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00:00:27 Regina

Hi everyone and welcome to ultrasounds, the podcast brought to you by OB GYN delivered. My name is Regina.

00:00:34 Sanaya

And I'm Sanaya.

00:00:37 Regina

And we will be your student hosts for this episode.

00:00:40 Regina

Today we are welcoming back Dr. Courtney Townsel to discuss Part 2 of opioid use disorder in pregnancy. We also covered opioid use disorder and pregnancy part one with Dr. Townsel in our last episode. Go check it out if you missed it.

00:00:54 Sanaya

Dr. Townsel received her undergraduate degree at Howard University in Washington, DC before returning to her home state of Florida for medical school at the University of South Florida. She completed her obstetrics and gynecology residency at George Washington University. After completing her maternal fetal Medicine Fellowship and a Masters of Science in Clinical and Translational Research at the University of Connecticut, Dr. Townsel joined the University of Michigan's Maternal Fetal Medicine faculty. Now Dr. Townsel serves as the lead OBGYN in the Partnering for the Future Clinic, a multidisciplinary clinic working with pregnant people battling substance use, chronic pain and mood disorders during their pregnancy.

Thank you for being here Dr. Townsel.

00:01:43 Regina

As we mentioned in the intro, Dr. Townsel provides care at the Partnering for the Future Clinic, which takes an interdisciplinary approach to care for pregnant people with substance use disorders. Can you tell us a little bit more about this clinic? What patients you see and what care looks like at the partnering for the future clinic.

00:02:00 Sanaya

I've had the pleasure to work on our project Perspectives of Postpartum Pain Management among Patients with Prenatal Opioid Exposure with Dr. Townsel, and have been able to work in the Partnering for the Future Clinic. Patients at the Partnering for the Future Clinic at the University of Michigan Health System meet with an interdisciplinary team which includes an OBGYN, psychiatrist, social worker, physical therapist, anesthesiologists and other members of the healthcare team. Pregnant people in this

clinic have all of their prenatal visits here and the specialists aim to have consistent and frequent follow up. Dr. Townsel, could you tell us a little bit more about how the partnering for the future clinic runs?

00:02:40 Dr. Townsel

Thanks Sanaya for that question and thanks again for having me. So just to give you a little bit of background, the Partnering for the Future Clinic has been around for about 15 years so we've been taking care of this patient population for a very long time and love to do so. I would say in the past two years we have transitioned our care model to include a couple of new features. Historically, we've always had addiction, medicine, OBGYN care, and social work, but more recently we have included psychiatry in addition to the addiction medicine team. We've also included physical therapy as you mentioned, and that's just to again provide holistic care and to address some of those co-occurring disorders that we know are present, particularly in our patient population. 70 to 80% have a co-occurring mood disorder, so we want to make sure that we're addressing that. In addition, we know that a lot of opiate use disorders starts with chronic pain and so having physical therapy present and available to help with some additional modalities to support patients during pregnancy is really important.

In terms of how it runs, our hope is that patients will be able to visit with each of those specialists in one clinic in one day and not have to go to multiple locations to get the care. We know that this patient population has multiple social determinants of health that may be impacted and so we want to be sensitive to that and make obtaining care simple and easy for these patients. Other considerations are making sure that we're close to other interventions that might be needed, such as ultrasound, so our ultrasound unit is right around the corner, and I think, again, that facilitates patients coming in and getting all of their care in one location.

00:04:30 Regina

Great, thanks so much Dr. Townsel for that introduction to the Partnering for the Future Clinic. We were also curious about ethical issues that arise while caring for pregnant people with opioid use disorder. For example, we know many substance use disorders are often criminalized during pregnancy. How have you seen this impact your patients?

00:04:52 Dr. Townsel

Thanks Regina for that question, so I would say to a lesser degree I've seen that in Michigan. I've certainly heard about and seen those cases occur in other states, and I think it has a lot to do with the state laws that are present in other states. Prenatal substance exposure is something that patients can be incarcerated for, and so once you enter the cultural system, sometimes you don't have access to treatment and that sort of furthers the issue in the state of Michigan, prenatal opioid exposure and illicit substance use in pregnancy, in and of itself while the patient is pregnant is not something that we would typically contact the services about. It's something that we have to address and make sure there's a clear care plan for postpartum and so that's really what we focus on in our Partnering for the Future Clinic is how do we create that safe, stable environment postpartum and what better time to do that than while the patient is pregnant? To make those changes, and so we really try to focus on supporting patients, strength based counseling and really motivating and being cheerleaders for them to make these positive changes.

00:06:13 Sanaya

Thank you for that information, Dr. Townsel, it's really great to hear that the Partnering for the Future Clinic is prioritizing the treatment for our patients. Additionally, we know that physicians can sometimes contribute to this criminal criminalization of patients, and historically there have been cases of drug testing without consent during pregnancy. Have you ever seen this or have any thoughts of the utility or potential harms of drug testing during pregnancy? How can physicians avoid contributing to the criminal criminalization of pregnant women who use these substances?

00:06:50 Dr. Townsel

So unfortunately, I have seen cases where health systems decide individually to, you know screen patients for substance use when they present for care. Sometimes there's a universal policy that's in place, which I think is best practice. And so every patient gets screened, and so there's no sort of chance for bias and sort of making decisions about who should be screened and who should not. I think when there's no policy and no standard of care in place, then that increases the chance that there could be, you know, inequitable screening practices that are occurring, and so when we look at the literature, we know that specifically for underrepresented minority populations, they have a higher rate of screening that occurs in those populations. But the use of substances is equal in underrepresented populations compared to majority or Caucasian or white populations. So it's important to know that just because we're screening at a higher rate doesn't mean that we're detecting higher rates of use and so that kind of goes back to the universal screening policies that we should have.

And so how can physicians kind of avoid this? Again, universal practices and then using the screening test as a positive tool, right? So when a patient has a positive, that's an opportunity for intervention, that's an opportunity for support, and that's an opportunity that we can give that patient to make a change, and so setting that patient forward with resources and not, you know, contacting you know the police about their use. I think that's an important thing. Building trust and building community, so that patients want to come back and get their care and want to continue on making that positive change that they want to see and have for their parenting after delivery.

00:08:49 Regina

Thank you so much for that Dr. Townsel. We were wondering what exactly does it look like when Child Protective Services get involved in a pregnancy and birth when a pregnant person is using opioids?

00:09:02 Dr. Townsel

I think this is a really important question and I think one that patients often come to their first visit wanting to understand and being transparent about this process is really important. So we counsel all of our patients that if there's any substance use whether prescribed or illicitly obtained, Child Protective Services typically gets involved just because of that history. That typically takes the place of an interview, whether that's in person or by phone, depending on COVID protocols. And then there's typically a home visit that happens to establish whether there's safety a plan of safe care and well-being. So what is the plan? Who else is in the home? You know, safety in terms of sleep and things like that. And then it's the task of our social workers as well as that Child Protective Services team to make recommendations to make sure that environment is safe. If the baby is going to be released to that family to go home and if it doesn't seem like that's a safe environment, then we should have that

feedback. And then there should be a plan put in place to allow that patient and that family to get on the right path so that future parenting can be possible. So oftentimes we are very transparent about, you know the current use and pregnancy is a significant barrier to parenting. The sooner that you go into treatment, the sooner that you have sort of a stable and safe home environment, the sooner you can be reevaluated for parenting. And then for our patients who come into pregnancy stable on their medication for opiate use disorder, sort of continuous recognition that they have maintained those medications. They're coming to their visits regularly, they're engaged with their prenatal care. Those are all markers that that patient is doing everything to successfully parent and so we want to make sure that patients feel empowered when they are interacting with CPS and don't feel sort of on guard right? We want to make sure that that's a therapeutic relationship.

00:11:07 Sanaya

Thank you so much, Dr. Townsel. So this last question builds a little bit on the previous question. We were wondering how the Partnering for the Future Clinic works to support mothers who may have ongoing involvement with either CPS or the criminal legal system.

00:11:24 Dr. Townsel

Thank you for that. Yeah, I agree it does go back to the last question and I think the focus has to be transparency. I think from early on we have to be clear that if there's prior CPS involvement, there will again be CPS involvement or assessment in this pregnancy and postpartum to just ensure safety and wellbeing and if we can show that if the patient is working to put that system into place, stable housing, making sure that everyone who's in the home is supporting a safe environment, then then that's great. Also, if patients are currently involved with the legal system, then again that is going to be something taken into account. But again, we want to be on the offense. We want to be proactive in discussing those things. How can we mitigate those risks? Speaking with our social workers to come up with plans of care ways that the patient can move forward. Speaking with some of those systems and making sure that we're putting a safe plan in place. So I think that transparency early on, no surprises at the time of delivery or postpartum is really important to maintaining that trust.

00:12:33 Sanaya

Thank you so much for being with us today, Dr. Townsel to discuss this important topic.

00:12:39 Dr. Townsel

Thank you so much for having me.

00:12:43 Regina

And to our listeners, thank you for tuning into this episode on part 2 of opioid use disorder and pregnancy. You can subscribe to ultrasounds wherever you get your podcasts for more special topic episodes like this one or high yield topic reviews. You can also follow us on Instagram or Twitter at obgyn_delivered or find more topic review outlines and our free question bank at our website www.obgyndelivered.com. And always remember we put in the labor so you can deliver.

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