Objectives

• Review most current prescribing practices for treatment medication in pregnancy
• Discuss the FHC A&DRC perinatal program services
• Explain the concept of healthy parents develop healthy families creating healthy communities

Introductions

• Family Health Center- 715-221-5714
• Paula Hensel, DNP, FNP-BC, APNP
• Jaime Karl, RN, Perinatal Nurse
Stigma
• Planned vs Unplanned
  – Women in Recovery do plan to have babies!
• Medical Trauma
  – Our reactions as providers are critical.

Stigma
• Recognize that pregnancy is the reality of life moving forward in recovery.
  – “This is my first pregnancy sober”

Access to Services
• Top priority
• Same day access
• Expedited process
• If in mild withdrawal, can start medication same day. If not, reassess later that day or the next.
Pharmacology
Pregnancy/Lactation
• Review medication list to determine safety
• Make changes weighing risk vs benefit
• Consult with other specialty areas
• Will patient breastfeed?
• Non-pregnant patient-need birth control for medication plan?

Pharmacology
• Psychiatric medication
  – Sertraline is pregnancy safe
  – Refer to Perinatal Mood Disorder Clinic
• Hep C treatment needs to be delayed until pregnancy and nursing completed.
• Appropriate prenatal vitamins
• Nicotine Replacement
• Increase Counseling

Suboxone vs Subutex
• FHC only prescribes the combination product unless extenuating circumstances
• ACOG Committee Opinion 2017 & research 2019
• High-risk OB staff
Naltrexone & Vivitrol

- Fun fact:
  - Did you know that there is some research that is finding that the naltrexone has an impact on fertility (hypothalamus-pituitary-ovarian linkage)?
  - Need birth control discussion if pregnancy is not desired.
  - Is there a risk during pregnancy???

Naltrexone & Vivitrol

- If patient becomes pregnant while on naltrexone/Vivitrol- continue the course.

  - If using opiates or buprenorphine, continue with buprenorphine product.
    - The withdrawal is a risk for the baby.

Planning or Preventing?

We can help!
Birth Control
- Encourage longer-term, reversible options, especially in early recovery
  - Depo Provera
  - Nexplanon
  - IUDs
- Offer referrals to OB/Gyn for birth control consultation AND follow up at future appts
- Consider offering on-site contraceptive services!
- Reinforce that pregnancy can be PLANNED in the context of treatment and recovery!

Preconception
- Stabilize on medication
  - Suboxone
  - Naltrexone/Vivitrol
  - Psych meds
- Nicotine Cessation
  - First Breath
  - WI Quit Line
- Attend to other health concerns first!
  - Diabetes
  - Blood Pressure
  - Weight
  - Hep C Treatment
  - Dental Concerns
- Financial Planning
- It all works together to support a healthy pregnancy and healthy recovery!

Conception to Delivery
- Perinatal Nurse Check-Ins
  - What’s normal, what’s not
  - What to expect…when you’re expecting
  - Follow ups based on concerns during OB, MAT or Counseling appts
- Additional source of support and information regarding Pregnancy+SUD
  - You CAN have a normal, healthy pregnancy!
  - You deserve to be excited!
  - NAS and potential NICU stay
- Doula referral
- Additional source of support and information regarding Pregnancy+SUD
  - You CAN have a normal, healthy pregnancy!
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Birth to 1 Year Postpartum

• Continued Perinatal RN follow up
• Mother and baby care
  – Weight checks for baby
  – Support for breastfeeding
  – PP recovery support/6 week OB visit
  – Birth control!
  – Evidence based support for newborn care
• Potential for pregnancy or postpartum oriented groups

Goals

• Healthy patient
• Healthy family
• Healthy community

REFERENCES