MOMCARE

Maternal **O**pioid Use Disorder **M**anagement and **CA**re **RE**sources in Custody

Providing clinical and implementation guidance for jails to provide evidence-based, patient-centered care for pregnant and postpartum patients with opioid use disorder.

SCAN ME for online access

Scope of the Problem

- Opioid use disorder (OUD) in pregnancy is a major cause of maternal mortality.
- Because many pregnant and postpartum individuals who use substances may be incarcerated at some point, jails become an important touchpoint to provide treatment that can **improve outcomes and save lives** for both moms and babies.

Urgent Maternal Warning Signs

If a pregnant or postpartum individual has one of these, they should be seen ASAP by a qualified provider.

- Headache that won't go away or gets worse over time
- Dizziness or fainting
- Thoughts about hurting herself or the baby
- Changes in vision
- Fever
- Trouble breathing
- Chest pain or fast-beating heart
- Severe belly pain that doesn't go away
- Severe nausea and throwing up (not like morning sickness)
- Baby's movements stopping or slowing
- Vaginal bleeding or fluid leaking during or after pregnancy
- Swelling, redness, or leg pain
- Extreme swelling of hands or face
- Overwhelming tiredness

When to Transport

- If they're showing any urgent maternal signs.
- If the jail is not equipped with medications for withdrawal symptom management or to initiate and titrate MOUD with either methadone or buprenorphine.

Guidance for Custody Staff

- Officers who perform custody intake for new detainees should use the MOMCARE Initial Pregnancy & OUD Screening and Care at Jail Intake algorithm.
- Alert medical staff to conduct a full evaluation and possible referral for a higher level of care if a pregnant patient reports or you observe urgent maternal warning signs, signs of being unwell, or labor signs.
- See the MOMCARE Custody Guidance (2-pager)

Reentry Planning

- Start at intake. Use the MOMCARE Preparing for Reentry Checklist for Pregnant and Postpartum Patients to assess the health and resource needs of pregnant patients with OUD.

Guardianship & Infant Placement

- Have a conversation with the pregnant patient at no later than 30 weeks (~7 months) gestation to discuss her desires for infant placement.

Treatment Basics

- Medications for opioid use disorder (MOUD), also known as MAT, with methadone or buprenorphine has been the long-established standard of care for pregnant women who use opioids.
- Opioid withdrawal in pregnancy is unsafe and associated with high rates of return of use whereas MOUD in pregnancy is safe and improves outcomes for the mom and baby.
- Methadone and buprenorphine have been shown to improve outcomes for moms and babies.

Screening for Opioid Use

- Use the MOMCARE Initial Pregnancy & OUD Screening and Care at Jail Intake algorithm to screen for opioid use and pregnancy
- Screen using a verbal screening questionnaire performed by a health care staff member rather than a urine drug test.
- If the pregnant patient has used opioids in the last 2 weeks, appears unwell, or says they are in withdrawal, flag for high risk of withdrawal.
- If your jail requires a urine drug test, inform the patient and obtain

Initial Care

- Assess whether the pregnant patient can remain at the jail or should be transported to a hospital.
- If the pregnant patient is already on MOUD upon jail arrival, verify the dose and continue it.
- If the pregnant patient is not on MOUD at intake, provide pregnancy-specific counseling and start MOUD following specified protocols.

Ongoing Care

- Dose MOUD daily
- Refer all pregnant patients with OUD to counseling/behavioral healthcare, and support groups.
  - Provide resources for miscarriage and pregnancy loss if needed
- Prepare for reentry with special attention to pregnancy OUD-specific needs

Labor & Birth

- Be aware of the signs of labor, and have a low threshold to transport for possible labor.
- Have an emergency birth kit onsite just in case.
- Counsel pregnant patients on what to expect including allowed support persons, infant bonding time, neonatal opioid withdrawal syndrome (NOWS), and interactions with child welfare.

Postpartum Care & Breastfeeding

- Continue MOUD for postpartum patients unless they request otherwise and have been counseled about the risks of discontinuing treatment. Doses will likely need to be adjusted postpartum. If discontinuing, it should be done gradually with a taper.
- Counsel patients on the safety of breastfeeding while on MOUD. If the mom remains in custody, make arrangements with the caregivers to get the milk to the infant.
- Screen for postpartum depression with a validated instrument, such as the Edinburgh Postnatal Depression Scale (EDPS), at about 6 weeks after delivery. If positive, refer to a specialist.

MOMCARE

Maternal Opioid Use Disorder Management and CAre REsources in Custody

momcarejail.org

Implementing Best Practices in your Jail

SCAN ME for online access

Program Implementation

- Determine who will provide MOUD/MAT medication to your jail. Ask your contracted healthcare provider to assess whether MOUD can be included in your contract.
- Contact the local health department (or other community MOUD providers) if an alternative option is needed or if key needs of pregnant with OUD population are outside the scope of care you can provide in custody (e.g. case management, counseling, etc.)
- Determine what funding mechanisms your jail is eligible for such as Medicaid 1115 waiver or SAMHSA and COSSAP grants

MOUD/MAT Delivery

- Consult with the MOUD provider to discuss how to deliver medications in a way that meets the needs of your jail
- See the MOMCARE MOUD/MAT Jail Delivery Models: Benefits and Tradeoffs for details on different ways to deliver methadone and buprenorphine to people in custody.
- Discuss how the new SAMHSA/DEA regulations make it easier for your jail to provide methadone and buprenorphine
- Decide if onsite or offsite MOUD dosing makes the most sense for methadone and buprenorphine
- Establish MOUD dosing policies and ways to prevent diversion

Pregnancy & Postpartum Care

- Ensure you have access to a qualified perinatal clinician to provide routine and high-risk prenatal care
- Have an emergency delivery kit available at your jail
- Create and coordinate a process for sharing medical records with offsite clinics for providing routine and high-risk pregnancy care, including offsite MOUD providers
- Establish a designated place (e.g. hospital or clinic) to take pregnant individuals for a higher level of care and emergent care
- Offer supportive services like behavioral health and peer support in custody that are tailored to the needs of pregnant and postpartum patients with OUD

Reentry & Transitions of Care

- Ensure pregnant and postpartum individuals with OUD have or can get their next dose of MOUD after release
- Set up appoints for MOUD and prenatal care continuation before release
- Use the MOMCARE Preparing for Reentry Checklist for Pregnant and Postpartum Patients to assess reentry needs

Staff Training

- Assess your staff training needs related to pregnant patients in custody and to MOUD. Where are the knowledge gaps? Implement staff training based on your identified needs.
- Pregnancy-specific topics include the importance of MOUD in pregnancy; urgent maternal warning signs (including labor), and reducing stigma.
- Newly established jail-based MOUD programs should conduct all MOUD basic trainings
- Established jail-based MOUD programs should implement specialized training specific to pregnant and postpartum patients, sigma, counseling
- See MOMCARE Technical Assistance for additional resources including free training
- Regularly monitor your MOUD program and pregnancy care processes to determine if training refreshers are needed

Legal & Regulatory

- Ensure all jail staff are aware of the laws in your state regarding the use of restraints in pregnancy, abortion, OUD treatment, and PREA. Cover this material in in-service learning or team meetings and consider posting visuals around your facility as a reminder.
- These laws are changing rapidly! Review laws at least once every 6 months. Consult others if you are unsure of how to interpret the law.

Data Collection

- Use the MOMCARE Monthly Patient Log: Pregnancy & OUD Data Collection Tool to assist you with tracking pregnancy and postpartum data at your facility

Resources

- Visit the MOMCARE Key Resources page for MOMCARE resources, toolkits, staff training videos, patient education materials, and example policies.