

Creating a Model of Care for Pregnant Women with Substance Use Disorders

Providence Milwaukie Family Medicine Clinic

Presented by: Karla Pearcy-Marston LCSW, MPH
Providence Beginnings/Providence Milwaukie Family Medicine
Oregon Health Authority Clinical Innovation Fellow

Background

Pregnant women struggling with addiction are greatly under-served within our current health care systems.

Health, financial and societal costs include:

- ❖ Low birth weight, preterm births
- ❖ Obstetrical and newborn complications
- ❖ High neonatal intensive care utilization due to neonatal abstinence syndrome
- ❖ Disruption of early mother infant bonding and parenting (often with DHS child welfare involvement)

Current Barriers to Care

Many women with addictions do not engage in care at all during their pregnancy

Barriers to engagement include:

- ❖ Fear of judgment from providers
- ❖ Guilt and shame related to substance use
- ❖ Lack of access to appropriately trained providers
- ❖ Fear of DHS child welfare reporting and involvement
- ❖ Trauma, mental health conditions, criminal justice involvement, lack of basic resources such as safe housing, food and transportation; limited social support



Project Aim: To pilot an enhanced, integrated model of care for pregnant women with substance use disorders, emphasizing continuity of care within a supportive, non-judgmental environment

Target population: Pregnant and postpartum women using drugs or alcohol (currently or in the past 3 months) and their infants/children up to 1 year of age

Location: Providence Milwaukie Family Medicine Clinic, Clackamas County, Oregon

Timeframe: January 2016 – July 2017

A Multi-Sectoral Approach

Existing Care Team Members

- ❖ Family medicine OB providers and medical care team
- ❖ Maternity social worker/case manager

New Partnerships

- ❖ Co-located addictions counselor (Providence Behavioral Health)
- ❖ Recovery peer mentor (Mental Health America of Oregon)
- ❖ Clackamas County DHS Child Welfare
- ❖ Multiple sectors/divisions within Providence

Care Model

- ❖ Groups for OB care and recovery support
- ❖ OB, newborn and addictions care tailored to patient needs
- ❖ Recovery, psychosocial and parenting support
- ❖ Advocacy and coordination of community resources

Objectives

Improve birth outcomes

- ❖ Reduce low birth weight infants
- ❖ Reduce obstetrical complications
- ❖ Decrease neonatal intensive care stays

Improve recovery outcomes

- ❖ Improve engagement in addiction treatment and recovery supports
- ❖ Improve adherence to medication assisted therapy (buprenorphine, methadone)
- ❖ Maintain sobriety at one year post partum

Improve family outcomes

- ❖ Reduce number of infants out of mothers' custody at one year post partum

Financial

- ❖ Reduce cost of care for women engaged with pilot versus traditional OB care



For more information contact:

Karla Pearcy-Marston

Phone: (503)215-9930

karla.pearcy-marston@providence.org

