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Prenatal Care and MAT During the Pandemic

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Disclosures

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The COGs clinic

- Comprehensive Obstetrics and Gynecology Services clinic
- UVMHC Ob/Gyn resident MD group practice, precepted by board-certified Ob/gyns and MFM attendings
- Primarily VT Medicaid
- NOT all patients with OUD or on MAT
 - Many with housing challenges, psychiatric comorbidities, trauma history
 - Community health team SW team
 - Available mental health services
- Subset of patients receiving MAT with co-located services as part of structure
 - Low barrier clinic, harm-reduction focus
- Historically, higher percentage of pts on MAT referred in from outlying hospitals/clinics
 - More and more keeping their patients through delivery = SUCCESS!

In the before times...

- Traditional prenatal care model of 12-14 prenatal visits
 - All in-person
- Adequate prenatal care associated with improved perinatal outcomes
 - Dose-response effect
- Patients seeking or referred for MAT
 - In-person intake w/ LADC
 - Requirement to attend counseling (generally in-person)
 - Start with twice weekly UDS/RX, then decreased frequency once treatment goals achieved
- Unintended barriers to care
 - Transportation
 - Time off work
 - For women with SUD
 - Stigma
 - Daily dosing attendance

Telemedicine – whether we liked it or not

- Pre-covid, telemed used in limited settings
 - Chronic disease
 - Subspecialty consultation in remote settings
 - Limited by state and CMS licensing requirements
 - Prenatal obstetric care
 - Not previously well studied
 - Primarily well- resourced, privately insured, majority white populations
 - Spring 2020
 - HHS lifted restrictions on telemed
 - DEA allowed prescribers to initiate patients on buprenorphine over telemed
 - Allowed for 14 days of take-home dosing for MOUD



Sample Prenatal Schedule

- Pre-COVID

- Phone intake with RN
- Dating u/s @ 6-8 wks
- Initial visit 8-10 wks
- Q4 wk visits from 12-32 wks
- Q2 wk visits 32-26 wk
- Weekly from 36 wks- delivery
- Phone check in @ 2 wks PP
- PPV @ 6 wks

- Modified

- Phone intake w RN
- Dating u/s 6-10 wks
- Telemed MD intake @ 8-10 wk
- In-person exam @ 12 wk
- Phone 16 wk
- Anatomy u/s 20 wk (no MD visit unless indicated)
- Phone 24 wk
- 28 wk in-person with GDM screen
- 32 wk in-person
- 34 wk phone
- 36 wk in-person
- 37 wk phone
- 38 wk through delivery in person weekly
- Phone check in 2 wks PP
- 6 wk PP PPV – phone or in person

SUD during the pandemic

- Sharp increase in substance use and overdose deaths during 2020
 - 18% over previous year nationally
 - 46 states
 - 25 states with >20% increase
 - VT – 38% increase in opioid overdose deaths in 2020 compared to prior year
- Isolation, anxiety, fear, sadness, loss of employment, boredom – all associated with increased risk of relapse or intensified drug consumption
- Alcohol sales sharply up
 - 14% overall increase in use by adults
 - EtOH consumption by women increased more than men
 - Days of heavy drinking with 41% increase over baseline (Pollard et al, JAMA netw open, 2020)

Maternal and Perinatal health outcomes

- Increased rate of stillbirth
- Increased maternal death
 - More prominent in low/medium income countries
- Increase in surgical tx of ectopic pregnancies
 - Due to ruptured status on presentation
 - Most prominent in high income countries
- Higher Edinburgh Postnatal Depression scores

MAT team during COVID

- “It’s been a challenge”
- Goal = keep patients safe and in treatment, as well as engaged in care
 - Tight structure of before not as prominent
- Communication with patients by any means available
 - Phone, text, email
- MAT team and prenatal care team not physically in shared space
- Many clients not accessing MAT
- Restrictions on in-person clinic limits
- Many counselors fully booked – hard to get new patient appointments
- Inpatient rehab harder to access

It's not all bad...

- Many patients with previous barriers have seen some benefit
 - Childcare, unreliable transportation
 - Increased flexibility for rx length
 - Expanded emergency housing authorization for pts with housing instability

...but it continues to disproportionately impact the most vulnerable

- Those without working phone or active data/cellular plan
 - Also lack of cell service/internet in many rural areas of VT
- Those in physically or emotionally abusive relationships
- Women more likely to be employed in service-sector
- Closure of childcare/remote school disproportionately impacting women