

What if a pregnant patient presents to your office in active withdrawal?

Goal: Manage the pregnancy and determine if the patient desires treatment.

An OB/GYN should NOT start an induction of subutex or methodone until a patient is connected with a community provider.

What Can You Do:

- 1.) *Assess gestational age of the fetus – if <20 weeks: consider Inpatient at Lutheran Dr. Stroom*

Patient should contact Behavioral Health (216.363.2122) or if they prefer they can contact Metro or Akron programs.

- 2.) *If the gestational age is >20 weeks – you can consider admitting the patient to inpatient setting for symptom control and then contact Social Services for assistance in getting into a treatment program. For assistance with symptom control you can follow the Psych Opioid Withdrawal CINA order set.*

Women & Children Care Management Social Workers

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*If no response and needs are immediate-
contact the nursing supervisor*

For additional resources/information:

<http://www.samhsa.gov/> or go to http://my.clevelandclinic.org/services/neurological_institute/neurological-center-for-pain/treatment-and-services/chronic-pain-rehabilitation-program

Treatment Programs:

**RESIDENTIAL – Cuyahoga
Hitchcock Center for Women**
216.421.0662

Orca House
216.231.3772

**RESIDENTIAL – Lorain
The Key**
440.277.8190

**RESIDENTIAL – Wooster
STEPS – Beacon**
330.264.8498

**OUTPATIENT – Medina
Akron General**
330.436.0950

Addiction Helpline
330.940.1133

**OUTPATIENT – Cuyahoga
Cleveland Treatment Center**
216.861.4246

Cleveland Action Against Addiction
216.881.0765

Psych Services
440.777.9200

Lutheran ADRC
216.363.2120

Signature Health
216.663.6100

**OUTPATIENT – Lorain
LCADA Way**
440.989.4900

**OUTPATIENT/RESIDENTIAL – Ashtabula
Community Counseling Center**
440.998.4210

Turning Point
440.998.0722
Signature Health
440.992.8552



Opiate Addiction and Pregnancy

What you need to know...

*Meet the patient where she is at &
remember that substance abuse is an
illness & a lifelong struggle.*

What are our collaborative goals?:

- Prepare the mother for labor, delivery, newborn needs, sober parenting and provide community resources
- Support patients without judgement
- Talk about addiction so that they know that they are not alone
- Remember that the patient maintains the right to accept or decline treatment; she has to be ready to begin recovery

Prepare your OB Patient –

At delivery, ALL prescribed or unprescribed opiate, subutex or methodone exposed neonates may be monitored in the hospital for 5 days as per Cleveland Clinic best practice due to the risks associated with withdrawal.

What if your pregnant patient informs you they are in a treatment program?

If this situation presents, please ask your patient the name and number of the treatment program, and ask if she would sign a release of information for the treatment program. Verifying the patient's treatment during pregnancy is critical for effective management of the pregnancy and supporting the mother and baby postpartum.

If the patient questions why this release is needed, please reassure her that it will allow her to continue to receive her subutex or methodone when she delivers.

Also, reassure the patient that if she is actively in a treatment program – this will allow us to work with that program at delivery and possibly decrease the likelihood that Children Services will need to be involved at delivery.

If a patient misses several appointments or has late start of care, consider a pain panel during the pregnancy and a urine tox at delivery. Pain panels take several days to have a result which is why a urine tox is needed at delivery.

What if you are concerned your patient has addiction issues but is not ready to disclose this to you?

Discuss substance use/abuse with your patient as this information may support her in considering or obtaining treatment.

Consider obtaining a pain panel on the patient to assist you in caring for the patient and the baby. A pain panel is appropriate because it is far more accurate than a urine tox and will distinguish what type of opiate is being abused. Also, a pain panel is the only screen that will detect for subutex or suboxone. These medications are widely available without a prescription and if used can impact your OB management and the baby at delivery.

If you do order a urine tox screen and it comes back positive, but the patient denies it – do NOT order another tox screen as most substances have a very short half life so a patient can be positive one day and negative the next. Instead contact the lab and ask them to mail out the positive tox screen for further analysis. The lab holds positive tox screens for 30 days.

What can Care Management Social Workers do for you?

We are currently limited in what we can do in the outpatient setting but we will give you resources for your patients. The health and safety of patients and their children is our priority. If you are aware that a patient is abusing drugs or unprescribed substances while caring for other children you are mandated to refer to the **Department of Children Services** at **216.696.KIDS**. You can also notify Care Management Social Workers through EPIC of the patients upcoming delivery.

In the inpatient setting or at delivery Social Workers will meet with the patient and assess for:

- Substances used during pregnancy
- History of prior use
- Any substance abuse treatment
- Any episodes of relapse
- Onset age of substance use
- Patterns and consequences of use
- Provide support
- Connection with treatment program
- Assess if Behavioral Health or Pain Management is needed
- Develop a discharge plan

Social Workers will provide the patient with resources and make referrals based on this assessment.

