WOMEN, INFANTS & THE OPIOID EPIDEMIC
Each year, over 200,000 American women die as a result of alcoholism and drug dependence.

More than 4 million women are in need of treatment for their addiction.

Among girls ages 12-17, the nonmedical use of prescription painkillers, alcohol, methamphetamine, and most other illicit drugs now matches or exceeds that of boys.
Women and Substance Use Disorder

- While addiction is an equal opportunity disease, women become addicted differently. They...
  - Start using for different reasons
  - Progress faster
  - Recover differently
  - Relapse for different reasons than men

- Women progress faster than men into addiction, even when using a similar or lesser amount of substances.

- The beginning of women's drug-use is often related to their relationships.
Women and Drug Use

- Women with addiction are...
  - More likely than their male counterparts to have sexual and physical abuse histories.
  - Twice as likely as men to suffer from mood disorders, such as depression, along with their addiction.

- Addicted women face tremendous stigma that keeps many from getting the help they need.
Pregnant and Parenting Women and Chemical Using Pregnant Women Programs

- **Pregnant and Parenting Women Programs:**
  - Residential Treatment Centers that allow women to bring their children with to inpatient treatment.

- **Chemical Using Pregnant Women Programs:**
  - A Medicaid funded inpatient hospital-based intensive detoxification and medical stabilization program.
Parent Child Assistance Program

- During 2014-2017, 1,234 enrolled and 165 left (moved, disengaged, requested to leave)
  - 110 women were on a waiting list
  - 74% had been beaten by a partner
  - 64% were abused as children
  - 63% used heroin or opiates
  - 44% had unstable housing
  - 38% were beaten while pregnant
  - 29% had CPS involvement when they were children
  - Average Adverse Childhood Experience score in 2017: 5.4
Women exposed to any opioid at birth hospitalization, rate per 1,000 live births in each county*, Washington, 2009-2014
Percentage of women at birth hospitalization by age (years), Washington, 2009-2014

(Chi-square, p<0.001)
Percentage of women at birth hospitalization by race-ethnicity, Washington 2009-2014

*(NH-White, AI/AN, Black, Asian, Hawaiian/PI)

(Chi-square, p<0.001)
Percentage of women at birth hospitalization by education level, Washington, 2009-2014

(Chi-square, p<0.001)
Percentage of women who use other substances, at birth hospitalization, Washington, 2009-2014

Amphetamine
Marijuana
Tobacco

0% 10% 20% 30% 40% 50% 60% 70%

No opioid exposure  Any opioid exposure
Percentage of women with other co-occurring medical conditions at birth hospitalization, Washington, 2009-2014
Percentage of women by fetal and newborn outcomes at birth hospitalization, Washington, 2009-2014
In a 2010 study, 86% of women who gave birth while misusing opioids said the pregnancies were unintended.
Preventing Unintended Pregnancies

Needle Exchange and Family Planning

- Program sustainability
- Access to start and discontinue method

Pregnancy Intention Screening

- Expand clinics that routinely ask women if they want to get pregnant

Immediate Postpartum LARC

- Expand the number of hospitals that offer this service.
Comparing Maternal Deaths: Pregnancy-related, Suicide, Overdose

Maternal Care

**Prenatal providers**
- Train and support providers
  - Medication assisted treatment
  - Group prenatal care
  - Hub-and-spoke model with medical directors

**Clinician bias**
- Quality improvement efforts
- Conference with women who are in recovery

**Coordinate services**
- Between agencies and those providing care.
- Link pregnant women to programs
Rate of Babies Diagnosed with Neonatal Abstinence Syndrome in Washington State

Source: DOH Comprehensive Hospital Abstract Reporting System
Note: Includes infants born to mothers receiving appropriate treatment for drug use, receiving prescriptions for other health conditions, or misusing drugs. Use of opioids, benzodiazepines, antidepressants, barbiturates and/or alcohol can result in infant drug withdrawal. Excludes infants born with NAS after release from birth hospitalization.
Definition: 2000-Q3 2015 ICD9CM diagnosis code 779.5; Q4 2015-2016 ICD10CM diagnosis code P96.1
Infant Care

Develop policies to promote mothers rooming-in with babies in withdrawal
- Look at billing metrics
- Work with WSHA and hospitals for QI

Quality Improvement with social services
- Partner with Children’s Administration to increase consistency in child removal practices.

Breastfeeding quality improvement
- Clarify best practice standards
- Clinician education

Link postpartum women to community programs
References


- Washington State Department of Health.