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Maternal Overdose Deaths: Data & Intervention

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Texas Collaborative for Healthy Mothers and Babies Summit

January 29-30, 2019 • Austin • Texas

Overview

- Study of Overdose Maternal Deaths
- *TexasAIM* for Opioid Use Disorder



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Study of Overdose Maternal Deaths

Definition of Maternal Death

- World Health Organization (ICD-10)
 - 42 day timeframe
 - Deaths in pregnancy (all causes)
 - Maternal Deaths (pregnancy-related), direct or indirect
 - Used to calculate Maternal Mortality Rate (MMR)
- Centers for Disease Control & Prevention
 - 365 day timeframe
 - Pregnancy-related
 - Pregnancy-associated
 - Used to identify cases for MMM Taskforce review



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Method

- Maternal deaths occurring within 365 days following end of pregnancy examined for years 2012 through 2015
- Maternal deaths identified by matching each woman's death certificate with birth or fetal death within 365 days



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Maternal Death Timeline Analysis

Maternal Deaths by Timing and Cause of Death, Texas, 2012-2015

Cause of Death	While Pregnant	0-7 Days Post-partum	8-42 Days Post-partum	43-60 Days Post-partum	61+ Days Post-partum	Total
Amniotic Embolism	1	9	0	0	0	10
Cardiac Event	2	12	9	5	27	55
Cerebrovascular Event	0	8	9	1	9	27
Overdose	0	3	7	5	49	64
Hemorrhage	3	12	2	0	3	20
Homicide	2	1	5	2	32	42
Hypertension/Eclampsia	0	7	4	0	7	18
Infection/Sepsis	1	3	14	3	11	32
Pulmonary Embolism	2	3	4	2	2	13
Substance Use Sequelae (e.g., liver cirrhosis)	0	0	2	0	3	5
Suicide	0	1	2	2	28	33
Other	5	5	6	3	44	63
Total	16	64	64	23	215	382



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Study of Overdose Maternal Deaths

Identify where greatest opportunities exist for prevention by determining:

- Specific substances involved
- Demographics of those more at risk
- Timing of death
- Geographic region



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Study of Overdose Maternal Deaths

Significant Findings, 2012-2015

- 382 Maternal Deaths
- 64 Overdose Maternal Deaths
 - 42 (66%) involved a combination of substances
 - 37 (58%) involved opioids, either alone or in combination with other substances such as benzodiazepines (13/37, 35%)
 - 49 (76%) were > 60 days postpartum



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Specific Substances Identified from Death Certificate Narratives for Overdose Maternal Deaths, 2012-2015

<i>Specific Substances</i>	<i>Count</i>
OPIOIDS	
<i>Opioid</i>	23
<i>Heroin</i>	18
<i>Fentanyl</i>	1
NON-OPIOIDS	
<i>Sedative</i>	22
<i>Cocaine</i>	12
<i>Methamphetamine</i>	9
<i>Alcohol</i>	3
<i>Acetaminophen</i>	2
<i>Antidepressant</i>	1
<i>Anticonvulsant</i>	1
<i>Inhalant</i>	1
<i>Caffeine</i>	1
UNKNOWN	1

Note: Numbers should not be summed, as multiple substances often appear on a single death certificate



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Study of Overdose Maternal Deaths

Demographic Risk Profiles

Overdose Maternal Deaths

- White women
- Aged 40+
- Living in urban counties and/or:
 - Public Health Region 2/3 (Dallas/Ft. Worth)
 - Public Health Region 1 (Panhandle)
- Medicaid at delivery

All Maternal Deaths

- Black women
- Aged 40+
- Living in urban counties and/or:
 - Public Health Region 1 (Panhandle)
 - Public Health Region 8 (San Antonio)
- Medicaid at delivery

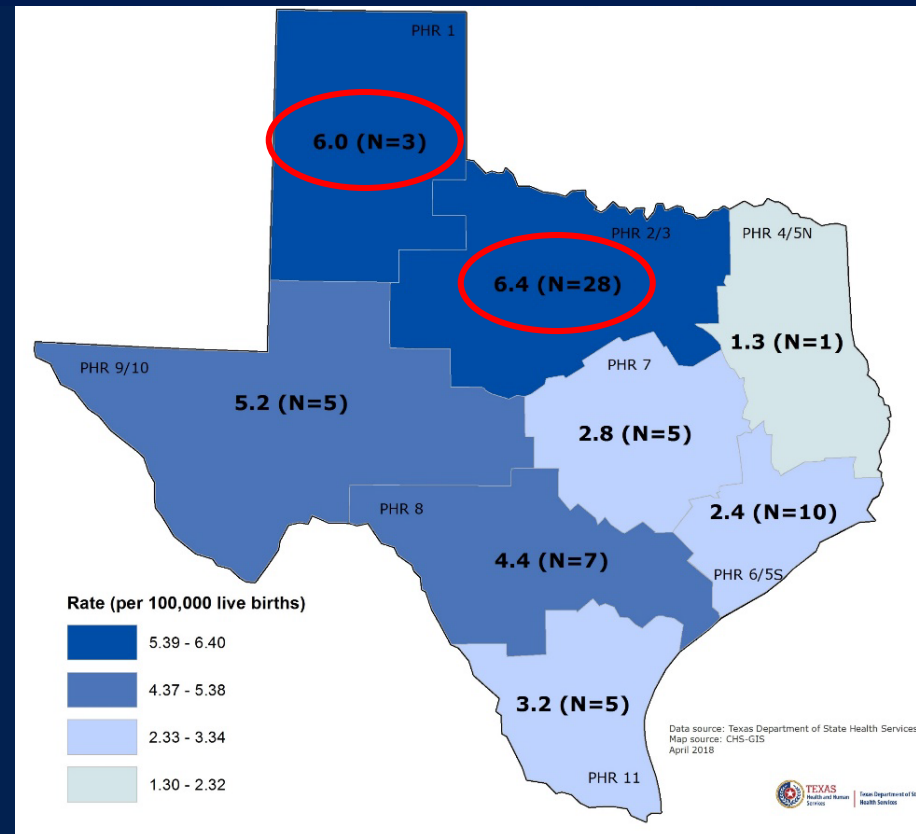


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Study of Overdose Maternal Deaths

Rate (per 100,000 live births) and Number (N) of Overdose Maternal Deaths by Public Health Region (PHR) of Residence, Texas, 2012-2015



Senate Bill 17

85th Legislature, 2017, 1st Called Session



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Sec. 34.0156. MATERNAL HEALTH AND SAFETY INITIATIVE.

(a) Using existing resources, the department, in collaboration with the task force, shall promote and facilitate the use among health care providers in this state of maternal health and safety informational materials, including tools and procedures related to best practices in maternal health and safety.

TexasAIM Initiative

- Goal:
 - Reduce severe maternal morbidity using evidence-based systems to enhance maternal care
- Implementing AIM bundles for:
 - Obstetric hemorrhage
 - Severe hypertension in pregnancy
 - Obstetric care for women with opioid use disorder
- For more information:
 - Email TexasAIM@dshs.texas.gov
 - Visit www.dshs.texas.gov/mch/TexasAIM.aspx



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Opioid AIM Bundle

Obstetric Care for Women with Opioid Use
Disorder

Opioid AIM Bundle

- Goals:

- Improve identification and care of women with opioid use disorder through screening and linkage to care,
- Optimize medical care of pregnant women with opioid use disorder,
- Increase access to medication-assisted treatment for pregnant and postpartum women with opioid use disorder,
- Prevent opioid use disorder by reducing the number of opioids prescribed for deliveries, and
- Optimize the care of opioid-exposed newborns by improving maternal engagement in infant management.

- Settings:

- Inpatient and outpatient facilities to improve clinical care



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Opioid AIM Bundle

- Workgroups:
 - Provider Education
 - Clinical Pathways & Quality Improvement
 - Metrics
 - Community Outreach & Engagement
- Status:
 - Bundle development completed
 - Data portal access open
 - Resource development ongoing
 - Ongoing collaboration with other early adopters
 - Implementation in 4 states (TX, NY, TN, IL)
- Partners:
 - Texas Hospital Association
 - HHSC and DFPS
 - Many other statewide champions

TexasAIM Opioid Bundle

- Implementation strategy
 - Piloting in 10 hospital systems around the state
 - Inpatient and outpatient facilities to improve clinical care
- Implementation Timeline
 - Fall 2018 bundle development completed, data portal open
 - Tentative Implementation Schedule
 - Spring 2019 collaboration with other states on implementation strategies
 - Spring-Summer 2019 begin measure entry
 - Summer-Fall 2019 learning collaboratives, refinement
 - Calendar Year 2020 statewide rollout



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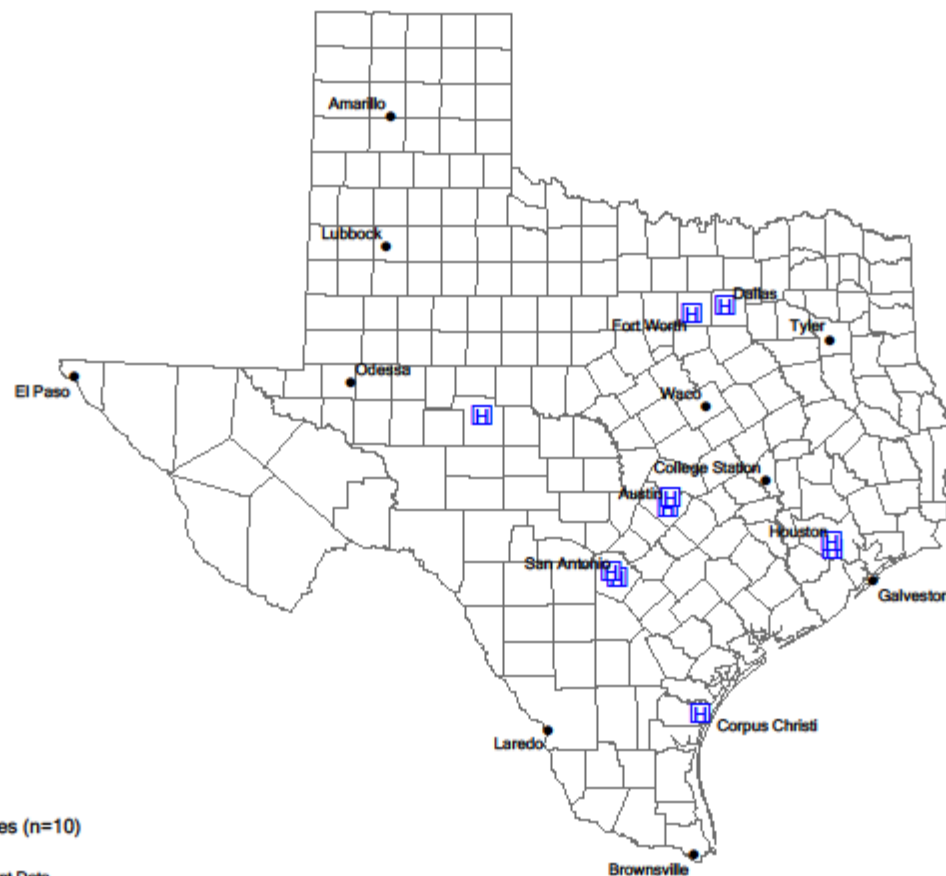
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TexasAIM Opioid Bundle Pilot Sites as of September 10, 2018



Legend

 Pilot sites (n=10)

Sources:
TexasAIM Enrollment Data
Prepared by: Maternal & Child Health Epidemiology, 9/10/2018



READINESS

Every patient/family

- Provide education to promote understanding of opioid use disorder (OUD) as a chronic disease.
 - Emphasize that substance use disorders (SUDs) are chronic medical conditions, treatment is available, family and peer support is necessary and recovery is possible.
 - Emphasize that opioid pharmacotherapy (i.e. methadone, buprenorphine) and behavioral therapy are effective treatments for OUD.
- Provide education regarding neonatal abstinence syndrome (NAS) and newborn care.
 - Awareness of the signs and symptoms of NAS
 - Interventions to decrease NAS severity (e.g. breastfeeding, smoking cessation)
- Engage appropriate partners (i.e. social workers, case managers) to assist patients and families in the development of a "plan of safe care" for mom and baby.

Every clinical setting/health system

- Provide staff-wide (clinical and non-clinical staff) education on SUDs.
 - Emphasize that SUDs are chronic medical conditions that can be treated.
 - Emphasize that stigma, bias and discrimination negatively impact pregnant women with OUD and their ability to receive high quality care.
 - Provide training regarding trauma-informed care.
- Establish specific prenatal, intrapartum and postpartum clinical pathways for women with OUD that incorporate care coordination among multiple providers.
- Develop pain control protocols that account for increased pain sensitivity and avoidance of mixed agonist-antagonist opioid analgesics.
- Know state reporting guidelines regarding the use of opioid pharmacotherapy and identification of illicit substance use during pregnancy.

PATIENT SAFETY BUNDLE

Obstetric Care for Women with Opioid Use Disorder



- Know federal (Child Abuse Prevention Treatment Act - CAPTA), state and county reporting guidelines for substance-exposed infants.
 - Understand "Plan of Safe Care" requirements.
- Know state, legal and regulatory requirements for SUD care.
- Identify local SUD treatment facilities that provide women-centered care.
 - Ensure that OUD treatment programs meet patient and family resource needs (i.e. wrap-around services such as housing, child care, transportation and home visitation).
 - Ensure that drug and alcohol counseling and/or behavioral health services are provided.
- Investigate partnerships with other providers (i.e. social work, addiction treatment, behavioral health) and state public health agencies to assist in bundle implementation.

RECOGNITION & PREVENTION

Every provider/clinical setting

- Assess all pregnant women for SUDs.
 - Utilize validated screening tools to identify drug and alcohol use.
 - Incorporate a screening, brief intervention and referral to treatment (SBIRT) approach in the maternity care setting.
 - Ensure screening for polysubstance use among women with OUD.
- Screen and evaluate all pregnant women with OUD for commonly occurring co-morbidities.
 - Ensure the ability to screen for infectious disease (e.g. HIV, Hepatitis and sexually transmitted infections (STIs)).
 - Ensure the ability to screen for psychiatric disorders, physical and sexual violence.
 - Provide resources and interventions for smoking cessation.
- Match treatment response to each woman's stage of recovery and/or readiness to change.

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RESPONSE

Every provider/clinical setting/health system

- Ensure that all patients with OUD are enrolled in a woman-centered OUD treatment program.
 - Establish communication with OUD treatment providers and obtain consents for sharing patient information.
 - Assist in linking to local resources (e.g. peer navigator programs, narcotics anonymous (NA), support groups) that support recovery.
- Incorporate family planning, breastfeeding, pain management and infant care counseling, education and resources into prenatal, intrapartum and postpartum clinical pathways.
 - Provide breastfeeding and lactation support for all postpartum women on pharmacotherapy.
 - Provide immediate postpartum contraceptive options (e.g. long acting reversible contraception (LARC)) prior to hospital discharge.
- Ensure coordination among providers during pregnancy, postpartum and the inter-conception period.
 - Provide referrals to providers (e.g. social workers, psychiatry, and infectious disease) for identified co-morbid conditions.
 - Identify a lead provider responsible for care coordination, specify the duration of coordination and assure a "warm handoff" with any change in the lead provider.
 - Develop a communication strategy to facilitate coordination among the obstetric provider, OUD treatment provider, health system clinical staff (i.e. inpatient maternity staff, social services) and child welfare services.
- Engage child welfare services in developing safe care protocols tailored to the patient and family's OUD treatment and resource needs.
- Ensure priority access to quality home visiting services for families affected by SUDs.

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Obstetric Care for Women with Opioid Use Disorder

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REPORTING & SYSTEMS LEARNING

Every clinical setting/health system

- Develop mechanisms to collect data and monitor process and outcome metrics to ensure high quality healthcare delivery for women with SUDs.
 - Develop a data dashboard to monitor process and outcome measures (i.e. number of pregnant women in OUD treatment at specified intervals).
- Create multidisciplinary case review teams to evaluate patient, provider and system-level issues.
- Develop continuing education and learning opportunities for providers and staff regarding SUDs.
- Identify ways to connect non-medical local and community stakeholders with clinical providers and health systems to share outcomes and identify ways to improve systems of care.
 - Engage child welfare services, public health agencies, court systems and law enforcement to assist with data collection, identify existing problems and help drive initiatives.

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Standardization of health care processes and reduced variation has been shown to improve outcomes and quality of care. The Council on Patient Safety in Women's Health Care disseminates patient safety bundles to help facilitate the standardization process. This bundle reflects emerging clinical, scientific, and patient safety advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed. Although the components of a particular bundle may be adapted to local resources, standardization within an institution is strongly encouraged.

The Council on Patient Safety in Women's Health Care is a broad consortium of organizations across the spectrum of women's health for the promotion of safe health care for every woman.

For more information visit the Council's website at www.safehealthcareforeverywoman.org

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PATIENT SAFETY BUNDLE

Obstetric Care for Women with Opioid Use Disorder



Obstetric Care for Women with Opioid Use Disorder Bundle Complete Resource Listing

1. READINESS

Opioid use disorder (OUD)

- American college of Obstetricians and Gynecologists. [Tobacco, Alcohol, and Substance Abuse](#).
- [Alcohol abuse and other substance use disorders: ethical issues in obstetric and gynecologic practice](#), Committee Opinion No. 633. American college of Obstetricians and Gynecologists. Obstet Gynecol. 2015; 125:1529-37.
- [Normedical use of prescription drugs](#), Committee Opinion No. 538. American college of Obstetricians and Gynecologists. Obstet Gynecol. 2012; 120:977-82.
- [Opioid use and opioid use disorder in pregnancy](#), Committee Opinion No. 711. American college of Obstetricians and Gynecologists. Obstet Gynecol. August 2017; 130(2):e14-e14.
- McLellan AT, Lewis DC, O'Brien CP, Kleber MP. [Drug dependence, a chronic medical illness: implications for treatment, insurance, and outcomes evaluation](#). JAMA 2000; 284(13):1689-1695.

Neonatal abstinence syndrome (NAS)

- Hudak ML, Tan RC, Committee on Drugs and Committee on Fetus and Newborn. [Neonatal drug withdrawal](#). Pediatrics 2012;129(2):e540-560.
- Kocherskova P. [Neonatal Abstinence Syndrome](#). Pediatrics. August 2014; 134(2):e547-61.

Clinical pathways for prenatal, intrapartum and postpartum care

- Association of Women's Health, Obstetric and Neonatal Nurses. [POSTBIRTH Education Program](#).
- Community care of North Carolina. [Pain Care Pathways, Postpartum Care and the Transition to Well Women Care](#).
- Jones HE, Deppen K, Hudak ML, Leffert L, McClelland C, Sehn L, Staver J, Terplan M, Thorp JM Jr, Wahn J, Creanga AA. [Clinical care for opioid-use disorder and postpartum women: the role of obstetric providers](#). Am J Obstet Gynecol 2013.
- Prescribing Guidelines for Pennsylvania. [Obstetrics and Gynecology Pain Treatment](#).

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- [Optimizing postpartum care](#), Committee Opinion No. 666. American college of Obstetricians and Gynecologists. Obstet Gynecol 2016;127:e187-92.

Pain control

- Meyer, M., G. Panjara, A. Klefer Norris and D. Howard. [Intrapartum and postpartum analgesia for women maintained on buprenorphine during pregnancy](#). Eur J Pain 2010; 14(9): 939-943.
- Meyer, M., K. Wagner, A. Benveniste, D. Plante and D. Howard. [Intrapartum and postpartum analgesia for women maintained on methadone during pregnancy](#). Obstet Gynecol 2007; 110(2 Pt 1): 263-266.

Substance use reporting

- Krumer ME, Anura KS. [Clinical, ethical, and legal considerations in pregnant women with opioid abuse](#). Obstet Gynecol 2010; 126(3):474-478.
- [Substance abuse reporting and pregnancy: the role of the obstetrician-gynecologist](#), Committee Opinion No. 473. American college of Obstetricians and Gynecologists. Obstet Gynecol 2011; 117:200-1.

CAPTA reporting and "Plan of safe care" guidelines

- [Substance Abuse and Mental Health Services Administration. A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders](#). HHS Publication No. (SMA) 16-4978. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2016.

Women-centered care

- Center for Substance Abuse Treatment. [Substance Abuse Treatment: Addressing the Specific Needs of Women. Treatment Improvement Protocol \(TIP\) Series 34](#). HHS Publication No. (SMA) 09-4426. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2009.
- [Cultural sensitivity and awareness in the delivery of health care](#), Committee Opinion No. 493. American college of Obstetricians and Gynecologists. Obstet Gynecol 2011;117:1258-61.
- [Effective patient-provider communication](#), Committee Opinion No. 587. American college of Obstetricians and Gynecologists. Obstet Gynecol 2014;123:389-93.

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- [Health literacy to promote quality of care](#), Committee Opinion No. 676. American college of Obstetricians and Gynecologists. Obstet Gynecol 2016;128:e183-6.
- [Informed Medical Decisions Foundation](#).
- Sugler PD et al. [Pregnant on maternal health beyond breastfeeding and depression during the first year postpartum](#). J Obstet Gynecol Neonatal Nursing. Nov-Dec 2014; 43 (6):782-91.
- Sugler, P.D., Gardner, M. & Borucki, L. (2014). [Low income, urban women's perceptions of self and infant care during the postpartum period](#). JGIM, 43, 803-812.
- Terplan, M., N. Longmire and L. Appel. [Women-centered drug treatment services and need in the United States, 2002-2009](#). Am J Public Health. 2015; 105(11): 950-54.

2. RECOGNITION & PREVENTION

SUD screening tools

- National Institute on Drug Abuse. [Clinician's Screening Tool for Drug Use in General Medical Settings](#).
- Washington State Department of Health. [Substance Use Disorders During Pregnancy: Guidelines for Screening and Management](#). Last modified 2017-05-04 08:57. DOI Publication Number: 950-135.
- Sample Screening Tools
 - ASDT-C
 - CEAST
 - ST-C
 - TALE
 - TWALA
 - QASLA

Screening, brief intervention and referral to treatment (SBIRT)

- Substance Abuse and Mental Health Services Administration (SAMHSA). [Screening, Brief Intervention, and Referral to Treatment \(SBIRT\)](#).
- Washington State Department of Health. [Substance Use Disorders During Pregnancy: Guidelines for Screening and Management](#). Last modified 2017-05-04 08:57. DOI Publication Number: 950-135.

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- Wright, T. E., M. Terplan, S. J. Ondersma, C. Boyce, K. Yonkers, G. Chang and A. A. Creanga. [The role of screening, brief intervention, and referral to treatment in the perinatal period](#). Am J Obstet Gynecol 2016.

Co-morbidity screening

- [Infectious diseases](#)
 - Kraus EB, Zickmund SL, Rutiglian VM, Park SY, Dunn SA, Schwarz EB. [Screening and Evaluation of Hepatitis C Virus Infection in Postpartum Women on Opioid Maintenance Therapy: A Retrospective Cohort Study](#). Subst Abuse. 2016;37(1):88-95.
- Holbrook, A. M., J. K. Baxter, H. E. Jones, S. H. Hill, M. G. Coyle, P. R. Martin, S. M. Stine and K. Kallenbach. [Infections and obstetric outcomes in opioid-dependent pregnant women maintained on methadone or buprenorphine](#). Addiction 2012; 107 Suppl 1: 83-90.

Psychiatric disorders

- American college of Obstetricians and Gynecologists. [Depression and Postpartum Depression Resource Overview](#).
- American Academy of Pediatrics. [Maternal Depression Screening](#).
- Chapman, S. L. and L. T. Wu. [Postpartum substance use and depressive symptoms: a review](#). Women Health 2013; 53(5): 479-503.
- McPAP for Moms.
- [Postpartum Support International](#).

Sample Screening Tools

- [Edenborough Postpartum Depression Scale](#).
- PDSS
- PMDS
- LES-D

Violence and abuse

- [Reproductive and Sexual coercion](#), Committee Opinion No. 554. American college of Obstetricians and Gynecologists. Obstet Gynecol 2013;121:411-5.
- [Health Care About Intimate Partner Violence](#).
- [National Health Resource Center on Domestic Violence](#).

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3. RESPONSE

OUD treatment services

- Substance Abuse and Mental Health Services Administration (SAMHSA). [Substance abuse treatment facility locator](#).
- [Buprenorphine licensure and training information](#).
- Substance Abuse and Mental Health Services Administration (SAMHSA). Medication-Assisted Treatment. [Physician and Program Data](#).
- Substance Abuse and Mental Health Services Administration (SAMHSA). [Directory of Single State Agencies \(SSA\) for Substance Abuse Services](#).
- Substance Abuse and Mental Health Services Administration (SAMHSA). [Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction](#). Rockville, MD, 2004.
- Substance Abuse and Mental Health Services Administration (SAMHSA). [Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs](#). Rockville, MD, 2005.
- Substance Abuse and Mental Health Services Administration (SAMHSA). [A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders](#). Rockville, MD, 2016.
- Prescribing Guidelines for Pennsylvania. [Use of Addiction Treatment Medications in the Treatment of Pregnant Patients with Opioid Use Disorder](#).

SUD recovery resources

- [Narcotics Anonymous](#).
- Substance Abuse and Mental Health Services Administration (SAMHSA). Recovery Community Services Program. [What Are Peer Recovery Support Services?](#)

Breastfeeding and lactation

- [Academy of Breastfeeding Medicine protocols](#).
- Academy of Breastfeeding Medicine Protocol C, Jensen LM. ABIM clinical protocol #21: [Guidelines for breastfeeding and the opioid-dependent woman](#). Breastfeeding medicine: the official journal of the Academy of Breastfeeding Medicine. 2009; 4(1):225-228.

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- American college of Obstetricians and Gynecologists. [Breastfeeding](#).
- [Optimizing support for breastfeeding as part of obstetric practice](#), Committee Opinion No. 658. American college of Obstetricians and Gynecologists. Obstet Gynecol 2016;127:e86-92.

Family planning and contraception

- [Long-acting reversible contraception: Implants and intrauterine devices](#), Practice Bulletin No. 121. American college of Obstetricians and Gynecologists. Obstet Gynecol 2011;118(1): 184-96.
- [Increasing access to contraceptive implants and intrauterine devices to reduce unintended pregnancy](#), Committee Opinion No. 642. American college of Obstetricians and Gynecologists. Obstet Gynecol 2015;126:e44-8.
- [Immediate postpartum long-acting reversible contraception](#), Committee Opinion No. 670. American college of Obstetricians and Gynecologists. Obstet Gynecol 2016;128:e20-7.
- Centers for Disease Control and Prevention. [Medical Eligibility Criteria Guidelines](#).
- Hoffer, L.G., et al. [Implementing immediate postpartum long-acting reversible contraceptive treatment](#). Obstet Gynecol. 2017. 129(1): p. 3-9.
- Terplan, M., et al. [Contraceptive use and method choice among women with opioid and other substance use disorders: A systematic review](#). Preventive Medicine. 2015. 80: p. 23-31.

Home visitation programs

- Health Resources & Services Administration. Maternal & child Health. [Home Visiting](#).

4. REPORTING & SYSTEMS LEARNING

Process and outcome monitoring

- National Committee for Quality Assurance. [Prenatal and Postpartum Care Quality Measures](#). 2016.
- National Quality Forum. [Clinical Performance Measures of Contraceptive Care](#).

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- Dehlendorf C, Bellanca H, Polcar M. [Performance measures for contraceptive care: what are we actually trying to measure? AHRP commentary - Thinking \(Re\)productively](#). Contraception. 2017. 433-437.

Connecting non-medical stakeholders with clinical providers

- [211: Get connected, Get Answers](#).

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Thank you
