TTAC

NYC Early Childhood Mental Health

Training and Technical Assistance Center

Using Respectful Maternity Care to Advance Health Equity for Mother-Infant Dyads Affected by Opioid Use Disorder

Presented by Kelly McGlothen-Bell, PhD, RN, IBCLC, FAWHONN

Who We Are

The New York City Early Childhood Mental Health Training and Technical Assistance Center (TTAC), is funded by the NYC Department of Health and Mental Hygiene (DOHMH)

TTAC is a partnership between the New York Center for Child Development (NYCCD) and the McSilver Institute on Poverty Policy and Research

- **New York Center for Child Development** has been a major provider of early childhood mental health services in New York with expertise in informing policy and supporting the field of Early Childhood Mental Health through training and direct practice
- **NYU McSilver Institute for Poverty Policy and Research** houses the Community and the Managed Care Technical Assistance Centers (CTAC/MCTAC), which offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers

TTAC is tasked with building the capacity and competencies of mental health and early childhood professionals through ongoing training and technical assistance
http://www.TTACny.org

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NEW YORK CENTER FOR CHILD DEVELOPMENT

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Updated TTAC Website

A Selection of Features:

- Seamlessly filter, toggle and search through upcoming and archived content, trainings and resources
- View videos, slides, and presenter information on the same training page
- Contact the TTAC team by clicking on Ask TTAC and filling out our Contact Us form
- And more!

Have questions or need assistance? Please contact us at **ttac.info@nyu.edu** and we'll be happy to assist you

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TTAC Infant and Early Childhood Mental Health (IECMH) Learning Modules are now live!

Two Learning Modules:

- The first module in the series is**the Impact of Early Childhood Adversity (An Overview of the Topic)**
- The second module in the series is **Nurturing Resilience: Supporting Infant and Early Childhood Mental Health**
- CEUs Available upon completion!

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Using Respectful Maternity Care to Advance Health Equity for Mother-Infant Dyads Affected by Opioid Use Disorder

Presented by:

Kelly McGlothen-Bell, PhD, RN, IBCLC, FAWHONN

Disclosures

- AWHONN Respectful Maternity Care Framework and Guidelines:

Objectives

1. Summarize the effects of SUDs on pregnant women and birthing people and their infants
2. Define stigma and implicit bias and how it manifests in the context of opioid use disorder during pregnancy
3. Identify key components of respectful maternity care and its application as a health equity approach for opioid use disorder
4. Discuss effective strategies to improve outcomes for mother-infant dyads affected by opioid use disorder

This presentation is dedicated to Sophia Casias

My name is Sophia Casias. I started experimenting with drugs at the young age of fourteen, which escalated over the years. After a traumatic childhood and the birth of my two eldest children, who were removed from my care due to my drug use, I had given up on life. That was until I met someone who showed me my self-worth, my husband. I soon got pregnant and wanted to quit using drugs. I begin my journey to recovery, and started medication assisted treatment with methadone. I had my son in 2017. Unfortunately, he suffered from the symptoms of NAS. Once the nurses found out he was a baby with NAS, we were treated differently. The nurses would not let me breastfeed him because they thought I would be getting him high through the breastmilk. They also kept me from doing skin to skin. Needless to say, he stayed in the hospital almost 5 weeks until he weaned off the morphine. My daughter was born October 8, 2018. She was born two months prematurely and was also diagnosed with NAS. Although she was born at the same hospital, she was treated totally different. She barely had any symptoms, but right away they encouraged me to breastfeed and to do skin to skin. Her father even got to take part in it! After one week, she was completely off the morphine. I believe that if the nurses had been more educated on NAS when my son was born, he would have been out of the hospital sooner.

Since then, my life has changed for the better! I have taken a position as a Community Health Assistant, working towards my goal of becoming a recovery coach, and eventually a LCDC. My goal is to help others like myself. By the Grace of God, I have something for my kids to be proud of because they will know that their Mommy fought for a better life for them!

Substance Use in Pregnancy

Substance use affects 1 in 10 pregnancies
Rates of maternal opioid use disorder (OUD) have increased 131% in the previous decade
Substance use during pregnancy contributes to neonatal abstinence syndrome (NAS) and neonatal opioid withdrawal syndrome (NOWS)
In the NICU, approximately 6 newborns for every 1000 births are diagnosed with NAS every year

What is Stigma?

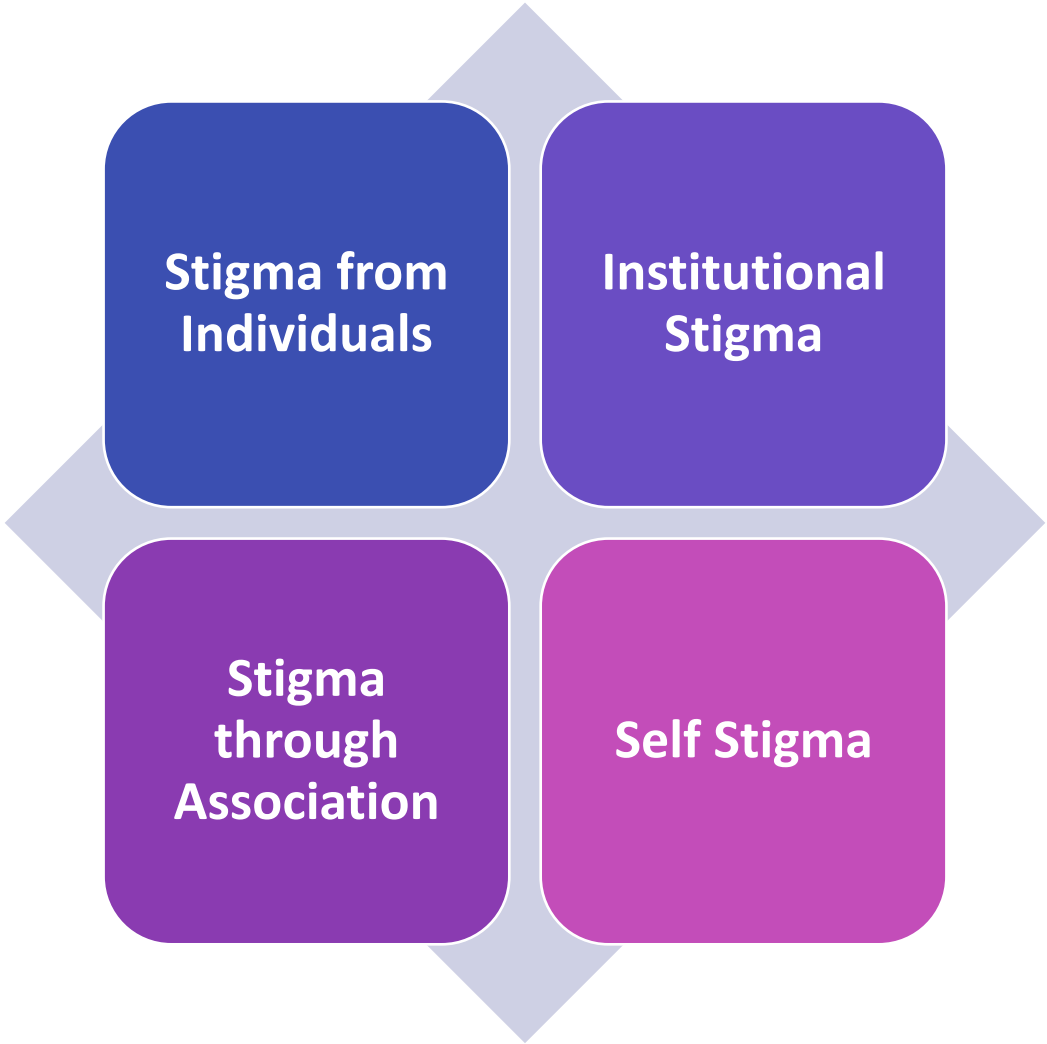
- **Stigma** is defined as “an attribute that is deeply discrediting,” reducing someone “from a whole and usual person to a tainted, discounted one,” leading to a **“spoiled identity”** (Goffman, 1963).
- Stigma is a complex construct
  - Social cognitive processes
  - Types of stigma

Stigma

- **Stereotypes:** harmful, negative perceptions about a group that are typically learned from one's culture
- **Explicit bias and Prejudice** occurs when individuals agree with stereotypes; beliefs are intentional and controllable
- **Implicit bias** occurs when we have attitudes towards people or associate stereotypes with them without our conscious knowledge
- **Discrimination:** the unjust or prejudicial treatment of different categories of people or things, especially on the grounds of race, age, or sex→ SUD/OUD

(Recto et al., 2020; Corrigan & Kosyluk, 2014)

Types of Stigma



(Recto et al., 2020; Corrigan & Kosyluk, 2014)

Live Chat Discussion

How have you seen stigma present in interactions with patients?

Why Does Stigma Occur?

- Stigma is driven by our **conscious and unconscious** beliefs, fear, and biases
- Stigma begins with an implicit emotional response to an **"other"** person or social group
- Our brains are wired to look for **patterns and associations** in the world and to use these associations to make **judgments, decisions, and behaviors, often without us even realizing it**

(Corrigan & Kosyluk, 2014)

Health-Related Stigma

- **Health-related stigma** is “a social process or personal experience related to a health condition, characterized by the perception of exclusion, rejection, and blame, and contributes to psychological, physical, and social morbidity” (van Brakel et al., 2019).

Why Does Stigma and Implicit Bias Matter?

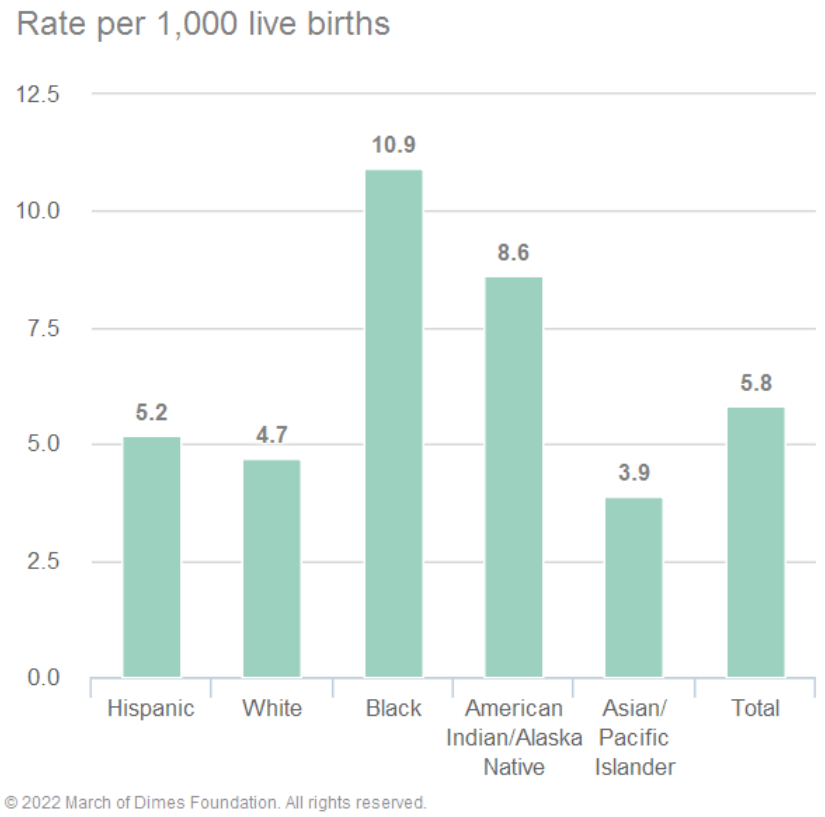
- **Stigma** can be deeply engrained in one's attitudes and beliefs (implicit biases), which are intertwined with personal and life experiences
- **Implicit bias** can seep into the community as well as broader institutions where it can undermine the delivery of lifesaving programs and interventions

Impact on Maternal and Neonatal Outcomes

- **Example:** Multiple studies suggest that implicit bias is most likely a contributing factor to alarming racial and ethnic health disparities

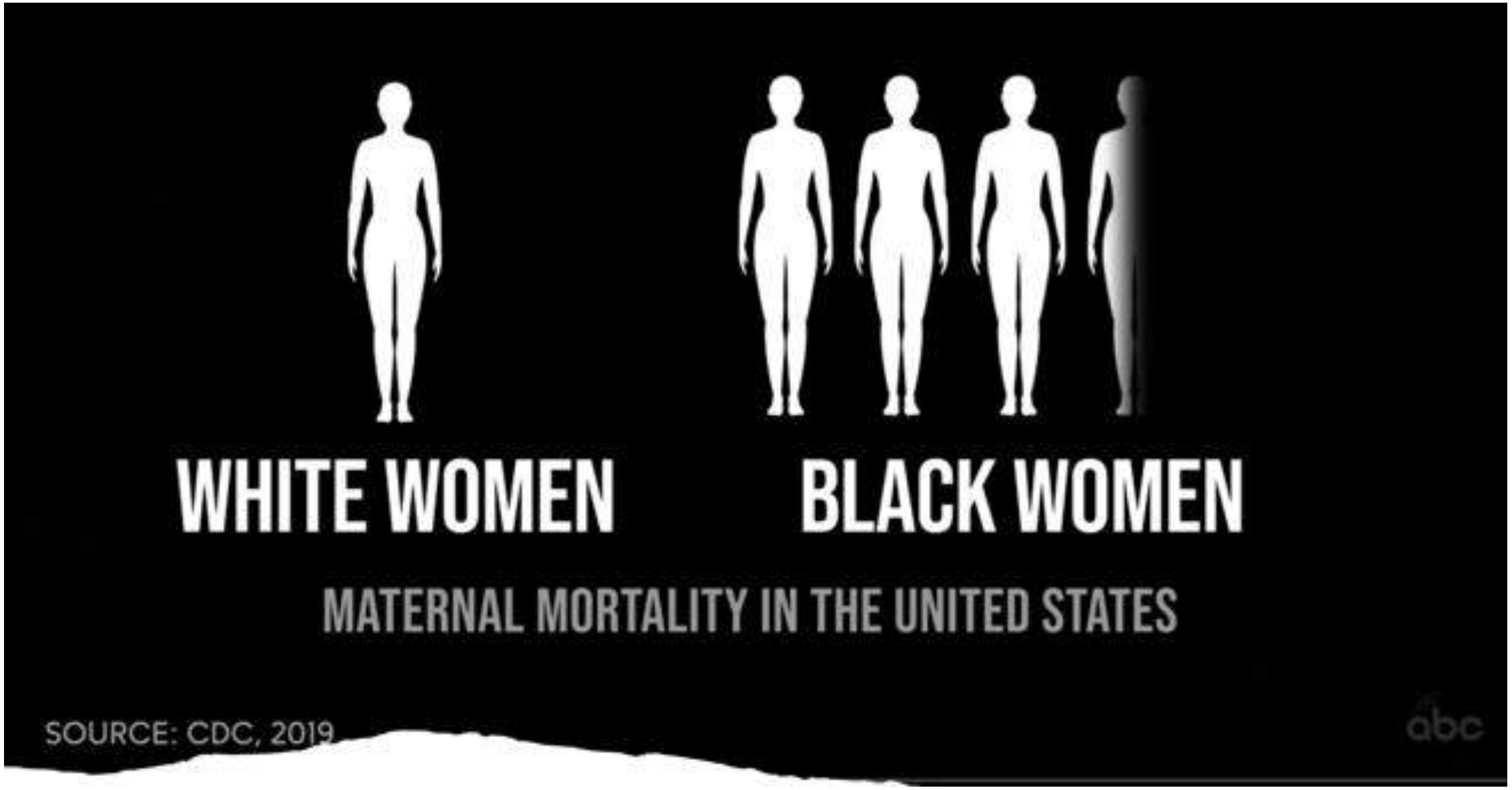
INFANT MORTALITY RATES BY RACE/ETHNICITY

United States, 2016-2018 Average



All race categories exclude Hispanics. An infant death occurs within the first year of life.

Source: National Center for Health Statistics, period linked birth/infant death data. Retrieved February 19, 2022, from www.marchofdimes.org/peristats.


WHITE WOMEN
BLACK WOMEN
MATERNAL MORTALITY IN THE UNITED STATES
SOURCE: CDC, 2019
abc

Impact on Maternal and Neonatal Outcomes

- Disparities exist because implicit bias affects health care providers':
  - Perceptions and decisions, creating inequalities in access
  - Patient–provider interactions
  - Treatment decisions
  - Health outcomes

What does this mean for mothers with OUD?

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ORIGINAL ARTICLE

Stigmatization of Pregnant Individuals with Opioid Use Disorder

Allison D. Crawford,[1,*,i] Kelly McGlothen-Bell,[2] Pamela Recto,[2] Jacqueline M. McGrath,[2] Leticia Scott,[2] Elizabeth A. Brownell,[2] and Lisa M. Cleveland[2]

ADDICTION
SSA SOCIETY FOR THE STUDY OF ADDICTION
RESEARCH REPORT
doi:10.1111/add.15054

A life-course theory exploration of opioid-related maternal mortality in the United States

Lisa M. Cleveland[1], Kelly McGlothen-Bell[2], Leticia A. Scott[1] & Pamela Recto[1]

School of Nursing, The University of Texas Health Science Center at San Antonio, San Antonio, TX, USA[1] and School of Pharmacology, The University of Texas Health Science Center at San Antonio, San Antonio, TX, USA[2].

Special Series: Neonatal Abstinence Syndrome

OPEN

The Role of Stigma in the Nursing Care of Families Impacted by Neonatal Abstinence Syndrome

Pamela Recto, PhD, RN; Kelly McGlothen-Bell, PhD, RN, IBCLC; Jacqueline McGrath, PhD, RN, FNAP, FAAN; Elizabeth Brownell, PhD, MA; Lisa M. Cleveland, PhD, APRN, CPNP, IBCLC, FAAN

Funded by the TX Health & Human Services Commission

Impact on Perinatal OUD and NOWS

- Barriers to treatment and recovery:
  - Lack of information regarding treatment options and services
  - Access to prenatal and comprehensive care
  - Increased stigma and prejudice
  - Increased surveillance from criminal legal systems

Impact on Perinatal OUD and NOWS

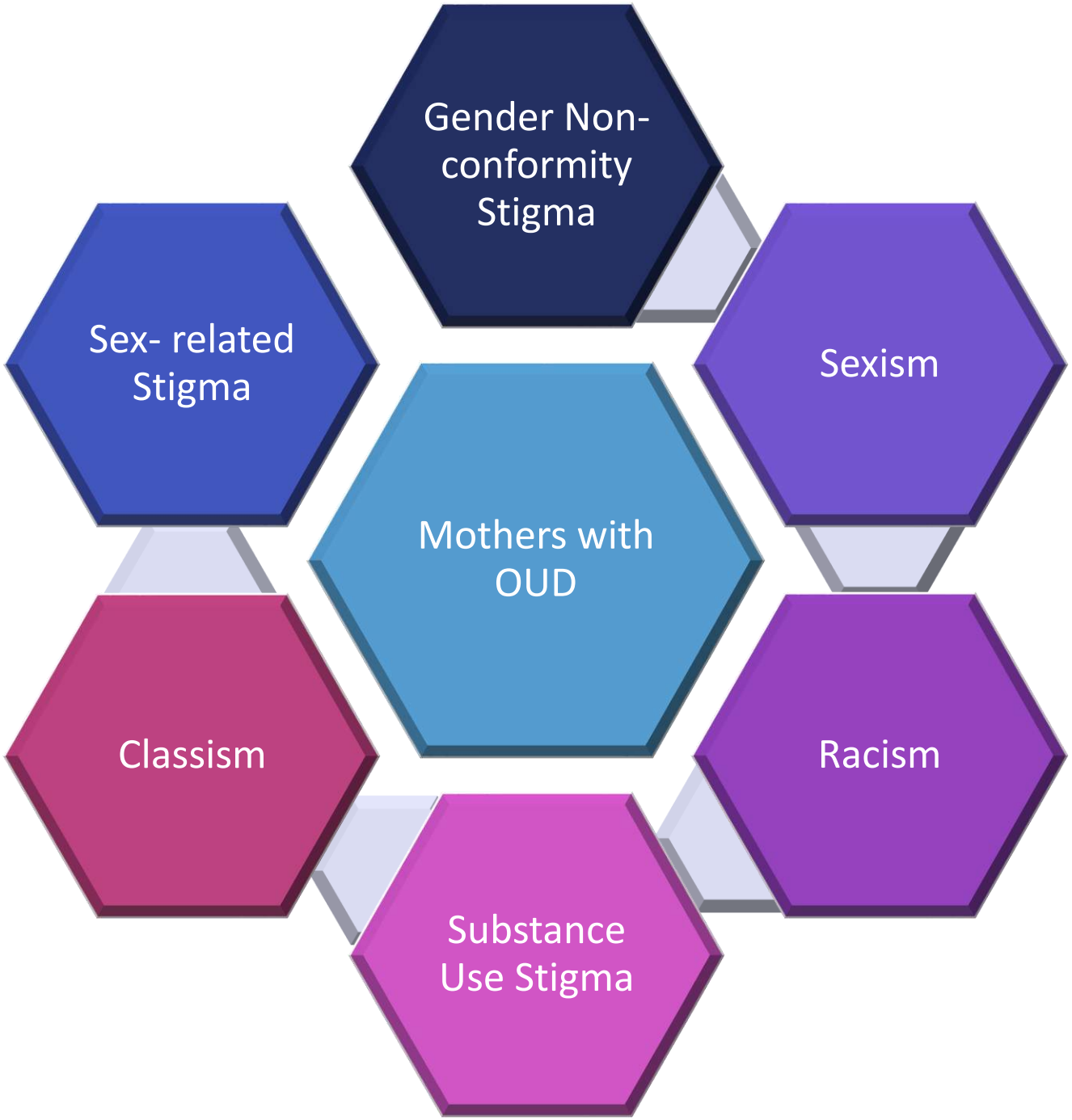
Pregnant/Postpartum Person

- Limited prenatal and postpartum care
- Polysubstance abuse
- Infectious diseases (HIV, Hep B & C)
- Higher rates of morbidity and mortality
- Untreated mental health needs
- Return to use
- Overdose

Fetus and Infant

- Preterm birth
- Poor fetal growth/SGA/LBW
- Neonatal withdraw (NAS/NOWS)
- Developmental outcomes
- Adverse Child Experiences (ACES)
- Child Protective Services (CPS) involvement

Intersectional Stigma



(Berger, 2004)

A Treatable, Chronic Medical Condition

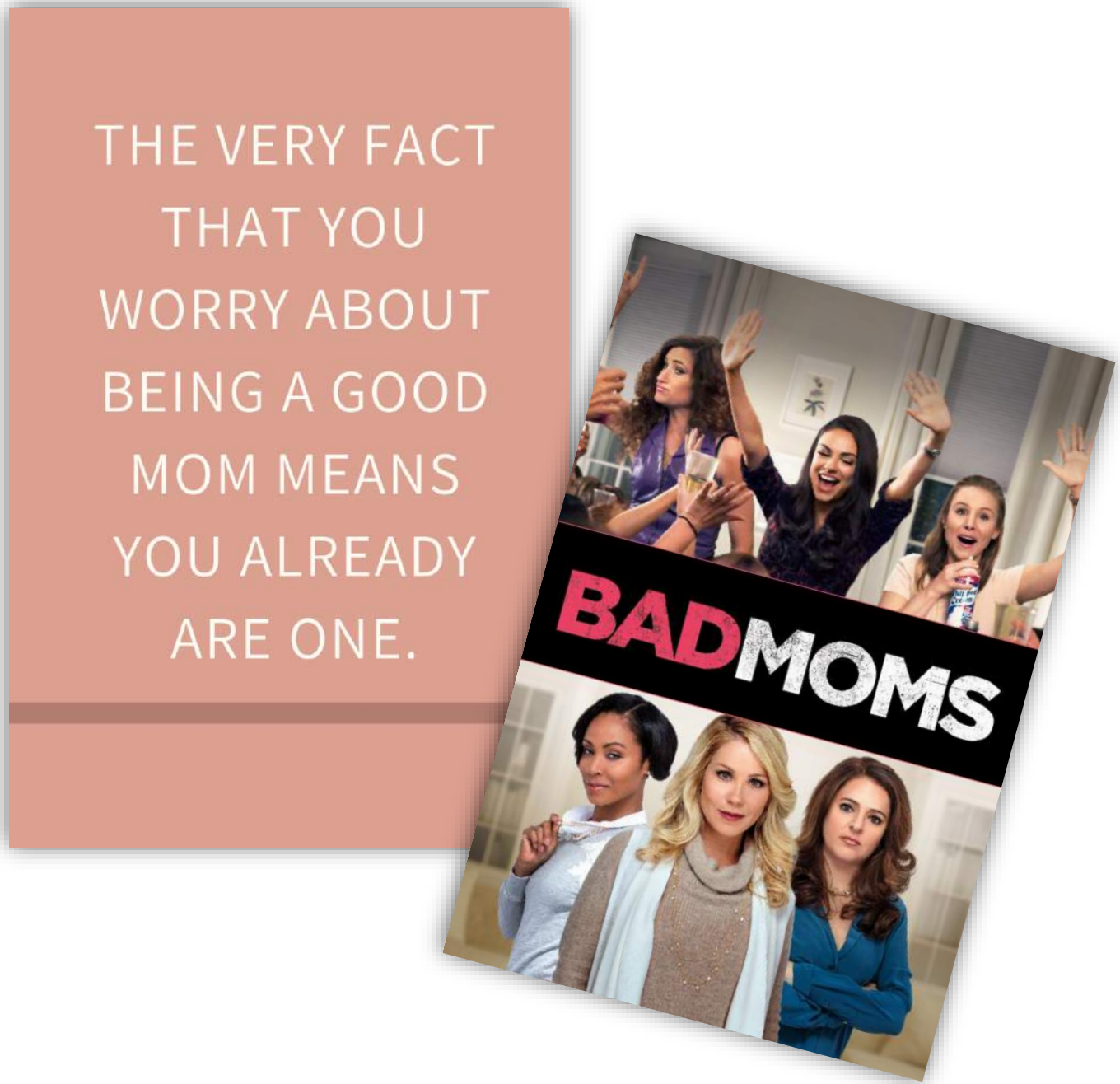
Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

-American Society of Addiction Medicine (2019)

Increasing Understanding Decreases Stigma…

Understanding Mothers with OUD

- Most mothers who are in or seeking OUD treatment feel a strong connection with their children and want to be good mothers
- May be lacking the support, tools, and/or resources that could make motherhood less difficult.



What is Harm Reduction?

- **Harm reduction** refers to policies, programs and practices that aim to minimize negative health, social, and legal impacts associated with drug use, drug policies, and drug laws.
- Harm reduction is grounded in **justice** and **human rights**.
- It **focuses on positive change** and on working with people without judgement, coercion, discrimination, or requiring that they stop using drugs as a precondition of support.

(Harm Reduction International, 2022)

Principles of Harm Reduction

- **Respecting the rights** of people who use drugs
- A commitment to **evidence**
- A commitment to **social justice** and collaborating networks of people who use drugs
- The **avoidance of stigma**

GOAL: MEET PEOPLE WHERE THEY'RE AT, NOT WHERE YOU WANT THEM TO BE.

(Harm Reduction International, 2022)

Disrespect and Abuse in Maternity Care

- Physical Abuse
- Non-Dignified Care
- Non-Consented Care
- Non-Confidential Care
- Discrimination
- Abandonment or Withholding of Care
- Detention in Facilities

(Freedman et al., 2014)

Respectful Maternity Care (RMC)

Every woman has the right to:

- Freedom from harm and ill treatment
- Information, informed consent and refusal, and respect for choice and preference, including the right to companionship of choice wherever possible
- Privacy and confidentiality
- Be treated with dignity and respect
- Equality, freedom from discrimination, and equitable care
- Healthcare and the highest attainable level of health
- Liberty, autonomy, self-determination and freedom from coercion

(White Ribbon Alliance, 2011)

Why is RMC Important?

Challenges

People who differ from established normative groups (i.e., identities that are believed to align with the historically shared expectations of acceptable behavior or ideals of western society) face the most significant challenges as they engage with health care systems.

(Gordon et al., 2016; Malatzky et al., 2020)

Disrespect

Mistreatment, disrespect, and abuse have been highlighted extensively in the maternity care literature and have been linked to poorer childbirth outcomes and experiences.

(Bohren et al., 2019, 2020)

Disparities and Inequities

Health care interactions can be both positive and negative; however, within this sphere, several factors can influence the provision of and access to Respectful Maternity Care (RMC), including the level of provider awareness and acceptance of the patient's identities, life experiences and lifestyle, values, and beliefs.

(de Peralta et al., 2019; Heaman et al., 2015)

Live Chat Discussion

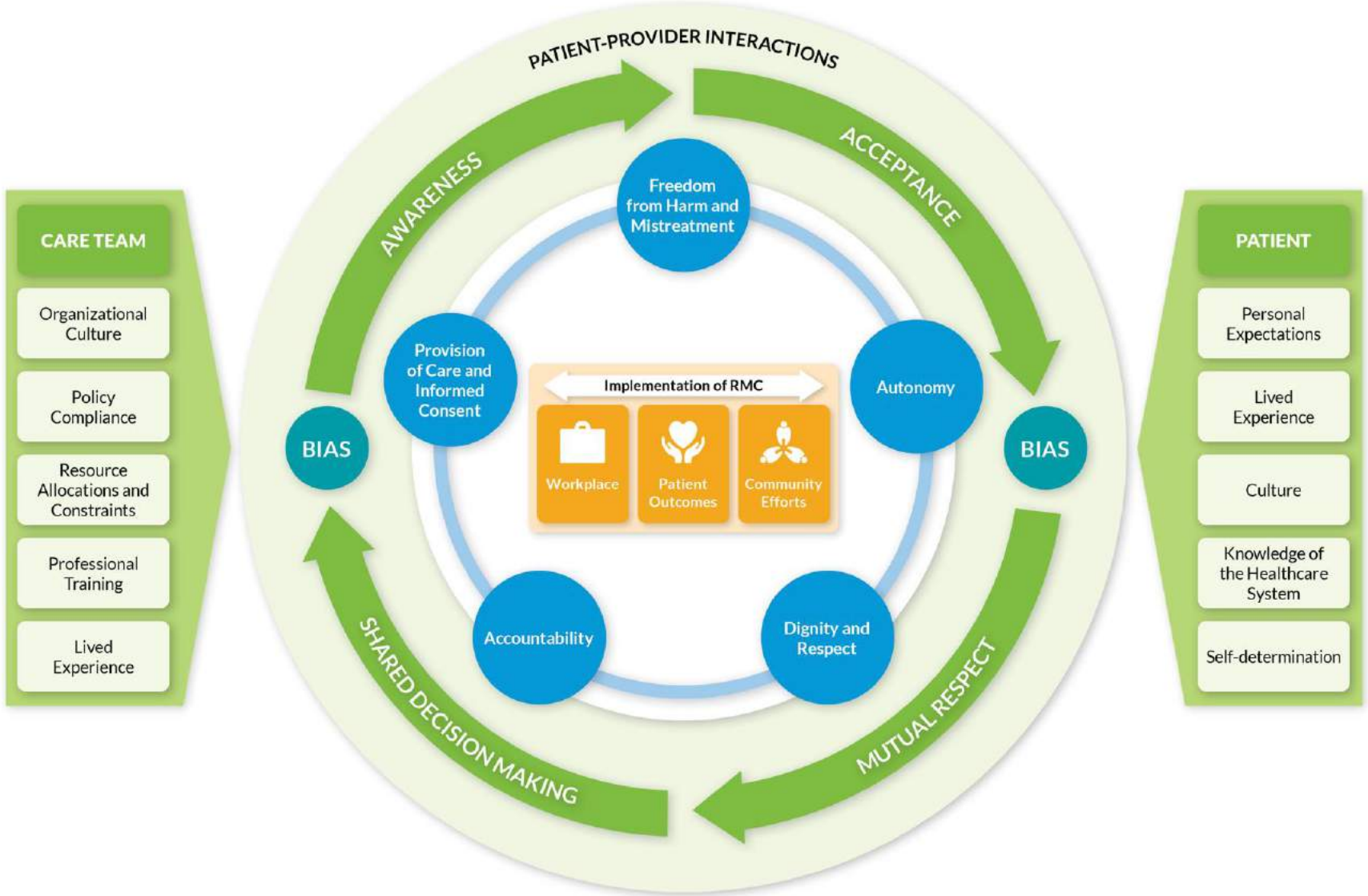
What do you think Respectful Maternity Care should look like?

Framework, For What?

- Defines the relevant variables for the phenomenon of interest
- Maps out how concepts might relate to each other
- Guides the development of evidence-based guidelines and research

Respectful Care should be provided to all patients and families in maternity care settings.

AWHONN Respectful Maternity Care Framework



(Association for Women's Health Obstetrics and Neonatal Nurses [AWHONN], 2022)

Using the Framework

Highlight the many factors that impede or facilitate the provision of Respectful Maternity Care.

Encourage intentional self-reflection.

Guide the development of evidence-based guidelines for the provision of Respectful Maternity Care.

Main Elements of AWHONN RMC Guidelines

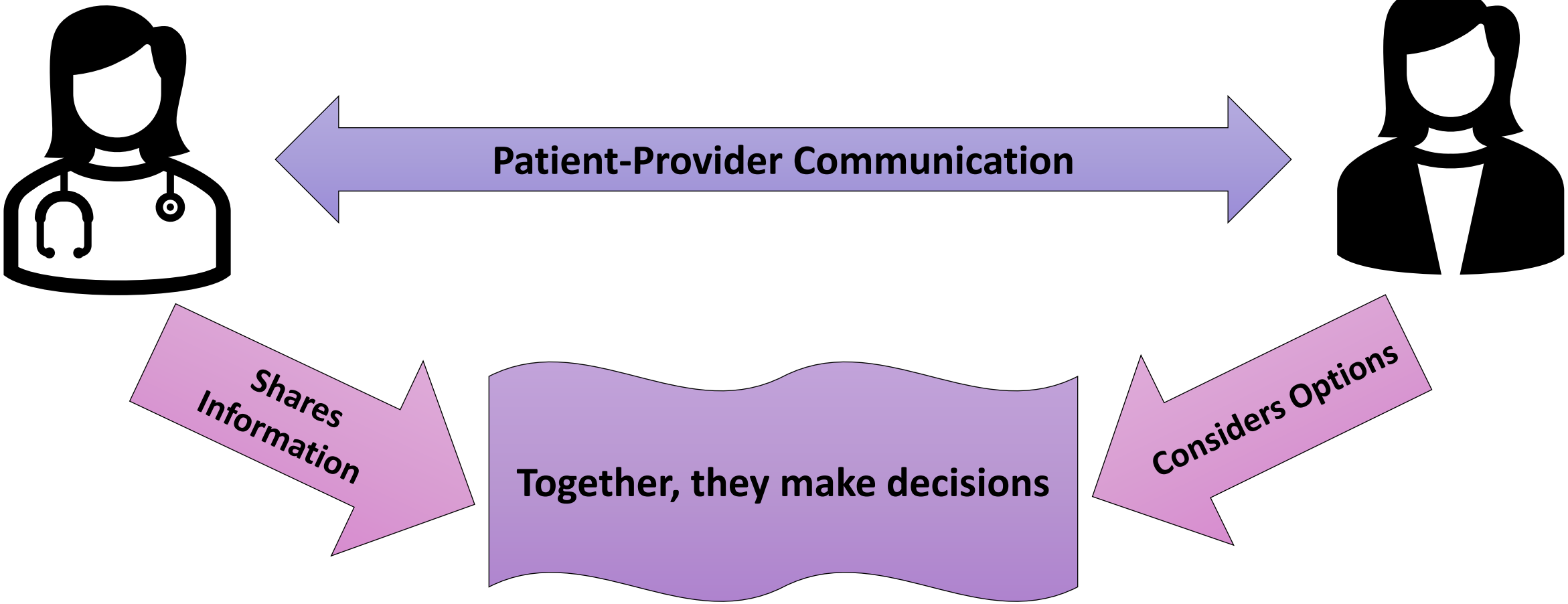
- Awareness
- Mutual Respect
- Shared Decision Making/ Informed Consent
- Autonomy
- Dignity
- Accountability

(AWHONN, 2022)

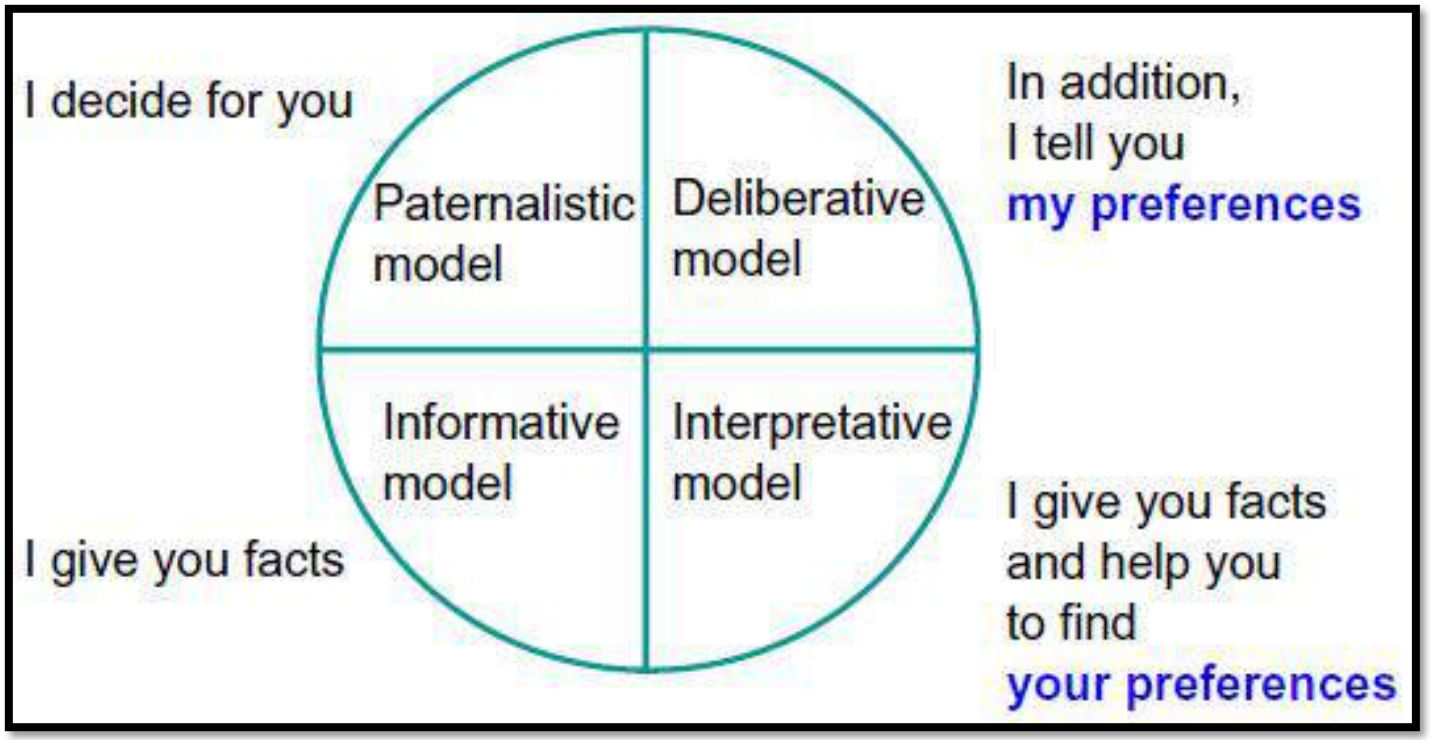
Awareness

Mutual Respect

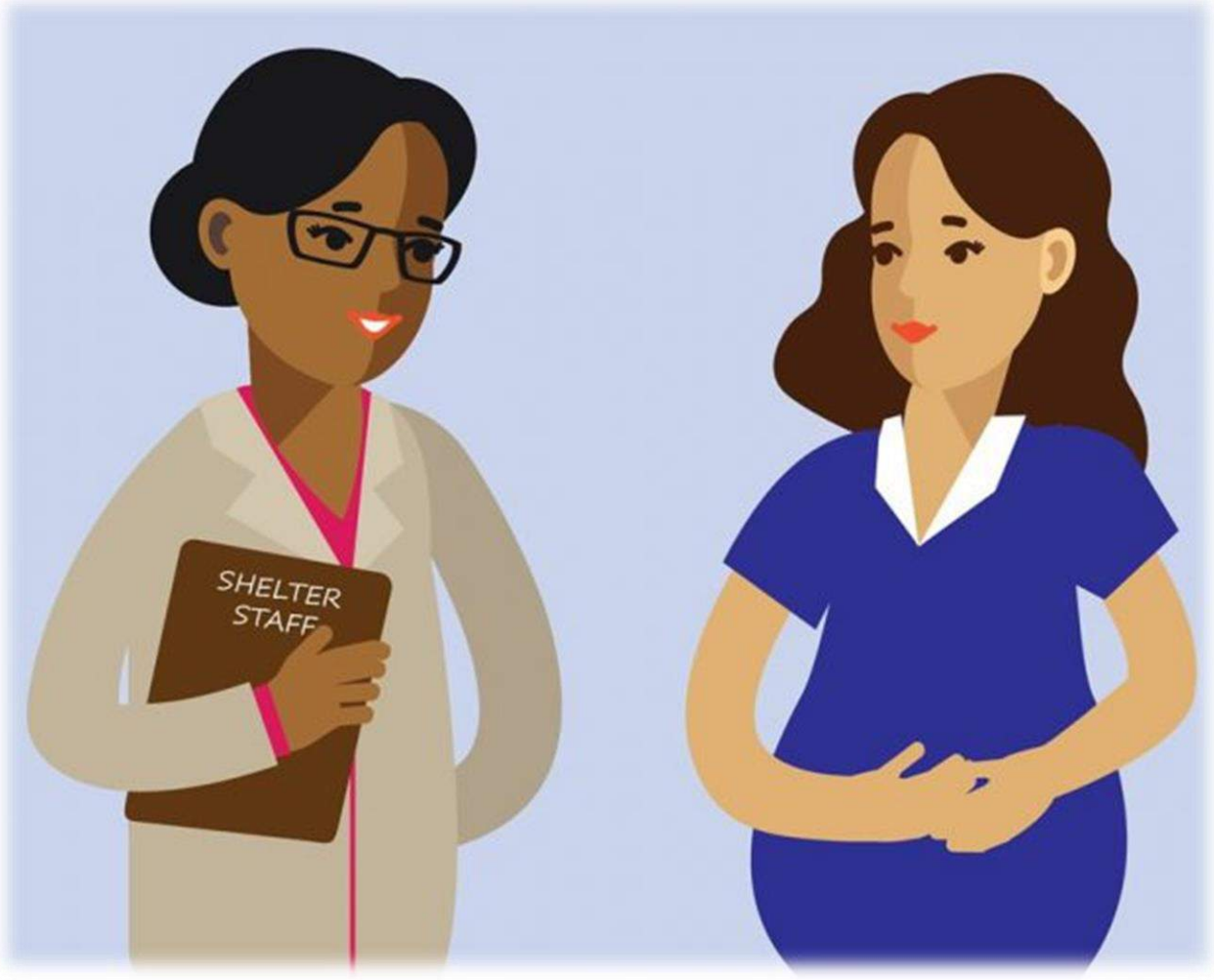
Shared Decision Making



Autonomy



Dignity

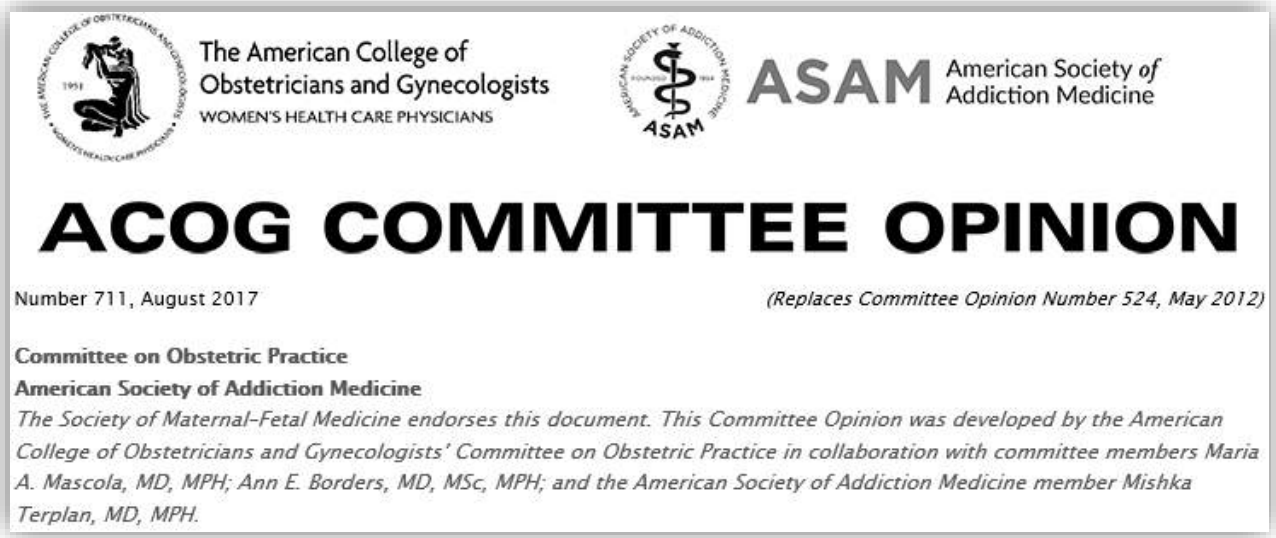


Accountability

WHAT CAN YOU DO NOW?

“Services for pregnant and breastfeeding women with substance use disorders should have a level of comprehensiveness that matches the complexity and multifaceted nature of substance use disorders and their antecedents”

(World Health Organization [WHO], 2014)


The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

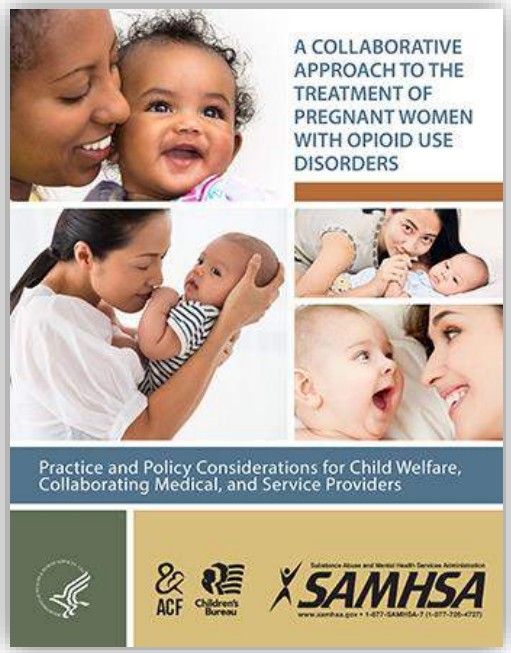
ASAM American Society of Addiction Medicine

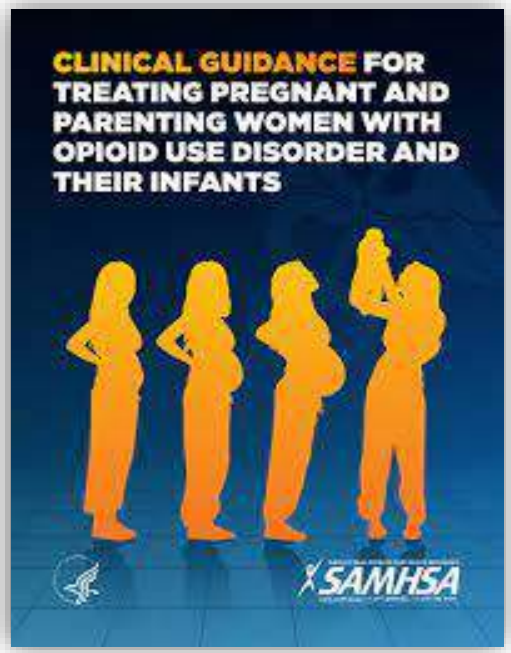
ACOG COMMITTEE OPINION

Number 711, August 2017 (Replaces Committee Opinion Number 524, May 2012)

Committee on Obstetric Practice
American Society of Addiction Medicine

The Society of Maternal-Fetal Medicine endorses this document. This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Committee on Obstetric Practice in collaboration with committee members Maria A. Mascola, MD, MPH; Ann E. Borders, MD, MSc, MPH; and the American Society of Addiction Medicine member Mishka Terplan, MD, MPH.





Efforts to Increase Health Equity

- **Respectful care means:**
  - Respect for a woman's rights, choices, and dignity
  - Care that "does not harm"
  - Care that promotes positive parenting and improves birth outcomes
  - Care that is culturally sensitive and valued by the woman and her community

Actionable Harm Reduction Rooted in RMC

Make a list of the pros and cons of stopping and continuing use

Avoid using opioids or other substances when you are alone, if possible

Attend support groups

Take good care of your body in general (i.e., healthy eating, quality sleep, exercise, and water)

(National Harm Reduction Coalition, 2021)

SBAR FOR INCLUSIVE AND EQUITABLE PATIENT CARE

SBAR is a technique that is typically used to frame conversations between health care providers regarding a patient's condition and clinical status. SBAR in this circumstance is adapted to promote respectful and inclusive patient communication and care. It is important to recognize that each patient, couple, and family are unique. These sample SBARs are not all-inclusive.

Respectful Maternity Care for Individuals with Substance Use Disorder (SUD)

Situation	A care provider enters a patient's room to meet and establish a relationship with their patient in a maternity care setting. The patient is a 21-year-old G4, P1 female who is 35 weeks pregnant in early labor. She has been diagnosed with opioid use disorder and presents with her supportive partner.
Background	What are some of the challenges patients and others may face because of stigma and discrimination when receiving health care? • The disease of substance use or addiction is a "chronic, relapsing biological and behavioral disorder with genetic components" (ACOG, 2011, reaffirmed 2019). • State-specific statutes regarding pregnant women with an opioid use disorder often pose punitive measures to the mother-infant dyad, involving the child welfare and criminal justice systems (Howard et al., 2019) which may lead to infant removal. This increases the risk of attachment disorders causing significant emotional, social, and academic issues, along with an increased risk of substance disorders later in the child's life (Mirick & Steenrod, 2016). • Opioid use disorder is a highly stigmatized health condition, specifically for pregnant and parenting individuals, as societal expectations of mothering often differ from the life experiences of women in this population (Crawford et al., 2022; Recto et al., 2020). • Shared decision making can provide a structure to share information, explore options, and encourage honest communication (Howard et al., 2019) which can empower people with substance use disorder to engage in prenatal, postpartum, and newborn care and adhere to their treatment plans (Legare & Witteman, 2013).
Assessment	Based on what I know, which assessments are a top priority in establishing a positive relationship with this patient and their partner? Self-assessment: • I will first engage in self-assessment to identify and recognize any personal bias I may have regarding substance use in pregnancy. • I will reflect on how my previous experiences in caring for people with SUD may impact my ability to provide non-biased care. • I will recognize that some people may not seek prenatal care for fear of discrimination, legal action, incarceration, or loss of their newborn. • I will recognize that although SUD may be managed successfully by combining behavioral therapy with medication management, patients may face barriers to these services. Patient Assessment: • I will work to build trust and rapport with this patient and their partner. • I will ask what words they use to describe themselves, their bodies, and their health care practices. I will be cognizant of terms that may further stigmatize the patient (i.e., "addict"). • I will use person-first language (i.e., a person with an addiction or a person with a substance use disorder). • I will use a trauma-informed approach to ask about this patient's or their partner's previous birth experiences, experiences with medication management, or behavioral therapy. I will listen and validate their concerns with compassion and respect.
Recommendations	What actions can be taken to help this patient and their partner feel heard and understood? • I will avoid assumptions about people with substance abuse disorders. • I will include this patient and their partner in all care decisions from admission through discharge. • I will discuss organizational policies regarding toxicology screening with the patient. • I will validate their care needs and concerns, ensuring the interprofessional team understands their history, preferences, and collaborative treatment plans to ensure individualized care and support. • I will ensure they are involved in decision-making and all aspects of care for their newborn.

ACTIONS

- After hearing and documenting this patient's previous experiences, I will determine what I can do to decrease discrimination and bias and ensure that they receive respectful and compassionate care.
- I will ensure that they have access to postpartum psychosocial support services, including SUD treatment.
- I will strive to identify and address clinic, unit, hospital, and systems issues in the facility where I work that impact the overall care provided for patients with SUD.

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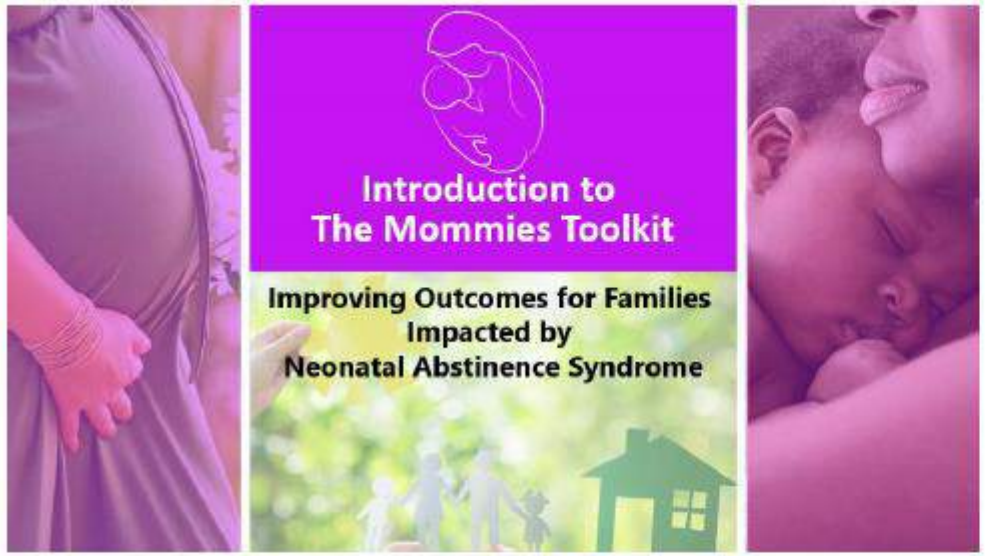
PROMOTING THE HEALTH OF WOMEN AND NEWBORNS



Get the most up to date information Neonatal Abstinence Syndrome, Mommies Program, Substance Use Disorder, and Integrated Treatment

Register at no cost for one or all four modules

https://wp.uthscsa.edu/nas-symposium/introduction-to-the-mommies-toolkit/

UT Health San Antonio School of Nursing

Funding from the Center for Substance Abuse Prevention at the Substance Abuse Mental Health Services Administration (SAMHSA) in the Department of Health and Human Services, through the Texas Department of Health and Human Services

TEXAS Health and Human Services

Moving Forward…

- These challenges are too big to be changed on the individual level
- We must call out the problem, so the solution is appropriate
- Build a roadmap to success
- Strategically partner
- Share power!

We all have a role in assuring that families receive respectful, equitable care!

Group Discussion: Sophia’s Story

Captured stories…

- “What kind of mother would take Methadone while pregnant”
- “They should put people like you in jail”
- “I hope CPS takes your baby”
- “When a certain nurse was on duty, I knew we would have a huge set back and she would automatically increase his morphine”

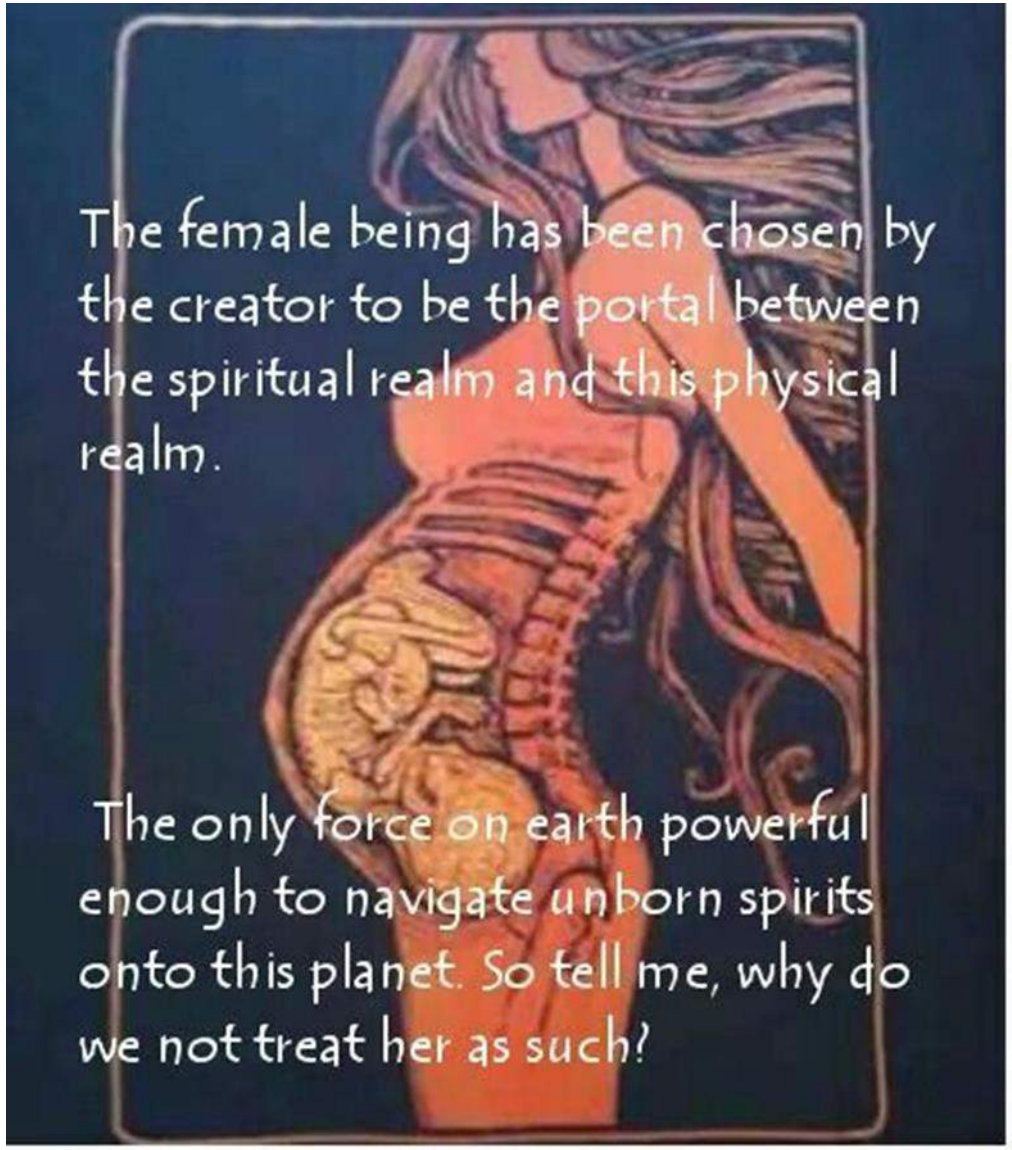
Discussion

- How do we create a culture of respect in which we provide respectful care to all patients, always, in all perinatal settings?

ACTIONS

- After hearing and documenting this patient's previous experiences, I will determine what I can do to decrease discrimination and bias and ensure that they receive respectful and compassionate care.
- I will ensure that they have access to postpartum psychosocial support services, including SUD treatment.
- I will strive to identify and address clinic, unit, hospital, and systems issues in the facility where I work that impact the overall care provided for patients with SUD.

Questions?



Thank you!

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