

Methadone Use and Pregnancy: Lessons Learned from Developing a Reproductive Health Program for Women in Drug Treatment

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Abstract:

An opiate epidemic in the United States has fueled an increase in pregnant women on medicated-assisted treatment protocols. Pregnant women in treatment for an opioid addiction face unique challenges from the healthcare system. In response to these challenges, specialized reproductive health programming has been developed. This article describes the development of a program delivered in a local drug treatment clinic. Lessons learned after the first year of implementation are provided along with considerations for healthcare providers working with this population.

Keywords: Methadone | pregnancy | reproductive health programming

Article:

Background

Opiate abuse is on the rise across the nation with 91 people dying from overdose each day across America (Centers for Disease Control and Prevention, 2016). Maternal opioid use, while harder to track, has also been increasing. This can be seen, in part, by the increase in infants born with Neonatal Abstinence Syndrome (NAS) (Patrick et al., 2012). Due to this increase, childbirth educators, doulas, and other health care providers are more likely to work with pregnant and parenting women with opioid addiction. This paper describes a reproductive health promotion program developed through an academic-community partnership at a local drug treatment center.

Best Practices for Opiate Addiction and Pregnancy

Methadone, a form of medicated-assisted treatment, is the gold standard for treating pregnant women with opiate addictions (Jones, 2013). Much of the information on methadone and pregnancy is counterintuitive. Tapering off of methadone is usually discouraged (Jones, 2013). In fact, due to the hormonal changes experienced during pregnancy, most women have to increase their dosage to prevent withdrawal symptoms (Jones, 2013).

Also contrary to popular belief, there is no correlation between mother's methadone dosage and severity of NAS (Pizarro et al., 2011). NAS refers to the signs and symptoms of withdrawal in infants from substances, most commonly opioids, ingested in utero. This means there is no way of predicting which infants will have NAS or need medical intervention (in a Neonatal Intensive Care Unit [NICU]). Although transmittal of drugs through breast milk is often discouraged, breastfeeding while on methadone is encouraged as a natural weaning and comfort method (North Carolina Pregnancy and Opioid Exposure Project, n.d.). To ensure continuity of care, educating health professionals working with this population on these contrary findings is critical.

Need for Specialized Reproductive Programs

Misinformation and stigma exist around methadone use with many people, including some healthcare professionals, believing it to be replacing one addiction with another (Stone, 2015). Stigma around receiving methadone treatment while pregnant can cause additional stress for the mother, as well as decrease the likelihood she will engage in generalized health-promoting programs, such as childbirth education and prenatal care (Stone, 2015). Therefore, developing specialized reproductive programs for this population becomes paramount.

Research shows that methadone treatment programs are more likely to retain participants if they include other methods of behavior-based treatment, such as health education (Patrick & Schiff, 2017). Lifestyle factors often included in health education programs, such as nutrition and physical activity, play significant roles in the overall health of the mother and her offspring (Patrick & Schiff, 2017). Providing more comprehensive health promotion programs could increase the likelihood that mothers will adopt healthy practices and remain in treatment. To address the growing needs and concerns of mothers with opiate addictions, a local community organization (LCO) teamed up with a local methadone clinic to develop and deliver preconception, interconception, and childbirth education programs for this population.

Formation of the Program

The LCO, along with one of the authors, engaged in a county-wide needs assessment of services for pregnant and parenting women with substance use disorders. Findings revealed an unmet need for pregnant women in methadone treatment. Local providers described a lack of access to childbirth education among women receiving medication-assisted drug treatment. They also detailed the unique prenatal and postpartum concerns of the population, including issues of stigma and the logistical challenges they faced accessing the support services that were available. Providers also expressed concerns over the lack of preconception health education available to people in treatment. In response to this identified gap, the LCO obtained funding to develop and deliver a pilot reproductive health program at the local methadone clinic.

Program Description

The program was designed to help mitigate adverse outcomes for women who are high risk due to addiction during pregnancy or the preconception period. The three main program activities included childbirth education classes, doula match services, and preconception/interconception classes.

Childbirth Education Classes

Classes in childbirth education were offered weekly to pregnant mothers in drug treatment. While the target of the program was to work primarily with mothers in treatment for opioid substance abuse, the classes and services were available to any local methadone clinic pregnant and parenting female clients. The class, taught by a professional with Lamaze training, was individualized and covered a variety of topics as needed: stages of labor, comfort measures, breathing techniques, breastfeeding, healthy behaviors during pregnancy, risks of smoking and alcohol, nutrition, newborn care, Sudden Infant Death Syndrome and safe sleep, postpartum depression, and post-pregnancy contraception. Since methadone use during pregnancy can result in infants experiencing NAS and requiring a stay in the NICU (Jones & Feldman, 2015), these topics were covered as well.

To further support pregnant women in treatment, a doula match service was organized. The goal of matching women to doulas was to positively affect women's experiences in birth and delivery. Women who attended the childbirth education class at least three times qualified to have a doula through the program. Doulas received a specialized training that covered education on methadone and pregnancy, NAS, breastfeeding, trauma, and community resources. Part of the enhanced doula training was dedicated to discussing opioid addiction and the complex lives of women in drug treatment, so that doulas would understand the diversity of the population. Several of the doulas attended the childbirth education classes. This helped the mothers become familiar with the doulas and to gain a better understanding of what a doula could offer. For those women who chose to have a doula, the doula met with them a few times before birth, was present during birth, and followed up at least once after delivery.

Preconception/Interconception Classes

Apart from childbirth classes and enhanced doula services, at the request of the treatment center, the LCO also offered preconception/interconception classes to both male and female clients. The rationale for offering this class followed that of the 2014 North Carolina Preconception/Interconception Strategic Plan Addendum (Women's Health Branch, North Carolina Department of Health and Human Services, 2014), which notes the importance of offering the class to all genders. The classes were taught once a week for six weeks at a time and were facilitated by a Public Health graduate student. While the classes originally were given biweekly, the program was modified to better reach the needs of participants from a clinic with treatment plans of 30, 60, or 90 days. Although the class was open to any client attending the treatment center, most participants were from two intensive outpatient groups that had mandated attendance.

Curriculum for the Preconception/Interconception class was guided by theoretical frameworks commonly used for individuals in drug treatment (Prochaska, 2013). Through these psychosocial theories, classes engaged students in activities that focused on values, thoughts, beliefs, feelings, and actions. Classes focused on behavioral change mechanisms by using topics

specific to preconception/interconception health. Clients were taught skills such as goal setting, planned positive reinforcement, triggers and cues, mindfulness, behavior replacement, and refusal skills. These skills were introduced, demonstrated, and practiced through examples such as physical activity, nutrition, relationships, stresses, and smoking cessation.

Lessons Learned

As part of the program development, information was obtained from stakeholders (staff and clients) on the strengths and challenges of the program. This information, along with observations of the classes, discussions with instructors, and the written curriculum, was reviewed to understand the strengths and challenges of program delivery and was fed back into program development that guided changes made to the second year of implementation.

Preconception/Interconception Classes

An average of 18.3 clients participated per class with 46% male and 54% female. The majority of participants in these classes were White (56.7%) or African American (29.9%). The sessions were generally well-received. Counselors and instructors felt classes were well-integrated into clinic services, and there was evidence that clients used techniques from class sessions and referred to specific information they had learned when in their counseling sessions. Counselors were also able to build upon the class lessons in their work with their clients. Counselors also felt the content had many positive attributes, including having a clear theoretical basis, having lesson objectives that reinforced that theoretical basis, and having handouts that prompted participants to identify their own examples in order to make it personally relevant. The program was also highly adaptable. Flexibility was built into the program by starting each lesson with a review. This allowed for the influx of new participants each session. Also, facilitating discussion around and having handouts focused on personal examples made it more flexible and relevant for clients.

Although the sessions were well-received, substantial challenges to implementing the program were evident. Some of the challenges related to how the program was structured. It was noted that the large number of interactive components and incentives, which was a strength, required a lot of preparation time on the part of instructors and could decrease the feasibility of replicating or growing the program. Likewise having the program embedded into the counseling sessions helped with attendance and integration; however, there was a concern that once clients completed their counseling program, they would stop attending the classes.

There were several challenges related to the unique needs of people in treatment for substance use addiction. Some participants were receiving medication that made them drowsy. Observations revealed participants dozing off during the sessions. Since the clinic made the program mandatory for clients, the majority of the participants were not there voluntarily. This may have affected participants' engagement in program activities. Finally, instructors and counselors noted that the clientele faced multiple challenges in their lives, such as homelessness, cognitive impairments, and mental illness. All of these factors also had the potential to impact the degree to which they were able to actively participate.

Childbirth Education/Doula Services

A total of 10 pregnant females participated in the Childbirth Education classes, 4 of whom were matched with doulas. The majority of the participants were White (80%), and they attended an average of 5.8 classes. Clinic counselors, program instructors, and doulas all perceived this component to be critical for pregnant females in methadone treatment. They also described how the mothers had complex lives, faced stigma, and had difficulty staying in recovery when they have to take pain medications. The program was seen as important by clinic staff because it was free and on-site, did not subject mothers to shame, gave valuable information, was empowering, and provided comfort measures through doula care that were not necessarily based on medication. Another potential benefit of the classes was strengthening social networks among the mothers. Since the mothers already knew each other from clinic services, they were able to build additional trust and provide support for one another.

As with the Preconception/Interconception program, many of the challenges to the program were related to the complex lives of the mothers. Staff noted that this is a hard-to-reach population whose members have “chaotic” lives. There were many scheduling mismatches as the mothers had competing priorities and often had multiple agencies they had to meet with in order to get needed resources. It was also noted that they often did not have the means of staying in touch with the doulas as they either did not have a cell phone or ran out of minutes on their plans. For doulas, this meant fewer opportunities to bond with the mother, which is essential for gaining trust and providing the necessary support.

Mothers in treatment for drug addiction are also at higher risk for adverse birth outcomes, including premature birth (National Association of State Alcohol and Drug Abuse Directors, 2015). Program doulas were typically “on call” two weeks before and after a mother’s due date. When premature birth is more likely to occur, there is a greater risk that the doula will not be available, which happened to one of the women in the program.

Conclusion

Understanding that pregnant women in drug treatment have complex lives and that stigma associated with drug addiction can make access to health services complicated at best, is critical for health professionals working with this population. This article aimed to describe an innovative reproductive health promotion program delivered in a local methadone clinic. The program provided both childbirth education and doula services to pregnant women receiving drug treatment at the clinic as well as preconception/interconception classes to both men and women in drug treatment. In order to allow easier access of services to clients, all services were held at the local methadone clinic, where individuals were already going for treatment services. The LCO reproductive health program offered to individuals in drug treatment through a local methadone clinic offers a unique and promising model for health promotion and support, particularly for pregnant and parenting mothers. The program offers a possible way for providing individuals in drug treatment with needed comprehensive health services that ultimately have not only an impact on those in treatment, but on their children as well.

Implications for Healthcare Providers

In order to ensure continuity of care for mothers with opiate addiction, it is important that healthcare providers acknowledge several things. As previously stated, women in this population live complex lives. Therefore, if a client is hard to contact or if she misses an appointment, it

does not necessarily indicate that she is uninterested in receiving services. Providers should promote breastfeeding amongst mothers using methadone in order to effectively wean and comfort infants in withdrawal. In addition, specialized health promotion programming, childbirth education, and doula services can be beneficial in addressing the unique needs of this population. Lastly, healthcare providers should take advantage of opportunities to collaborate with local treatment clinics in order to deliver comprehensive care, preferably at treatment centers.

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