

Perinatal Mental Health and Substance Use Disorders

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Addiction Medicine/FP/OB

Gibson Recovery Optimizing Wellness

Epidemiology in the US

- Cystic Fibrosis: 0.03% (1 in 3200 live births in US)
- Gestational Diabetes: 7%
- Pre-eclampsia: 4%
- Anemia: 5%
- Illicit drug use: 5%

Epidemiology cont.

Perinatal mental health conditions

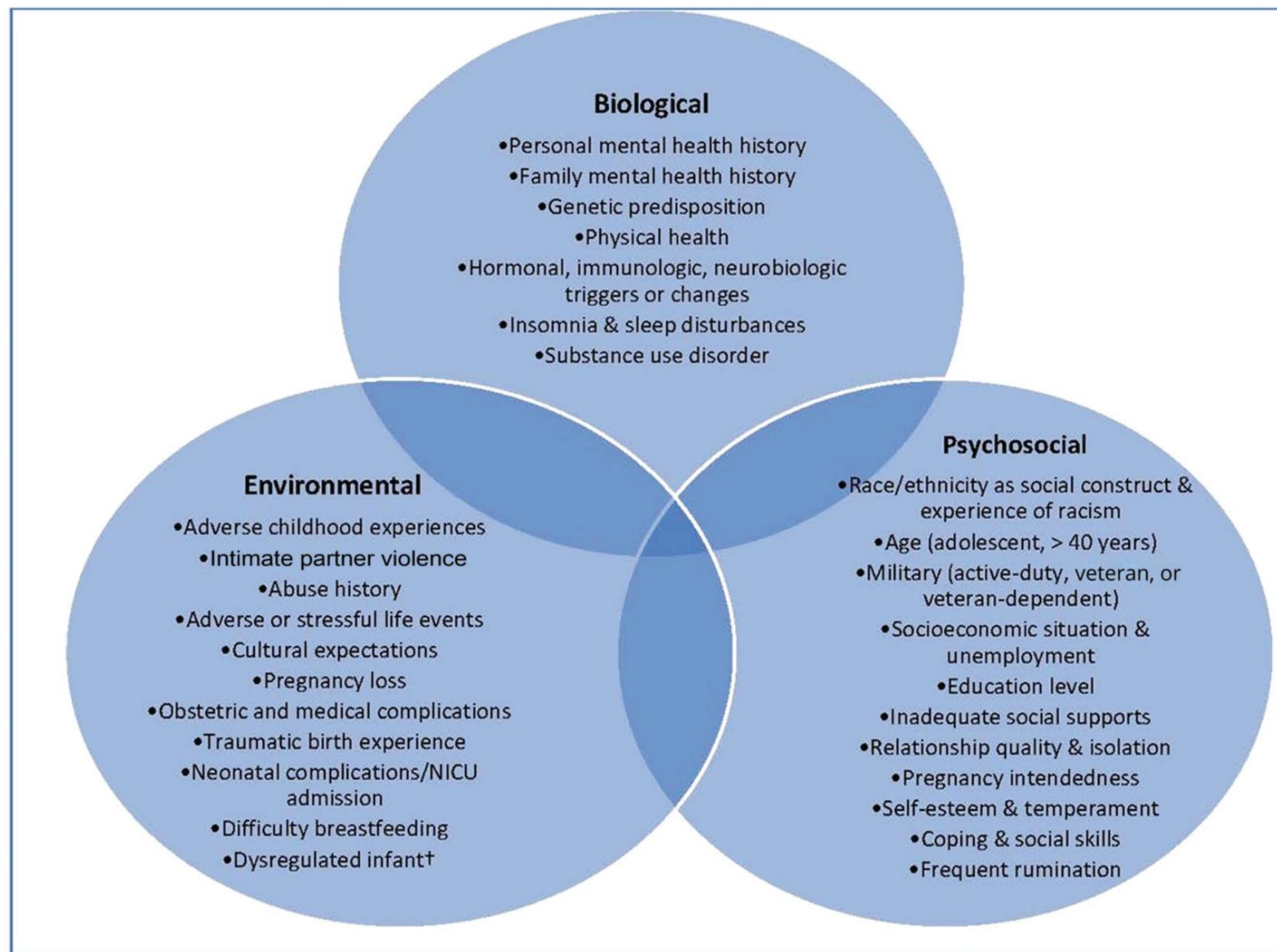
Affect more than 1 in 5 perinatal individuals

One of the most common complications of pregnancy and the year after childbirth

Perinatal Mental Health



Risk Factors Associate d with Perinatal Mental Health Condition



Where can
I find
SBIRT?

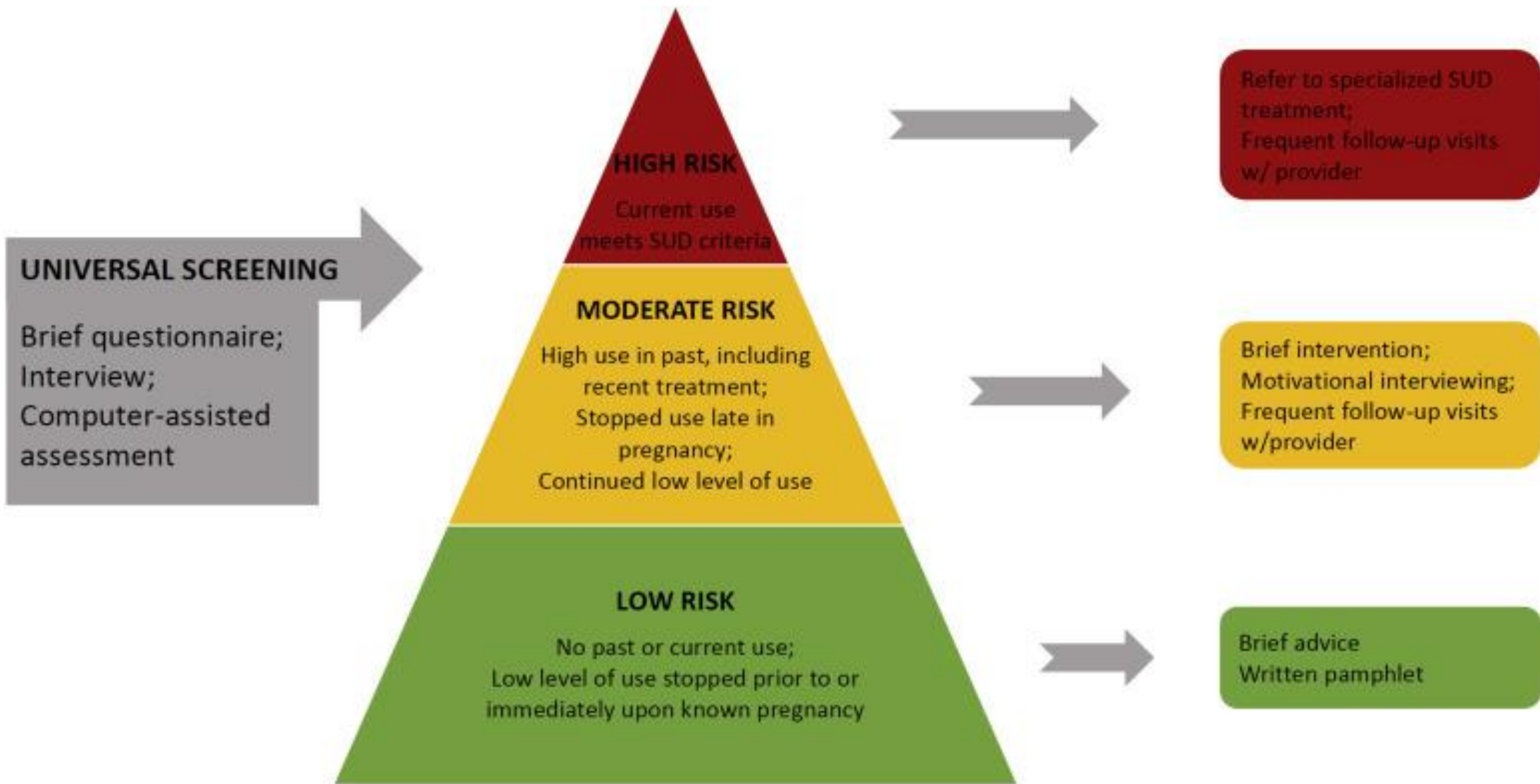
Screening



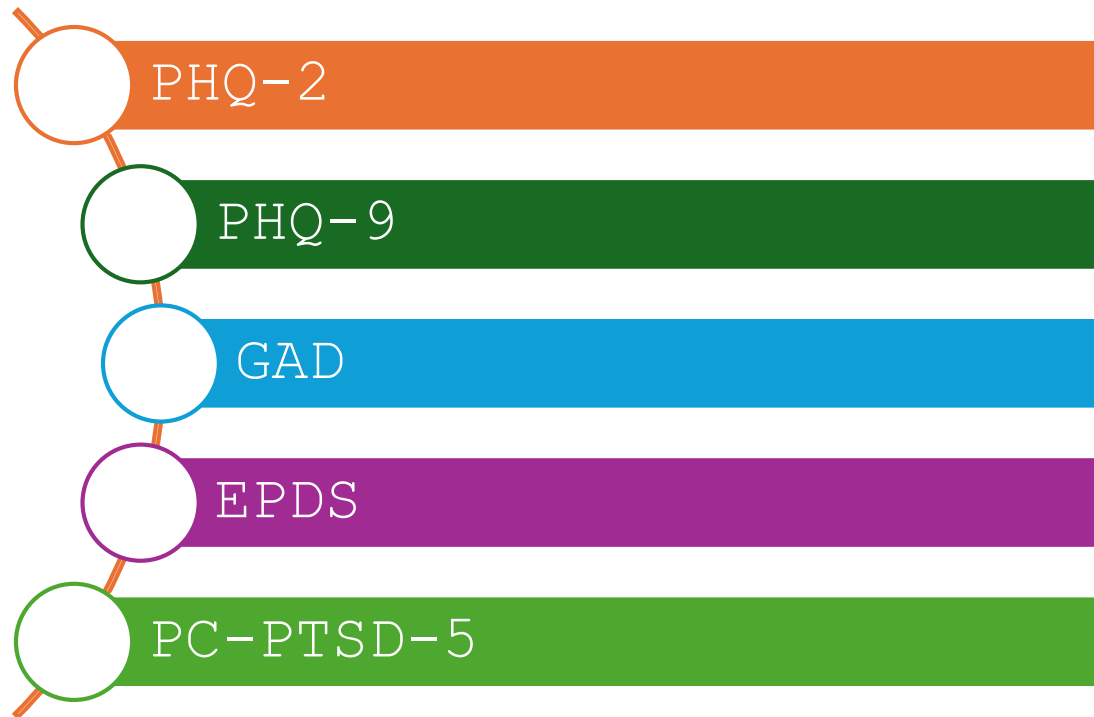
Brief
Intervention



Referral to
Treatment

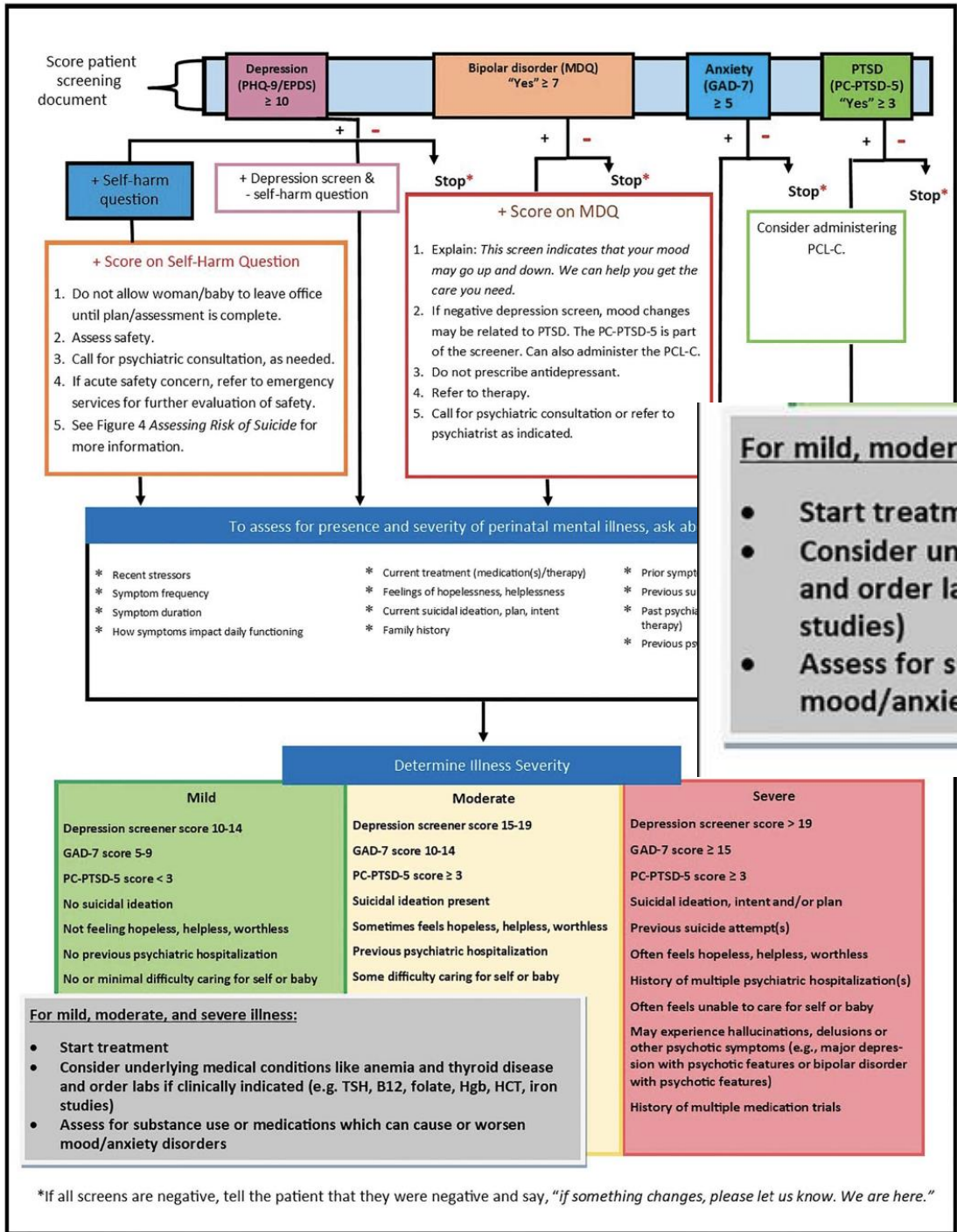


Mental Health Screening



Recommendations

- USPSTF: screen every pregnant person for depression with EPDS or PHQ-9; if positive screen for BPD with Mood Disorder Questionnaire
- ACOG: screen with EPDS or PHQ-9
- AAFP: screen with EPDS or PHQ-9
- AAP: screen with EPDS or PHQ-9



For mild, moderate, and severe illness:

- Start treatment
- Consider underlying medical conditions like anemia and thyroid disease and order labs if clinically indicated (e.g. TSH, B12, folate, Hgb, HCT, iron studies)
- Assess for substance use or medications which can cause or worsen mood/anxiety disorders

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UI HEALTH IS UIC'S ACADEMIC HEALTH ENTERPRISE

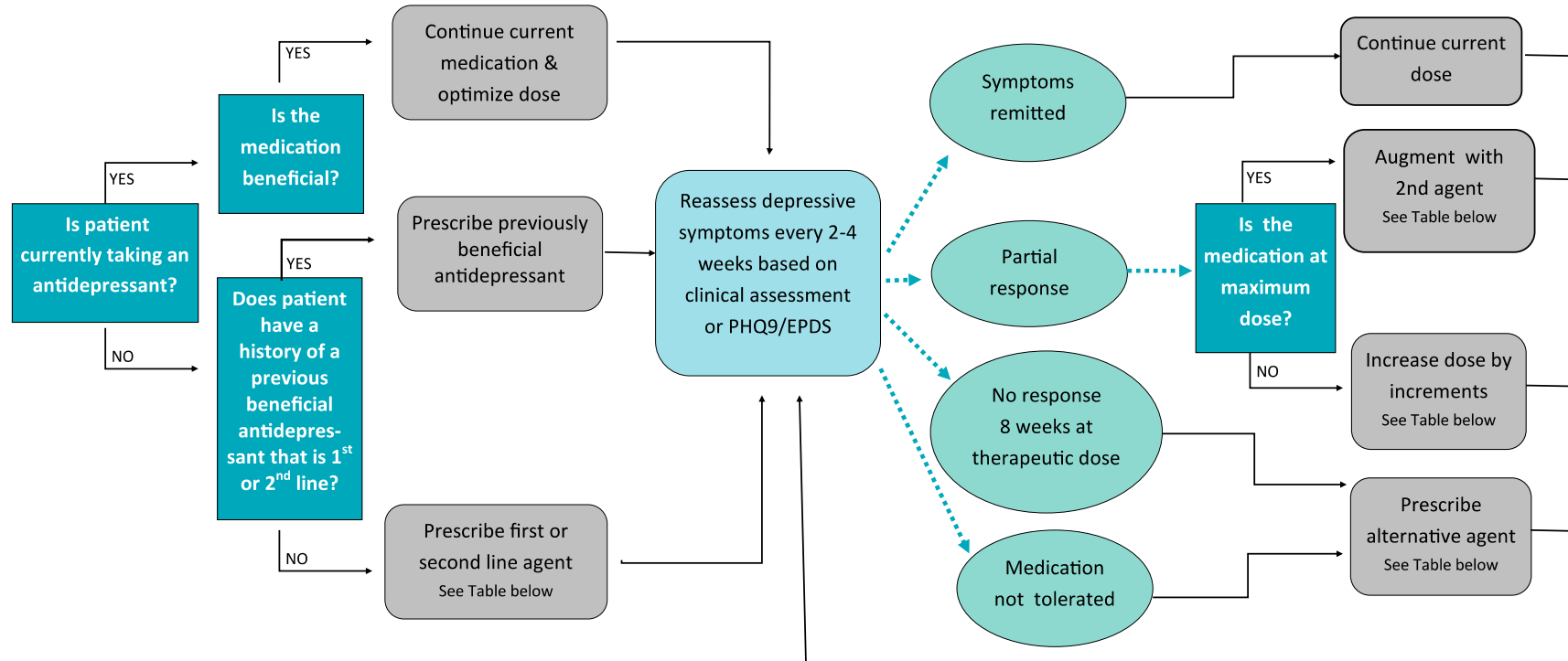


Illinois **DocAssist**

866-986-ASST (2778)

Answering your child, adolescent, and perinatal mental health questions

- [Start a Consultation](#)
- [Access Provider Resources](#)
- [Schedule an Educational Event](#)
- [Take a Webinar](#)



First line Treatment					Clinical Pearls	
Sertraline (Zoloft) Start: 25mg x4days Increase by: 25-50mg TR: 50-200mg	➤	Escitalopram (Lexapro) Start: 10mg Increase by: 5-10mg TR: 10-20mg	➤	Citalopram (Celexa) Start: 20mg Increase by 10mg TR: 20-40mg		<p>Clinical Pearls</p> <ol style="list-style-type: none"> 1. Screen all women with depressive symptoms for a history of bipolar disorder or hypomanic/manic symptoms. If present, antidepressant monotherapy is NOT recommended. Refer to mental health specialist. 2. To minimize GI side effects, start sertraline at 25mg x 4 days then increase to 50mg daily. If GI symptoms persist for >1 week they are unlikely to resolve; consider switching medication. 3. Evidence shows Cognitive Behavioral Therapy and Interpersonal Therapy to be effective for treating perinatal depression. Consider therapy alone for mild depression, or as an adjunct to medications for moderate/severe depression.
			➤	Fluoxetine (Prozac) Start: 20mg Increase by 10-20mg TR: 20-80mg		
Second Line Treatment						
Bupropion XL (Wellbutrin) Start: 150mg Increase by: 150mg TR: 150-450mg	➤	Venlafaxine XR (Effexor) Start: 37.5-75mg Increase by: 37.5-75mg TR: 75-225mg	➤	Duloxetine (Cymbalta) Start: 30-40mg Increase by: 20mg TR: 60-120mg		
			➤	Mirtazapine (Remeron) Start: 15mg Increase by: 15mg TR: 15-45mg		
				➤	Paroxetine (Paxil) Start: 20mg Increase by: 10mg TR: 20-60mg	
Augmentation Agents						
Bupropion XL (Wellbutrin) 150-450mg		Aripiprazole (Abilify) Start: 2-5mg/ TR: 2-15mg				

TR = Treatment range

Perinatal
Substance
Disorders

Use

vs



- According to the October 2023 Illinois Maternal Morbidity and Mortality Review Report, substance use disorders are the leading cause of pregnancy associated deaths in Illinois
- Deaths reviewed: 263
- 2018-2020



How to screen

- ACOG and ASAM, along with other major medical associations recommend that all women should be screened using a validated screening test, and not biomechanical measures
- Normalize screening
- Ask every patient



Screening Tools Validated in Pregnancy

- T-ACE
- TWEAK
- 4 P's (5 P's)
- Substance Use Profile-Pregnancy
- AUDIT-C

Screening Tools Not Validated in Pregnancy but still often used

- CAGE
- NIDA
- TAPS

Screening and Assessment Tools Chart

Screening tools

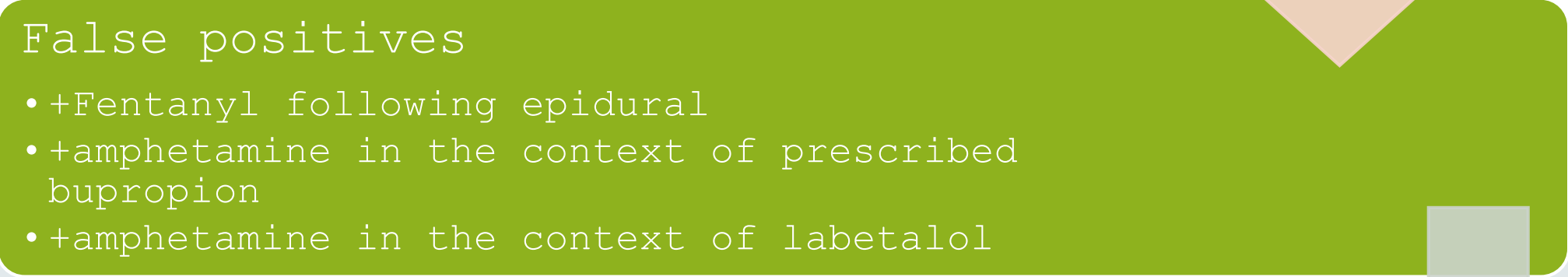
Tool	Substance type		Patient age		How tool is administered	
	Alcohol	Drugs	Adults	Adolescents	Self-administered	Clinician-administered
Screening to Brief Intervention (S2BI)	X	X		X	X	X
Brief Screener for Alcohol, Tobacco, and other Drugs (BSTAD)	X	X		X	X	X
Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS)	X	X	X		X	X
Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide (NIAAA)	X			X		X
Opioid Risk Tool – OUD (ORT-OUD) Chart		X	X		X	

Tool	Substance type		Patient age		How tool is administered	
	Alcohol	Drugs	Adults	Adolescents	Self-administered	Clinician-administered
Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS)	X	X	X		X	X
CRAFFT	X	X		X	X	X
Drug Abuse Screen Test (DAST-10)* <i>For use of this tool - please contact Dr. Harvey Skinner</i>		X	X		X	X
Drug Abuse Screen Test (DAST-20: Adolescent version)* <i>For use of this tool - please contact Dr. Harvey Skinner</i>		X		X	X	X
NIDA Drug Use Screening Tool (NMASSIST) <i>(discontinued in favor of TAPS screening above)</i>	X	X	X			X
Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide (NIAAA)	X			X		X

UDS is only a moment in time, it does not determine use disorder



False positives

- +Fentanyl following epidural
 - +amphetamine in the context of prescribed bupropion
 - +amphetamine in the context of labetalol
- 

False negatives

- Do you know if your hospital has POC fentanyl testing?
- 

Why is the test being ordered?



(biochemical) testing should only be ordered for clinical purposes and to guide quality medical care



Often tests are ordered for reasons that are not clinically actionable, but ordered for punitive purposes

The benefit of protocols

Can reduce
inequality

Makes decision
making for team
members simpler

Support of birthing
patient

Support of infant

Legal Issues

- APORS form → IDPH
- Positive toxicology of non-prescribed substance → DCFS
- Different responses in different regions
- Illinois does not have laws that outline which infants should receive testing
- Supreme court: must have informed consent or a valid warrant in order to do UDS on pregnant patient (Gottlieb, 2001)

Why would
someone who
uses drugs
want to be
pregnant?

Don't they
know they
are harming
the baby?

Illinois Perinatal Quality Collaborative

The screenshot shows the homepage of the Illinois Perinatal Quality Collaborative (ILPQC). The background features a photograph of a woman with dark curly hair holding a newborn baby. The website layout includes a navigation menu at the top with links for Home, About, Current Initiatives, Past Initiatives, Events, Perinatal Resources, and Contact Us. The ILPQC logo is prominently displayed on the left, with the tagline 'Making Illinois the Best Place to Give Birth and be Born'. Two call-to-action buttons are visible: 'Get Involved' and 'ILPQC Data System'. On the right side, three statistics are presented in a vertical list: 'Over 95%' (Birthing hospitals participating in one or more statewide quality improvement initiatives), '99%' (Percent of births covered by hospitals participating in ILPQC initiatives), and '100%' (Neonatal intensive care units participating in ILPQC initiatives). At the bottom, a pink-bordered box contains an announcement for '2024 ILPQC Face-to-Face OB and Neonatal Meetings', stating that registration is now open for these meetings in Springfield, IL.

ilpqc.org

Home About Current Initiatives Past Initiatives Events Perinatal Resources Contact Us

ILPQC
Illinois Perinatal
Quality Collaborative

Get Involved ILPQC Data System

Making Illinois the
Best Place to Give
Birth and be Born

Over 95%
Birthing hospitals participating in one or
more statewide quality improvement
initiatives.

99%
Percent of births covered by hospitals
participating in ILPQC initiatives.

100%
Neonatal intensive care units participating
in ILPQC initiatives.

2024 ILPQC Face-to-Face OB and Neonatal Meetings

Calling all nurses, providers, staff, and public health professionals: [Registration is now OPEN](#) for the ILPQC OB & Neonatal Face-to-Face meetings in Springfield, IL!

Get Help Now with MAR NOW (Medication Assisted Recovery) – immediate recovery assistance with opioids or alcohol use.



📞 Call 833-234-6343 or text "HELP" to 833234

Español

GET HELP HELP SOMEONE STAY SAFE STOP OVERDOSE ABOUT PROVIDE

Help is here.

If you or a loved one
is struggling with substance
use,
we're here for you.

Call

Text

Chat

Opioid
Use
Disorder



Medications for
Opioid
Use
Disorder

Methadone

Buprenorphine

- Suboxone
- Subutex
- Sublocade
- Brixadi

Naltrexone

"Comfort" meds

Tobacco Use Disorder

Offer treatment:
varenicline, bupropion,
NRT

There is benefit in
reducing use

Newborn withdrawal from
nicotine can look
similar to early opioid
withdrawal

Difference is that
nicotine withdrawal
occurs earlier

Cannabis

Just because it's legal,
doesn't make it safe

Harmful effects to newborn

May worsen hyperemesis

May worsen anxiety

N-acetylcysteine – safe in
pregnancy

Alcohol Use Disorder

No safe amount has been established

Leading cause of preventable birth defects

Value in brief intervention and education by health care provider

Stimulants

Cocaine

Methamphetamine

Adderall, Ritalin, etc

CBT

Difficult to treat due to
acute and chronic
withdrawal symptoms

Adulteration of supply

Neonatal withdrawal symptoms

Newborns are not born addicted to a substance

Addiction requires cravings, loss of control, compulsions and adverse consequences

Be thoughtful about documentation

?Finnegan scoring

Eat, Sleep, Console

For longer acting opioids (methadone, fentanyl) monitor baby for 4-7 days

Benefits of Breastfeeding in Substance Exposed Dyads

- Same benefits for breastfeeding as in general population
- Breastfeeding known to reduce the severity of NOWS
 - Decreased pharmacologic treatment
 - Decreased length of stay for infant
- Help mothers bond with their infant, which can reduce stress and support their recover

Harris et al,
2023

Concerns about breastfeeding in individuals actively using non-prescribed substances

Reduced parental response to infant feeding cues

Infant substance exposure through breast milk

Reduced breastfeeding ability

Potential alterations in neonatal brain
development

Timing of breastfeeding initiation

- 2015 ABM guidelines → wait 30-90 days from last use
- 2023 ABM guidelines → it's more and less complicated!
 - Predictive value of continued use post-partum based on 3rd trimester UDT: 36%
 - UDT at delivery has strongest association with ongoing substance use postpartum
 - Most substances eliminated in hours to days (not days to weeks)
 - Women who discontinue use by or during delivery should be supported in breastfeeding

- Rooming-in and skin-to-skin positioning should be encouraged regardless of breastfeeding status

IDHS > About IDHS > Divisions > Substance Use Prevention & Recovery > SUPR Opioid Resources >

IDHS/SUPR Drug Overdose Prevention Program

About the Drug Overdose Prevention Program (DOPP)

Naloxone is a safe and effective opioid overdose reversal medication that **saves lives**. The Illinois Department of Human Services, Division of Substance Use Prevention and Recovery (IDHS/SUPR) aims to reduce the number of opioid overdoses through the expansion of community-based Overdose Education and Naloxone Distribution (OEND) services. IDHS/SUPR manages the Drug Overdose Prevention Program (DOPP), as legislated in the Substance Use Disorder Act, which allows organizations to order free Narcan (a form of naloxone) through our Access Narcan program to distribute within their communities. These programs are essential to ending the overdose crisis in Illinois by making sure that anybody who may witness an opioid overdose is equipped with naloxone and the knowledge they need to save a life.

All organizations (except pharmacies) that use the [Illinois Department of Public Health Naloxone Standing Order](#) must enroll in DOPP. IDHS/SUPR encourages all other organizations to enroll even if they conduct OEND services under their own standing order.

What if I'm looking for naloxone or fentanyl/xylazine testing strips without enrolling in DOPP?

If you are seeking no-cost naloxone for your first-aid kits or fentanyl/xylazine testing strips, there are funded OEND service organizations responsible for all counties who can provide these resources. OENDs can also provide larger quantities if the interested organization decides that they do not want to enroll in DOPP.

- To find the program designated by IDHS/SUPR to serve your county: [Illinois Overdose Education and Naloxone Distribution \(OEND\) Programs funded by IPDO and SOR grants, by County](#).
- To find a Drug Overdose Prevention Program provider near you, visit the [Illinois Helpline](#).

Who can register to be part of DOPP?

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