Rachel 0:00
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Regina 0:26
Hi, everyone and welcome to UltraSounds. The podcast brought to you by OBGYN Delivered. My name is Regina,

Sanaya 0:33
And I'm Sanaya

Regina 0:35
And we will be your student hosts for this episode. Today we have episode one of two covering opioid use disorder in pregnancy with Dr. Courtney Townsel.

Sanaya 0:44
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 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.

Regina 1:25
We are very excited to have you here today. Sanaya and I have been lucky enough to do research with Dr. Townsel and we are so appreciative that she is here with us today. But that being said, we can jump into our first case, a 29 year old female presents to your office after a positive pregnancy test. She shares with you that she has been using oxycodone for a few years. She believes she is six weeks pregnant and is asking about her oxycodone use in pregnancy. How would you go about managing this patient's opioid use?

Sanaya 1:55
My first thoughts are that we should commend this woman on taking the initiative to seek medical attention to protect the health of herself and her growing fetus. Methadone and buprenorphine are first line therapy options for pregnant people with opioid use disorder. Methadone acts as a total opioid agonist while buprenorphine acts as a partial agonist opioid agonist. For these reasons, buprenorphine has less abuse potential and mild withdrawal symptoms in comparison to methadone. Both buprenorphine and methadone are approved medication for opioid use disorder or MOUD for short. The Substance Abuse and Mental Health Services Administration and the American College of Obstetrics Obstetricians and Gynaecologists recommend treatment with medications for opioid use disorder in conjunction

with behavioral and medical services. Dr. Townsel, could you tell us a little bit more about methadone, buprenorphine and their benefits in pregnancy?

Dr. Townsel 2:54
Absolutely. And thanks so much for having me today. So both methadone and buprenorphine are opiate replacement treatments. And we recommend that patients remain on these treatments in pregnancy. We know that switching to these in pregnancy and before pregnancy reduces consequences of illicit use such as criminality. If patients have a history of IV drug use, it also reduces their risk of infectious disease. And we we know that it also reduces the risk of overdose. So we certainly recommend that patients remain on these medications throughout pregnancy. Another key point that I always stress to patients is having a track record of maintaining this medication for opiate use disorder in pregnancy is another key support and their ability to parent and their plan to parent. It creates a stable environment for them and signals a safe, stable environment for their future. For this particular patient that you mentioned, a first step is always understanding the indication for the medication use. Who was prescribing the medication, who are they obtaining their medication from? And so just making sure that we understand access, as well as making sure that patients understand their options of both of those medications.

Regina 4:12
Great. Thank you so much, Dr. Townsel, our 29 year old who is six weeks pregnant from the first vignette wants to start buprenorphine after discussing her options with you. What other history would you want to gather from this patient to ensure comprehensive prenatal care?

Sanaya 4:27
So patients with opioid use disorder can be at increased risk for childhood trauma, sexual trauma, interpersonal violence and mood disorders. So it is important to screen for these issues and provide support and resources. People with opioid use disorder may be more likely to use alcohol, cigarettes and other substances. I would want to inquire about these topics with this patient to provide other support and care if needed. Dr. Townsel what else may be unique about this patient population to pay attention to during pregnancy.

Dr. Townsel 4:57
Thank you for that. And I definitely I agree that co-occurring substance use and mood disorders are common in this patient population and all need to be addressed to help with transitioning to an effective medication for opiate use disorder. Unfortunately, the medication for opiate use disorder, those choices can sometimes present barriers. And so what we want to often talk to patients about are some of the barriers that that they may encounter. For methadone, we know patients have to often go to methadone clinics daily. And so we want to make sure that patients have access to transportation in a way to get to those clinics to access their medication. For buprenorphine, we need to know if there is a local prescriber, and if that patient can access that prescriber with their insurance. So we you know, certainly want to understand those access points before making a recommendation for one of these treatment choices. I think the other consideration is what type of current medication or current use they have, and how that dictates

the location of their transition, whether that be outpatient or inpatient, if they've had a past attempt at transitioning, and what might have been barriers to successfully transitioning to a medication for opiate use disorder. So certainly going through several of those aspects is important.

Regina 6:24
Great. Thank you so much, Dr. Townsel. So we have a 33 year old who has a vaginal delivery with no complications at 40 weeks and five days. She has a history of opioid use disorder that was treated with buprenorphine during her pregnancy. The next day, her baby develops tremors and a fever and is having trouble with feeding. The baby is crying and not able to be soothed. What is the likely diagnosis in this case? And how should you treat the infant?

Sanaya 6:54
Well, I know that opioid use during pregnancy can have serious neonatal complications, including preterm labor, fetal distress or even miscarriage. I also know that babies born to mothers using opioids or even those on medication for opioid use disorder can sometimes develop neonatal opioid withdrawal syndrome as newborns, which I believe is what may be going on in this case. I worked with the baby and our pediatric service was placed on the eat sleep console protocol during his first few days of life. Eat sleep console is a family centered approach to care for infants with neonatal opioid withdrawal syndrome that begins with nonpharmaceutical practices. This protocol maximizes the time infants can sleep, feeding them on demand and consoling them when they're irritable. Dr. Townsel, could you tell us a little bit more about how we treat neonatal opioid withdrawal syndrome? Are there other things we should also look for in neonates who are exposed to opioids during pregnancy?

Dr. Townsel 7:53
Thanks for that question , Sanaya. Yeah, so to the first question, how we treat neonatal opiate, neonatal opioid withdrawal syndrome, I think that varies across the country. Again, as you mentioned, eat sleep console is a care model that's patient and family centered that we have instituted here in our university, but not all care centers. And not all health systems have implemented that program. And so we still have several centers that use the modified Finnegan scoring, where patients and babies might be separated, and babies have a higher chance of going to the neonatal ICU. We know with our eat sleep console program that is centered around keeping patients and babies together, and keeping families together to make sure that we facilitate that initial bonding. So that would be the first thing. I think the other part of that that you that you mentioned is, you know, making sure that babies are able to sleep feed and be consoled. And if we see that that's not happening, we are able to provide some treatments such as opioid replacement treatment, or other options that our neonatologist will make recommendations about so we often strive to avoid getting to that point, but sometimes we do and we try to be as transparent with patients as possible about that occurrence.

And then to your second question, are there other things we should be looking out for? I would always caution my patients that babies with neonatal opioid withdrawal syndrome and those with prenatal opioid exposure, have higher rates of sudden infant death syndrome, long term

what we like to counsel them about some of the inattention and some of the sort of learning issues that might come up in childhood and so just making sure that they have sleep safe sleep practices, in the short term, and then understanding that sometimes these infants as they get into toddlerhood and kind of get into school age might need some additional supports, when they're trying to learn. I think the last thing that I would like to say is just thinking about other exposures in that in the pregnancy. So oftentimes patients might have co occurring infections like hepatitis C, and we want to make sure that we alert the neonatal team so that there can be a long term plan for surveillance of vertical transmission. And then finally, what in the eat sleep console care model, breastfeeding is highly encouraged. And again, promotes bonding, Maternal Infant bonding, and so we like to talk about that as well.

Sanaya 10:30
Thank you so much for all of that information. Dr. Townes Oh, that was really interesting to hear. And this concludes our review on opioid use disorder treatment in pregnancy. Thank you again, Dr. Townsel for sharing your expertise with us today.

Dr. Townsel 10:44
Thanks for having me.

Regina 10:46
And to our listeners. Thank you for tuning into this episode on 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.

Rachel 11:34
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