

OUD, Harm Reduction, Pregnancy & Neonatal Care- Further Resources

November 25, 2021- Baby Steps CPD Day

Rebecca Coish, MD CCFP(AM)

Janine Hardial, MD FCFP

Deb Fraser, NP NICU

COI Declaration :

- Rebecca Coish: CPD Grant from College of Family Physicians of Canada to do Addiction Medicine Fellowship (2018-19)
 - Janine Hardial: no disclosures to declare
 - Deb Fraser: no disclosures to declare

Important Principles:

- 1) Forming a supportive, positive, trauma informed relationship between patient and provider is essential, in whatever capacity someone is interacting with the health care or other systems (*People will remember how you treated them*).
- 2) OAT (Buprenorphine/Naloxone or methadone) should be offered for pregnant people with Opioid Use Disorder preferentially to withdrawal management due to increased risks of harms such as relapse and overdose with withdrawal management
- 3) The form of OAT and method of induction should be individualized based on many factors including safety, patient preference, available resources, setting, and provider experience
- 4) If a pregnant person is stable on a certain form of OAT, transition to another form of OAT is not recommended (unless transition is indicated for other reasons)
- 5) Opioid withdrawal should be avoided in pregnancy due to risks such as uterine irritability and pre-term labour
- 6) OAT dose may need to be increased or split (eg. twice daily dosing) in the second or third trimester
- 7) Pregnant people should be counselled on risk of Neonatal Opioid Withdrawal Syndrome (NOWS/NAS) with use of any opioids during pregnancy, including OAT
- 8) Based on the work of Dr. Ron Abrahams (Sheway/Fir Square) and adapted by Grossman et al, Eat, Sleep, Console is a newer and promising method to treat NOWS, which keeps parent and child together, uses prn morphine only if needed, and has evidence of greatly reduced hospital stay
- 9) OAT (especially methadone) may need to be decreased in the postpartum period, although this needs to be individualized based on clinical picture
- 10) OAT should be continued/offered postpartum
- 11) For people who are stable on OAT and not using other substances, breastfeeding is considered to be safe and should be encouraged/supported. With ongoing substance use, the balance between potential harms of a toxic/contaminated drug supply needs to

be balanced with the benefits of breastfeeding and should be individualized depending on circumstances.

ODU/OAT in Pregnancy:

- 1) BC Centre on Substance Use- Treatment of OUD During Pregnancy- Guideline Supplement, 2018

<https://www.bccsu.ca/wp-content/uploads/2018/06/ODU-Pregnancy.pdf>

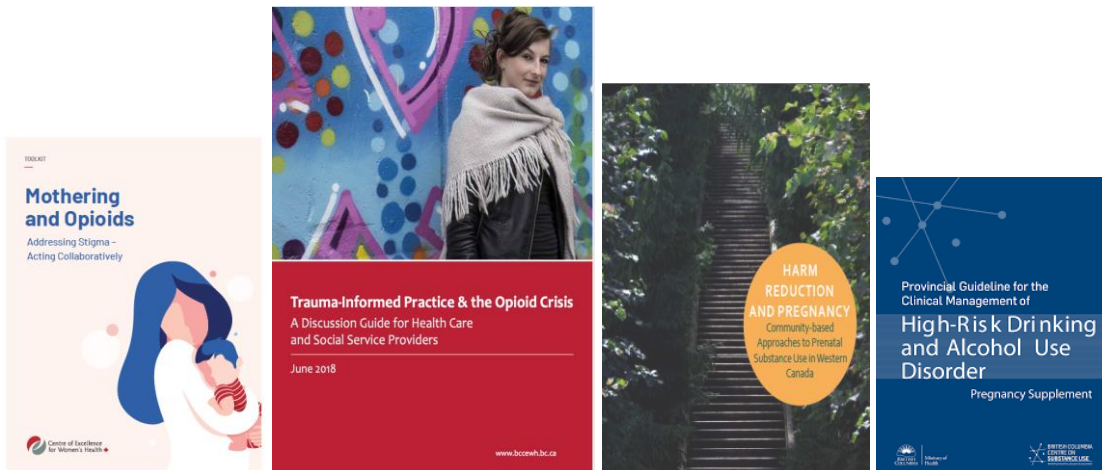
- 2) Society of Obstetricians & Gynecologists 2017 Clinical Practice Guideline No. 349- Substance Use in Pregnancy
- 3) **Link H, Jones H, Miller L, Kaltenbach K, Seligman N. Buprenorphine-naloxone use in pregnancy: a systematic review and meta-analysis, AJOG MFM AUGUST 2020**
- 4) **ePOPS (Electronic Policies, Order Sets, Procedures and Standards) is the website for BC Children's and Women's clinical support documents**

5) Links between overdose & child removal & other recommended resources



Overdose among mothers: The association between child removal and unintentional drug overdose in a longitudinal cohort of marginalised women in Canada

Meaghan Thumath^{a,b,c,e}, David Humphreys^b, Jane Barlow^b, Putu Duff^a, Melissa Braschel^a, Brittany Bingham^{a,e}, Sophie Pierre^f, Kate Shannon^{a,d}



Obtaining an OAT license to prescribe/dispense methadone and/or suboxone in Manitoba

Training for physicians, nurse practitioners, and pharmacists is through the College of Physicians and Surgeons of Manitoba.

<http://www.cpsm.mb.ca/prescribing-practices-program/opioid-agonist-treatment-prescriber-training>

Harm Reduction & Take Home Naloxone:

- 1) Information & Training, including videos: Toward the Heart
<https://towardtheheart.com/naloxone>
- 2) Street Connections
https://streetconnections.ca/content.php?navigation_id=2294
Interactive Map: https://streetconnections.clickonce.ca/service_map.php
- 3) Manitoba Harm Reduction Network
<https://mhrn.ca/>
- 4) Overdose Prevention Sites/Supervised Consumption Sites (British Columbia) :
<https://www2.gov.bc.ca/gov/content/overdose/what-you-need-to-know/overdose-prevention>

http://www.bccdc.ca/resourcegallery/Documents/Statistics%20and%20Research/Statistics%20and%20Reports/Overdose/Final_OCStatement_June2019.pdf

OAT Clinics in Manitoba

Examples of OAT Clinics in Manitoba:

- 1) RAAM Clinics- located throughout Manitoba
<https://sharedhealthmb.ca/services/mental-health/raam-clinic/>
- 2) MOST- Addictions Foundation of Manitoba Clinic
Phone: 204-944-7070
Fax: 204-772-0125
email: most@afm.mb.ca
- 3) Opaskwayak Health Authority OAT Clinic- Beatrice Wilson Health Centre
<https://www.beatricewilsonhealthcentre.ca/wellness-counselling-department-ict3>
- 4) Phoenix Recovery <https://phoenixrecovery.ca/>
- 5) OATS Clinic <https://oatsprogram.com/>
- 6) Family physicians and NPs with methadone/suboxone licenses throughout province

Treatment Programs & OAT for pregnant people in Manitoba

Breastfeeding & Substances Use:

- 1) E-lactancia- excellent online guide with recommendations around medications, substances & breastfeeding, available in English and Spanish
<http://www.e-lactancia.org/>
- 2) Academy of Breastfeeding Medicine protocols – Protocol #21 (2015) for Substance Use

Trauma Informed Care Guides

https://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf

<https://klinik.mb.ca/education-training/training-opportunities/trauma-informed/>

Eat, Sleep, Console: Further Resources

<https://www.mccofva.com/for-providers/provider-toolkit/eat-sleep-console-toolkit/>

<http://www.advocatedocs.com/wp-content/uploads/2019/07/ESC-CBT.pdf>

Changing Our Approach to infants with Neonatal Abstinence Syndrome (NAS)

Instructions This course assists the learner in identifying a new way to care for infants with neonatal abstinence syndrome . It will take approximately 35 minutes to
www.advocatedocs.com

<https://ecme.ucalgary.ca/wp-content/uploads/2020/10/ESC-2nd-edition-Training-Manual-2.25.18.pdf>

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