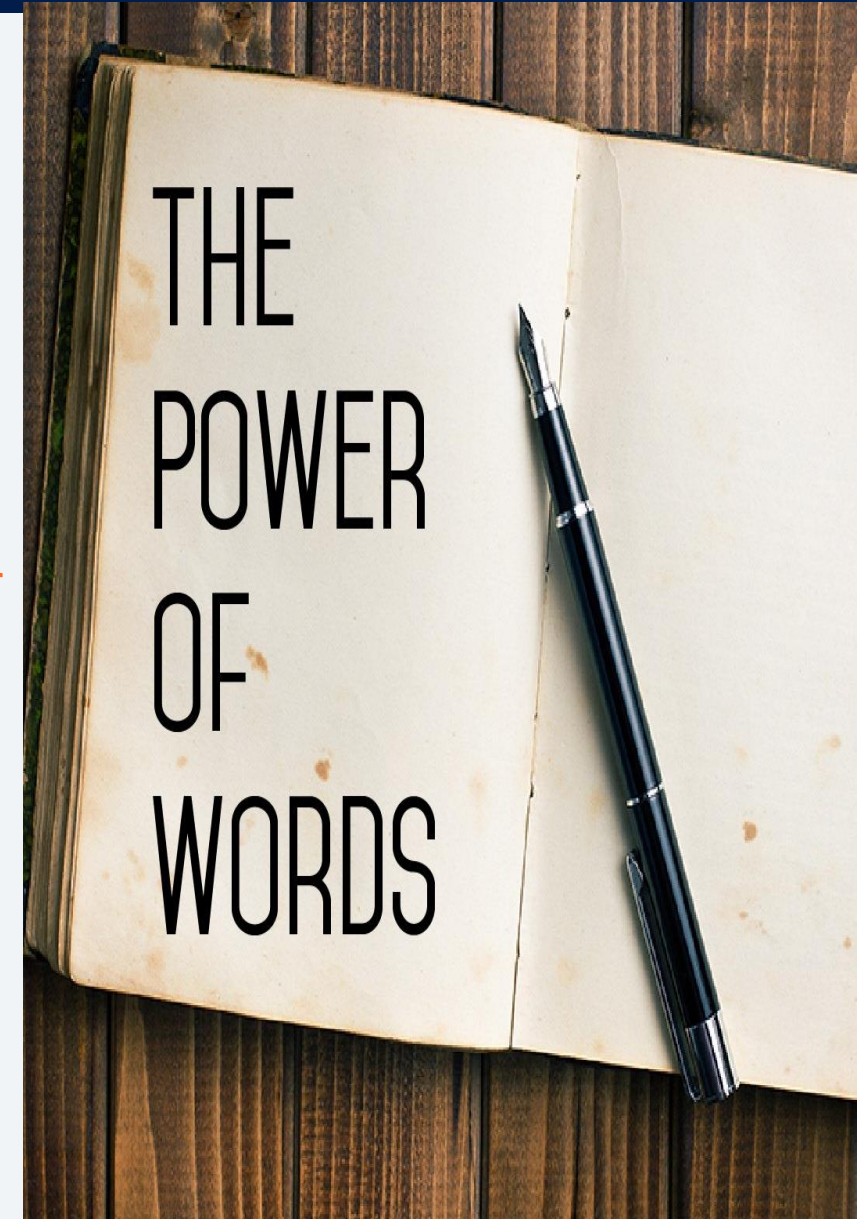
John, Susan, a PERSON who has a substance use disorder

Mary, Steven: a baby, diagnosed with NAS- a treatable medical condition

A person who has a substance use disorder

A lab test- positive for (opioids)

A person experiencing withdrawals



SHIFT: NON-STIGMATIZING APPROACH

Are you a mandated reporter?



SHIFT: NON-STIGMATIZING APPROACH

Or a mandated supporter?

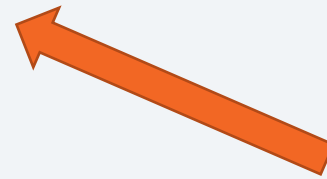


SHIFT: NON-STIGMATIZING APPROACH

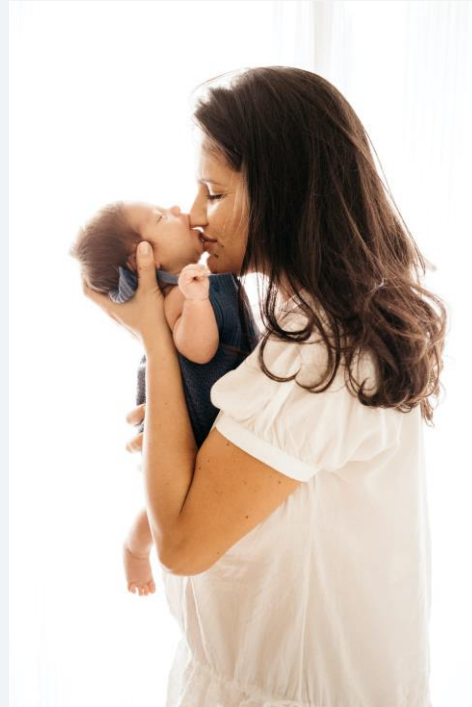
Client/patients do not heal in isolation.

Everyone needs healthy, supportive relationships.

Substance Use Disorder is NOT a choice, it is a treatable condition that millions of people recover from



Maricopa SHIFT: Clarissa's story



Maricopa SHIFT parent testimonial
Video: :31

Based on the CHARM model- Vermont:

CHildren And Recovering Mothers-Outcomes: 12 years later

- 80% of newborns do not require medication for NAS
- Increased average birth weight
- More babies safe at home
- Lower cost per delivery- shorter or no NICU time
- Lower cost to systems including Medicaid/AHCCCS

Prenatal enrollment: ← The key!

THE GAMECHANGER for better outcomes!

https://ncsacw.acf.hhs.gov/files/Collaborative_Approach_508.pdf



Maricopa SHIFT: Eligibility and referral

Eligibility: Only 2 criteria:

Expectant parents with a substance use disorder of any kind, as identified by the parent, regardless of DSM diagnosis or any other service enrollment.

Referral:

Multiple points of entry; No wrong door; Home Visiting; OB/GYN; WIC; AHCCCS; MAT or other substance use treatment providers; Family Treatment Court; Self- refer.

Contact Maricopa SHIFT via email, phone or website.

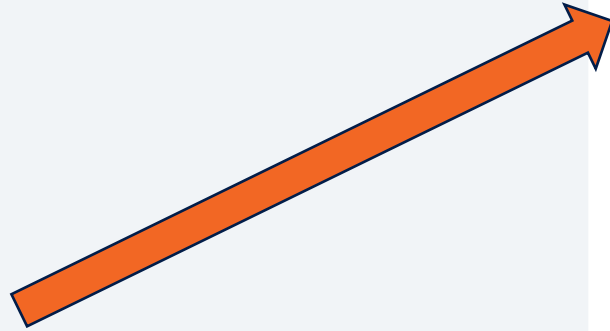
www.maricopaSHIFT.com





	DOING NOW	NEED	PROVIDER NAME CONTACT INFORMATION	COMMENTS
PRENATAL CARE				
HEALTH INSURANCE				
SUBSTANCE USE TREATMENT				
HOME VISITATION				
HOUSING				
BEHAVIORAL HEALTH				
DO YOU HAVE A DCS CASE? IF YES, WOULD YOU LIKE TO INCLUDE THEM?	YES NO		If YES, name/phone number of DCS Specialist:	
DO YOU HAVE ANY COURT OR PROBATION INVOLVEMENT? IF YES, WHICH COURT/TYPE OF CASE? (FAMILY, JUVENILE, ETC)	YES NO		If YES, Probation officer name/phone number:	
OTHER NEEDS:				

DCS Infant Care Plan



INFANT CARE PLAN

Complete first if late in pregnancy or in conjunction with the Prenatal Family Care Plan

Infant's Name | _____
Date of Birth (mm/dd/yyyy) | _____
Parent's Name | _____
Phone number

Substance Abuse Treatment

If parent is currently in treatment or has been successfully discharged from treatment, describe their current substance use status and any relapse prevention activities.

Task Completion Date

Medical Care for Infant

After birth, obtain the hospital discharge plan for the infant and discuss it with the medical team. Describe recommendations from health care professionals regarding post-discharge medical care.

Task Completion Date

Identify what medical insurance will be covering the infant.

What medical insurance (AHCCCS or other) covers the infant's medical needs? If none, what is the plan to secure coverage?

Task Completion Date

Review the plan to ensure the infant is taken to medical appointments.

Identified provider:

Describe plan including transportation, for routine health care health care and any special needs.

Task Completion Date

Mental Health

PARENTS: Explore the existence of mental health issues such as anxiety, depression, trauma, etc. Inquire about other issues such as inter-partner and family violence.

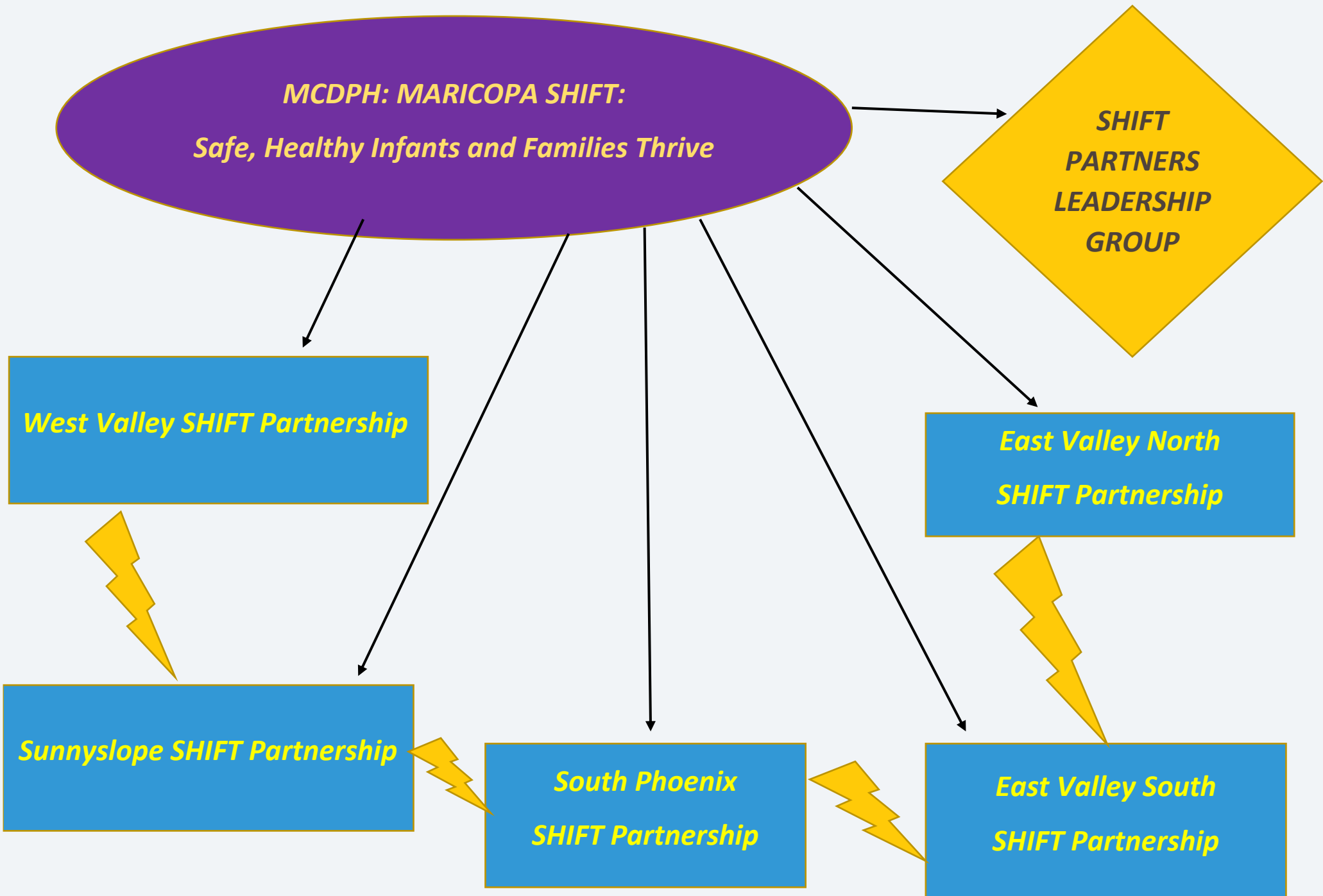
Identified Provider:

Describe the plan to access services, if needed.

Task Completion Date

INFANT: Assess the parent/infant relationship (attachment/ bonding), how infant is adapting to his/her environment, and if they are displaying behaviors which might indicate their needs are not being met. Describe the plan to access services, if needed.

Task Completion Date



AACHC Video: 3:03

How to Support Pregnant Individuals with Substance Use Disorder

<https://www.youtube.com/watch?v=MG4lMnqJtWM&t=2s>

A few of the more than 50 Maricopa SHIFT partners: Safe, Healthy Infants and Families Thrive



Hushabye
Nursery



Women's Health  **Innovations**
of Arizona



THANK YOU FOR THE HARD WORK THAT YOU DO!



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Thank You !



Questions?

-END