

# CHILDBIRTH, LACTATION, AND POSTPARTUM EDUCATION

Swedish Ballard Addiction Recovery Services  
For  
Snohomish Opioid Summit




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## Who? What? Where?

- Angie Dobbins, ICCE, CLE
- Addiction Recovery Services – Swedish Ballard
  - CUPWs (*Chemically Using Pregnant Women of Washington*) Program
- OB Outreach – Cherry Hill Fam. Medicine Clinic
  - Community Outreach
  - Continued CUPWs completion support

*I have no conflicts of interest to declare.*

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## Group Norms – Today / In classes\*\*

- Access Needs\*\*
- Inclusive Language:\*\*
  - *Folks, people, y'all, rather than guys, girls, ladies, etc.; simply remove gender*
- People First: \*\*
  - *Babies with special needs, rather than special needs baby*
- Trigger Warnings
- Confidentiality:
  - *Lessons can leave, details cannot*
- Bring Awareness:
  - *Respectfully*

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## Acronyms

- SUD / OUD – Substance Use Disorder / Opiate Use Disorder
- MAT – Medication Assisted Treatment
- BUP – Buprenorphine
- NAS – Neonatal Abstinence Syndrome
- FASD – Fetal Alcohol Syndrome Disorder
- UA – Urine Analysis
- SAMHSA – Substance Abuse and Mental Health Services Administration
- PPW – Pregnant and Parenting Women

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## Words Matter

- |                       |   |                                      |
|-----------------------|---|--------------------------------------|
| ■ Addict              | → | ■ Person with Substance Use Disorder |
| ■ Clean UA / Dirty UA | → | ■ Negative UA / Positive UA          |
| ■ Dirty / Junkie      | → | ■ Using / Active Use                 |
| ■ Clean               | → | ■ Sober / In recovery                |
| ■ Drug addicted baby  | → | ■ Dependent                          |

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## SUD in Pregnancy

- Pregnant women with substance use disorders are more likely to have:
  - Family history of addiction or mental health problems
  - Friends, family and intimate partners with addiction
  - Poverty, homelessness, food insecurity, limited transportation
  - Domestic violence
  - Psychosocial chaos




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## Barriers to Care

- Limited facilities accept pregnant people
- Lack of childcare
- Lack of transportation
- Financial Constraints
- Partners with SUD
- Domestic Violence
- Fear of CA (CPS)




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## Stigma

- Self (internalized)
  - *Self loathing*
  - *Self blame*
- Social
  - *Responses of anger*
  - *Coercion*
  - *Punishment*
  - *Avoidance*
- Structural
  - *Rules and policies*
  - *Institutional procedures that restrict rights and opportunities*




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## Trauma Informed Care

- Strong relationship between violence, trauma, and FASD
  - 95% serious sexual, physical, or emotional abuse as child or adult
  - 80% major mental illness (most prevalent PTSD—77%)
  - 72% felt unable to reduce alcohol use due to being in an abusive relationship
- “Universal Precautions” (especially important for pregnant women with SUD)
  - ***Realize—Recognize—Respond—Resist***
  - *Most have been exposed to abuse, violence, neglect, or other trauma*
  - *Assume she is coping the best she can*
  - *Place priority on providing safety, choice, and control*
  - *The mother's feelings are her work, not yours*

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## CHILDBIRTH & NEWBORN PREPARATION

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### Childbirth Preparation

#### Exceptions from typical preparation:

1. Labor can often feel just like withdrawals
2. More likely to not have any social support; may benefit from birth doula support
3. Narcotics may not be an option in Active Labor
4. Cesarean delivery typically requires additional support with postpartum meds
5. Additional stress worrying about baby's health
6. Added stress of Children's Administration (CPS)




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### Pain Medications in Labor / Cesarean

- All pain meds typically used in LDR can be safely and appropriately offered to people requiring MAT
- Due to the dampening of the pain receptors by the MAT, larger doses of the pain med may be required
  - For this reason, high affinity opioid analgesics (such as Fentanyl/hydromorphone) typically are required to provide pain benefit to the individual
  - This is especially important for Cesarean Delivery (combination of schedule non-opioid and opioid medications)




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## Birth Defects?

Probably not.....  
At least not much.....



## Neurodevelopmental Effects

- Difficult to find a proper comparable group to study
- Excluding alcohol, deficits in global assessments (IQ) have not been clearly attributed to substances

However....

**All studies confirm** that growing up in a "using" household impacts intelligence and emotional well being

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## Neonatal Abstinence Syndrome – NAS:

Withdrawal due to dependency on MAT

- Signs and Symptoms
  - Sneezing more than 3X in a row, yawning
  - Digestive issues: vomiting, diarrhea
  - Poor eating/feeding, disorganized
  - Inconsolable crying, tremors
- Methadone
  - Symptoms typically noticed 12 hours after delivery
  - Average Hospitalization – 20 days; some more, some less
  - Not dose dependent
- Subutex / Suboxone
  - See less withdrawals versus Methadone
  - Symptoms may not show until after d/c as it stays in system longer. Potential readmission.
  - Not dose dependent

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## Caring for Newborn with N.A.S.

- Swaddling
- Kangaroo Care
- Swing
- Breast Milk
- Quiet
- Dark
- Medication if needed




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## Hospital Social Workers

- Providers are mandated reporters
- Social work department is notified of positive results
  - Conduct an assessment
  - Contact Children's Administration (AKA CPS)

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## Children's Administration

- Wrought with fear and outrage for families with SUD—  
**PROCEED WITH CAUTION!**
- Expectations for parenting — 4 S's:
  - **Sobriety** — birth parent with strong support plan for recovery
  - **Stability** — living situation
  - **Safety** — people around birth parent and baby are sober, safe, and stable
  - **Support** — family, professional
- Requirements often feel mysterious to parents
- May offer many resources for support
  - Paradoxical (i.e., what is avoided may actually offer resources to help navigate that which is avoided)

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LACTATION

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## Lactation

- Must have two negative UA 96 hours prior to delivery
- Evidence shows:
  - *Babies experiencing NAS and receive their mothers milk tend to:*
    - Have fewer digestive problems
    - Are comforted easier; leading to lower NAS scoring
    - Spend fewer days in the hospital
  - *Hep C+ diagnosis is not a barrier for lactation*




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## Lactation



- Methadone
  - *The amount of Methadone in the breast milk is less than 1% of the amount of Morphine given for NAS*
  - *Shorter length of stay for babies with NAS*
- Buprenorphine
  - *Bioavailability is low, even less absorbed resulting in very low exposure to the baby being breast fed*

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POSTPARTUM

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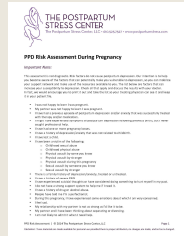
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## Perinatal Mood & Anxiety Disorder – Increased Risk

- Assault: Sexual; physical
- Increased stress in the past year
- Social services
- Substance use disorder

<https://postpartumstress.com/for-professionals/>




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## Cesarean Recovery Challenges

- Opiates will be prescribed
- Have a plan for dispensing support
- Have a plan for NICU stay\*
- Have a plan for Methadone Clinic\*
- Have a plan for IOP\*
- Add support – Postpartum Doula\*




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## RESOURCES & REFERENCES

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## Resources

- Birth Doulas
  - [www.openarmsps.org](http://www.openarmsps.org)
  - [www.palsdoulas.org](http://www.palsdoulas.org)
  - [www.swedish.org/services/doula-services](http://www.swedish.org/services/doula-services)
- Postpartum Doulas
  - [www.openarmsps.org](http://www.openarmsps.org)
  - [www.napsdoulas.com](http://www.napsdoulas.com)
- PCAP (Safe Babies Safe Moms)
- WIC – offices vary
- Child Strive – [www.childstrive.org](http://www.childstrive.org)



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*Breastfeeding and Human Lactation*: Fourth Edition, Riordan and Wambach; Hepatitis C: Ch. 6, pg 205-206

LACTMED: Methadone: CASRN: 76-99-3: <http://toxnet.nlm.nih.gov/cgi-bin/sis/search2/r?dbs+lactmed:@term+@DOCNO+367>

LACTMED: Buprenorphine: CASRN: 52485-79-7 <http://toxnet.nlm.nih.gov/cgi-bin/sis/search2/r?dbs+lactmed:@term+@DOCNO+338>

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PMC: *The Opioid Exposed Newborn: Assessment and Pharmacologic Management*: Lauren M. Jansson, MD, Martha Velez, MD, Cheryl Harrow, RNC-LRN, MS, FNP-BC, IBCLC, RLC; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2729086/>

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