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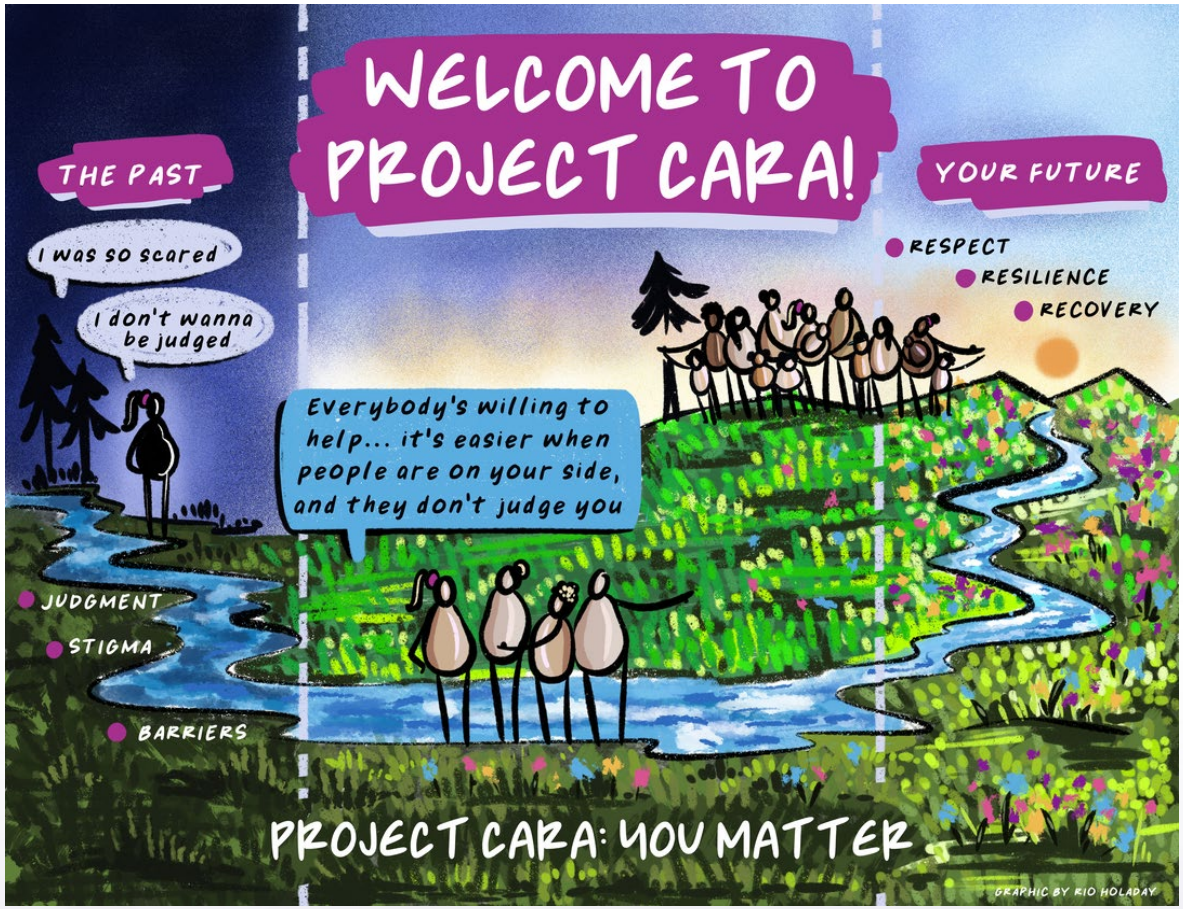
RETAIN

Introduction to Perinatal Substance Use Disorders: Exploring Evidence-Based Recommendations for Care

PROJECT CARA of Western North Carolina



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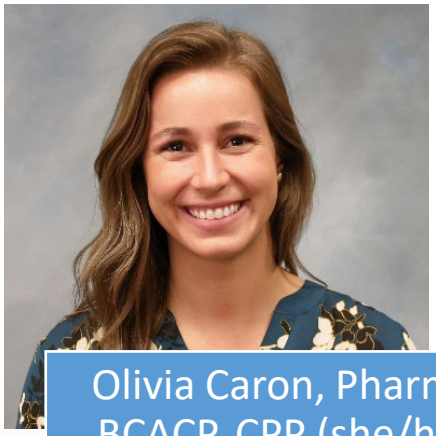
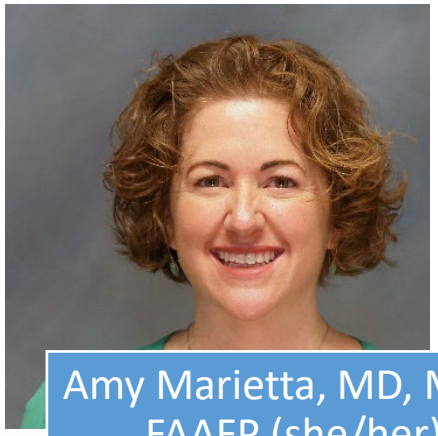
Speakers



Olivia Caron, PharmD, BCACP, CPP (she/her)



Amy Marietta, MD, MPH, FAAFP (she/her)

Tammy Cody, MSW, LCSW (she/her)

Objectives

1. Demonstrate understanding of disease model and recommendations as part of best practice for screening and treatment of perinatal substance use disorder care
2. Examine myths and bias that affect access to evidence-based care
3. Define recommendations for evidence-based practice for birthing parent and neonate affected by perinatal opioid use disorder
4. Formulate priorities for education, information sharing, and support measures for your team related to perinatal substance use disorders

Alphabet Soup

- DSM-5: Diagnostic Statistical Manual
- ASAM: American Society of Addiction Medicine
- OUD: Opioid Use Disorder
- SUD: Substance Use Disorder
- MAT: Medication Assisted Treatment
- MOUD: Medication for Opioid Use Disorder
- ACE: Adverse Childhood Experiences
- NAS: Neonatal Abstinence Syndrome
- NOWS: Neonatal Opioid Withdrawal Syndrome
- CAPTA: Child Abuse Prevention and Treatment Act
- CBT: Cognitive Behavioral Therapy
- SACOT: Substance Abuse Comprehensive Outpatient Treatment
- IOP: Intensive Outpatient Treatment
- MI: Motivational Interviewing
- UDS: Urine Drug Screen

Project CARA

Project CARA: It's an acronym!

Care that Advocates Respect, Resilience, and Recovery for All

Since 2014

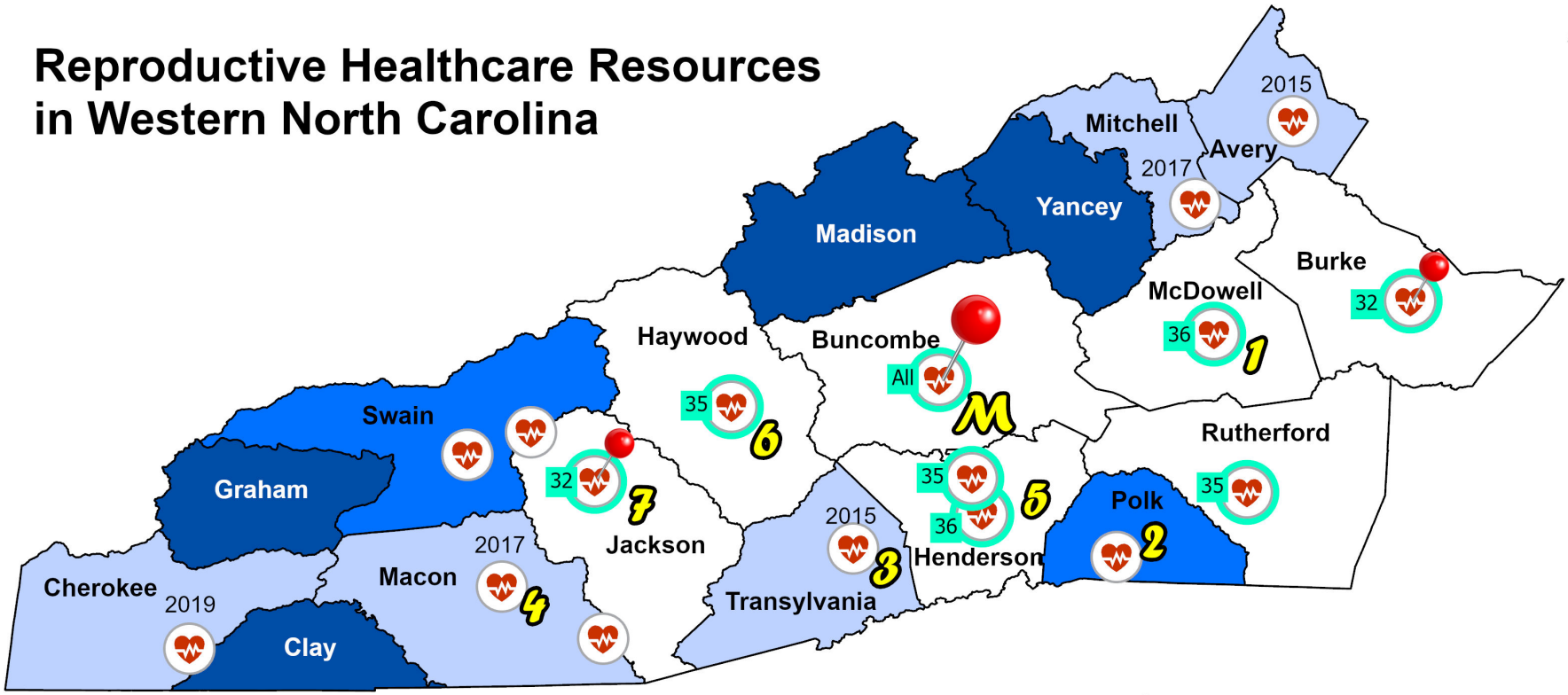
Mission

- **To ensure that all pregnant and parenting patients affected by substance use have easy access to a multidisciplinary team that is compassionate, trauma informed, and non-judgmental.**

Vision

- **We aim to change generational patterns of substance use one pregnancy at a time**
  - Pregnant persons
  - Birthing parents through 12 months postpartum
  - Pre-conception consults
  - Incarcerated persons
  - Special populations

Reproductive Healthcare Resources in Western North Carolina



Hospital with Labor & Delivery
and Gestation Weeks

Hospital without Labor & Delivery
and applicable L&D closure years

County Hospital Status

- No Hospital
- Hospital, no Labor and Delivery
- Hospital, L&D closed in year indicated
- Hospital with Labor & Delivery

Neonatal Intensive Care Units

- Buncombe County Level III - 51 Beds
- Jackson and Burke Counties Level II - 4 Beds

Project CARA Hub

M MAHEC OB/GYN Specialists

Spokes

1. Mission Women's Care - McDowell
2. Blue Ridge Health - Polk
3. MAHEC Women's Care at Brevard
4. MAHEC OB/GYN Specialist at Franklin
5. Blue Ridge Health - Justice Street
6. Blue Ridge Health - Haywood
7. Blue Ridge Health - Jackson

Created by Joan Colburn, MLIS, UNC Health Sciences at MAHEC (2 August 2024).

0 6.25 12.5 25 Miles

Patient Centered Language

Deficits-Based	Strengths-Based
Addict	Person with a substance use disorder; patient
Frequent Flyer	Utilizes services and supports when necessary
Hostile, Aggressive	Protective
Helpless/Hopeless	Unaware of capabilities/opportunities
Mentally ill	Person with a mental illness
Unfit parent	Person experiencing barriers to successful parenting
Resistant	Chooses not to, Isn't ready for, Not open to
Suffering with	Working to recover from; experiencing; living with
Weaknesses	Barriers to change or needs
Relapse	Return to use
Clean/Dirty	Expected/Unexpected

Hyams, Prater, Rohovit, Meyer-Kalos 2018

Epidemiology

Overdose Death

12

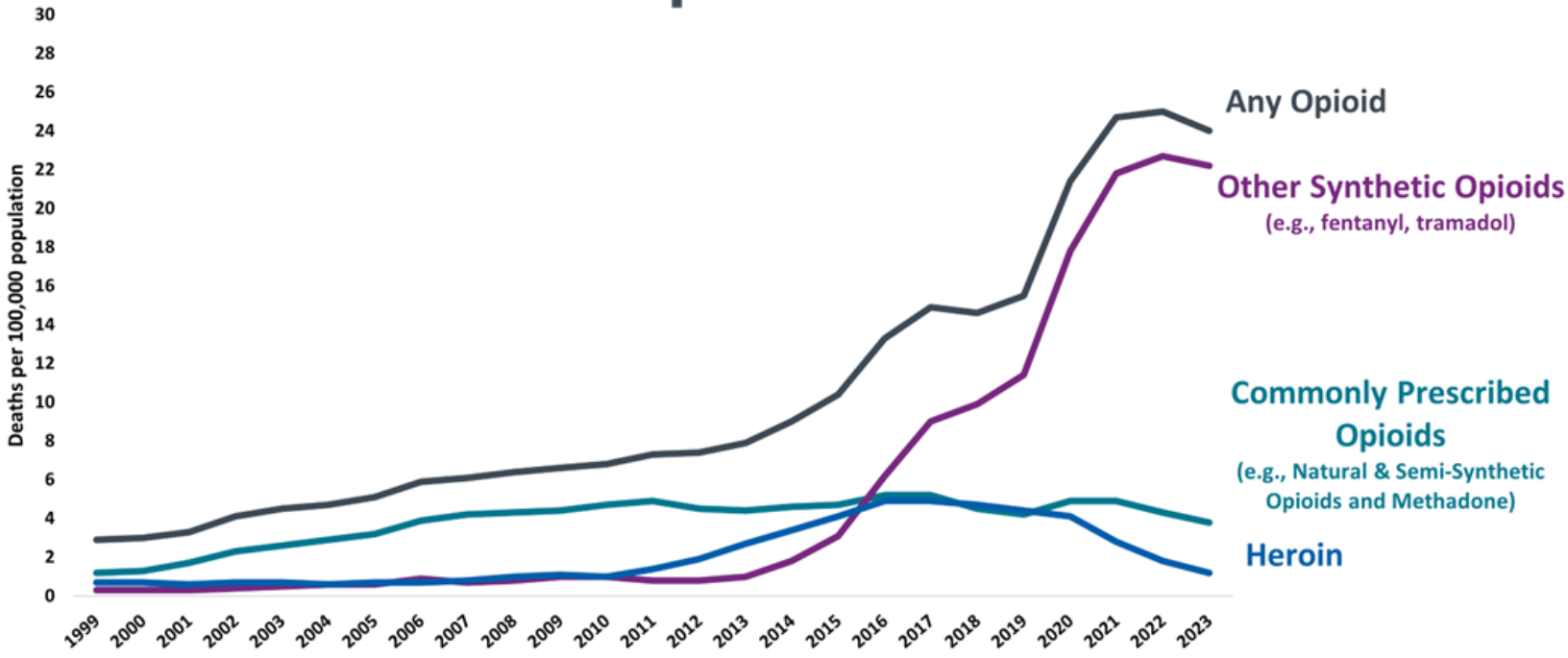
Number of North Carolinians who died each day from opioid overdoses in 2023

82,020

Reported number of people in the US who died from any drug overdose from October 2023 to October 2023

NC Division of Public Health 2025
National Center for Health Statistics, 2025

Three Waves of Opioid Overdose Deaths



Wave 1: Rise in Prescription Opioid Overdose Deaths Started in the 1990s

Wave 2: Rise in Heroin Overdose Deaths Started in 2010

Wave 3: Rise in Synthetic Opioid Overdose Deaths Started in 2013

SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2024. https://wonder.cdc.gov/.

Perinatal Substance Use Disorders: Why Is It A Special Focus?

Impact of Opioids

1. February 2022-2023, over 105,258 people in the US died from a drug overdose [4]
   75.7% of which involved opioids.

2. The estimated incidence of births associated with opioid use disorder (OUD), *grown by more than **sevenfold** between 1999 and 2017*[5,6]
   1.5/1000 deliveries in 1999
   8.2/1000 deliveries in 2017

3. *Opioid use disorder in pregnancy is associated with adverse health outcomes*, such as preterm delivery and low birth weight. [7]

93,013 people attended the Match in 2015
Cricket World Cup Final by Tourism Victoria from Australia on Wikimedia commons

NIDA 2022
Kroelinger et al. 2019
Harter 2019
Cricket World Cup Final, by Tourism Victoria from Australia by Wikimedia Commons

The Changing Landscape of SUD Treatment

Legislation Changes

- MATE Act, 2023:
  - Removal of the X-Waiver
  - All providers can prescribe buprenorphine after completing 8 hours of training on OUD/SUD
- Dignity for Women who are Incarcerated Act, 2021

The Age of Fentanyl

- Greater potency and physical dependence than non-synthetic opiates
- 2013 -> 2020: Synthetic opioid overdose deaths increased **18x**
- No known "safe" amount of fentanyl (& other illicit opioids) in pregnancy

COVID-19

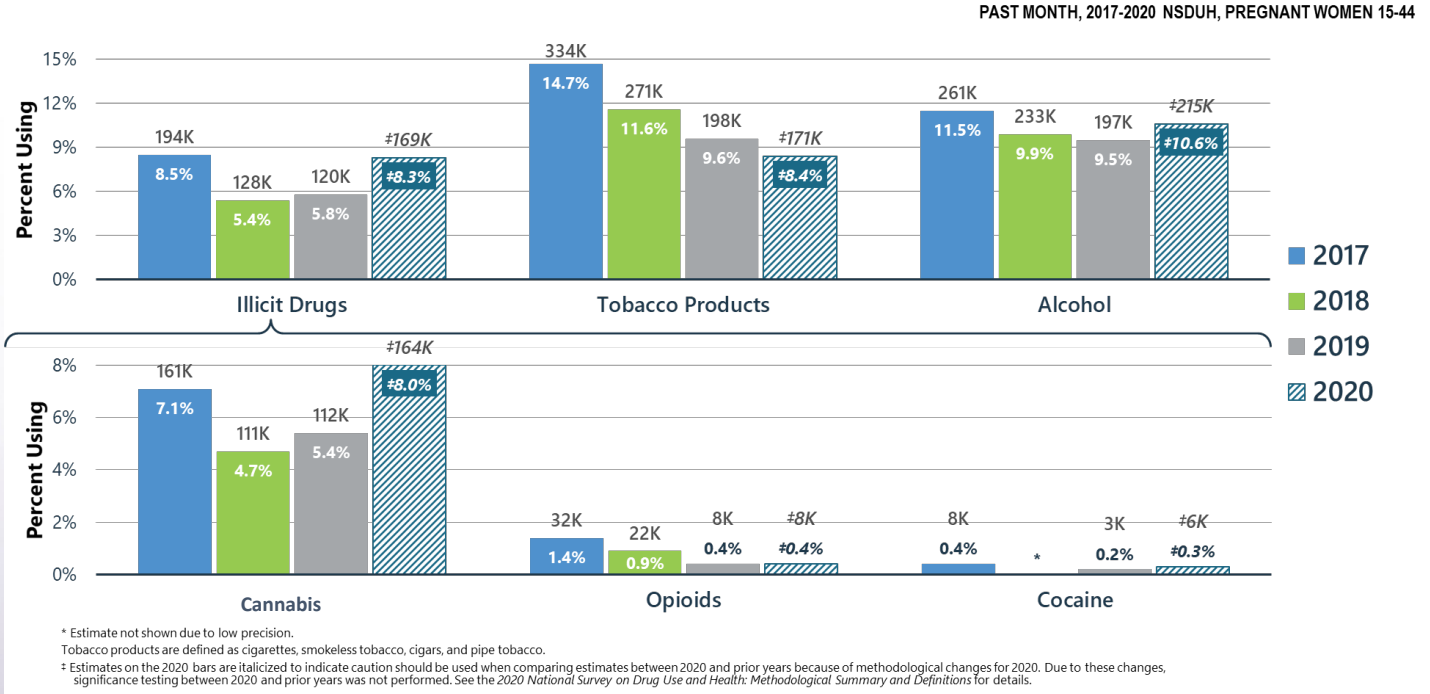
- Pandemic exacerbation of substance-related deaths
  - May 2019 - May 2020: Over 81,000 drug overdose deaths occurred in the United States
  - Highest number of overdose deaths ever recorded in a 12-month period

SAMHSA 2023
Stephenson 2021
PCSS 2023
CDC 2022

Start With Standardized Screening

Current Context of Substance Use During Pregnancy

Substance Use in Past Month: Among Pregnant Women Aged 15-44



* Estimate not shown due to low precision.

Tobacco products are defined as cigarettes, smokeless tobacco, cigars, and pipe tobacco.

‡ Estimates on the 2020 bars are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

2021:

- **Illicit Drugs: 375K**
- **Cannabis: 350K**
- **Opioids: 91K**

Prevalence in Pregnancy

Gestational Diabetes [18]

- 5.8% to 9.2%

Pre-eclampsia [19]

- 4%

Strep B bacteria in the body [20]

- 25%

Depression During Pregnancy [21]

- 7%

Antenatal HCV infection [22]

- 0.53%

In 2019, past-month illicit substance use ranged from **4.67 to 14.81%** among pregnant people in the United States. [23]

US Preventative Services Task Force, 2
CDC, 2
CDC, 2
Mayo Clinic Staff, 2

ACOG Guidance: Treating Women For Substance Use Disorders During Pregnancy

- Universal screening starting at the first prenatal visit and using a validated verbal screening tool, which is preferable to urine testing
- If a patient screens positive, the guidelines recommend a brief intervention and referral to treatment
- Multidisciplinary long-term follow-up should include medical, developmental, and social support

Validated Screening Tools for Substance Use in Pregnancy

Tool	What it Screens For	Description
Substance Use Risk Profile-Pregnancy (SURP-P)	• Alcohol • non-prescribed drug use or prescribed drug use for nonmedical reasons • **Particularly good for alcohol**	• Three questions • Valid for high and low-risk populations • Simple and flexible • **Pregnancy specific**
NIDA Quick Screen	• Alcohol • Tobacco products • Prescription drugs for non-medical reasons • Illegal drugs	• Four question screener about frequency of use with answers ranging from "never" to "daily or almost daily" • Not pregnancy specific
CRAFFT	• Substance use (alcohol and drugs, including marijuana) • Substance-use related riding/ driving risk • Substance use disorder • **Particularly good for alcohol**	• Efficient and effective health screening tool for youths 12-21 • Not pregnancy specific
Wayne Indirect Drug Use Screener (WIDUS)	• All substances • **Particularly good for illicit drugs and alcohol**	• 6 true or false items based on correlates to drug use (ex. "I get mad easily and need to blow of some steam" or "Most of my friends smoke cigarettes") • Not pregnancy specific
5 Ps	• Alcohol and drug use • **Particularly good for alcohol**	• Five yes or no questions regarding substance use by Parents, Peers, Partner, Past- before pregnancy, Pregnancy- during) • **Pregnancy specific**

Myth:

"A urine drug screen tells you all that you need to know"

This is a TOOL for managing substance use disorders

- *Every screen should be confirmed!!*
- *Limitations:*
  - Current or recent use
  - Can't be used to diagnose a substance use disorder
  - Varying sensitivity and specificity based on substance and drug screen assay
    - **False positives**
    - **False negatives**

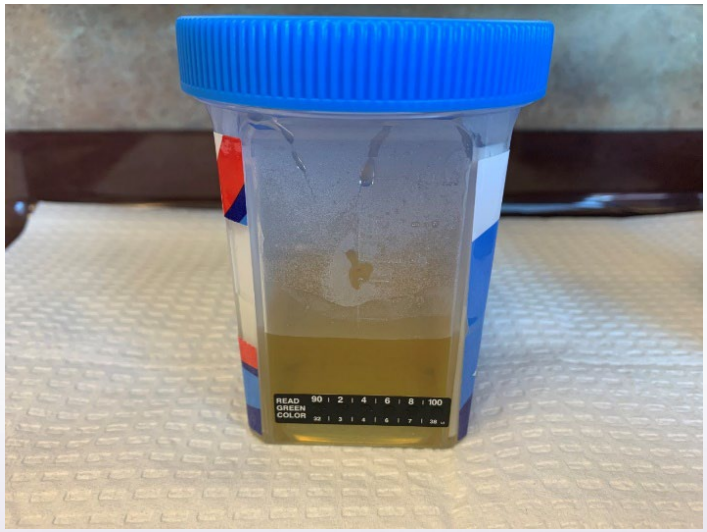


Photo courtesy of M Ramage

What is SBIRT?

Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.

Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.

Referral to treatment provides those identified as needing more extensive treatment with access to specialty

Understanding the Chronic Disease Model of Substance Use Disorders

Myth:

"If they love their baby, they wouldn't continue using drugs"

How does Substance Use Begin?

No single factor determines whether a person will develop a substance use disorder. [32]

Risk Factors

Biological

- Genes [32]
- Stages of development [32]
- Gender [32]
- Age [32]
- Behavioral health disorders [32]
- Chronic Pain [33]

Environmental

- Trauma
  - Family history/ life experiences [32]
  - Disenfranchisement [34] (unemployment, poverty, stigma, discrimination, isolation, race)
- Epigenetics [32]
- How substance is taken [32]
- Opioid prescription in the household

DSM-5 Criteria for Substance Use Disorders (SUDs)

Having 2 or more of these symptoms in the past year qualifies as a SUD

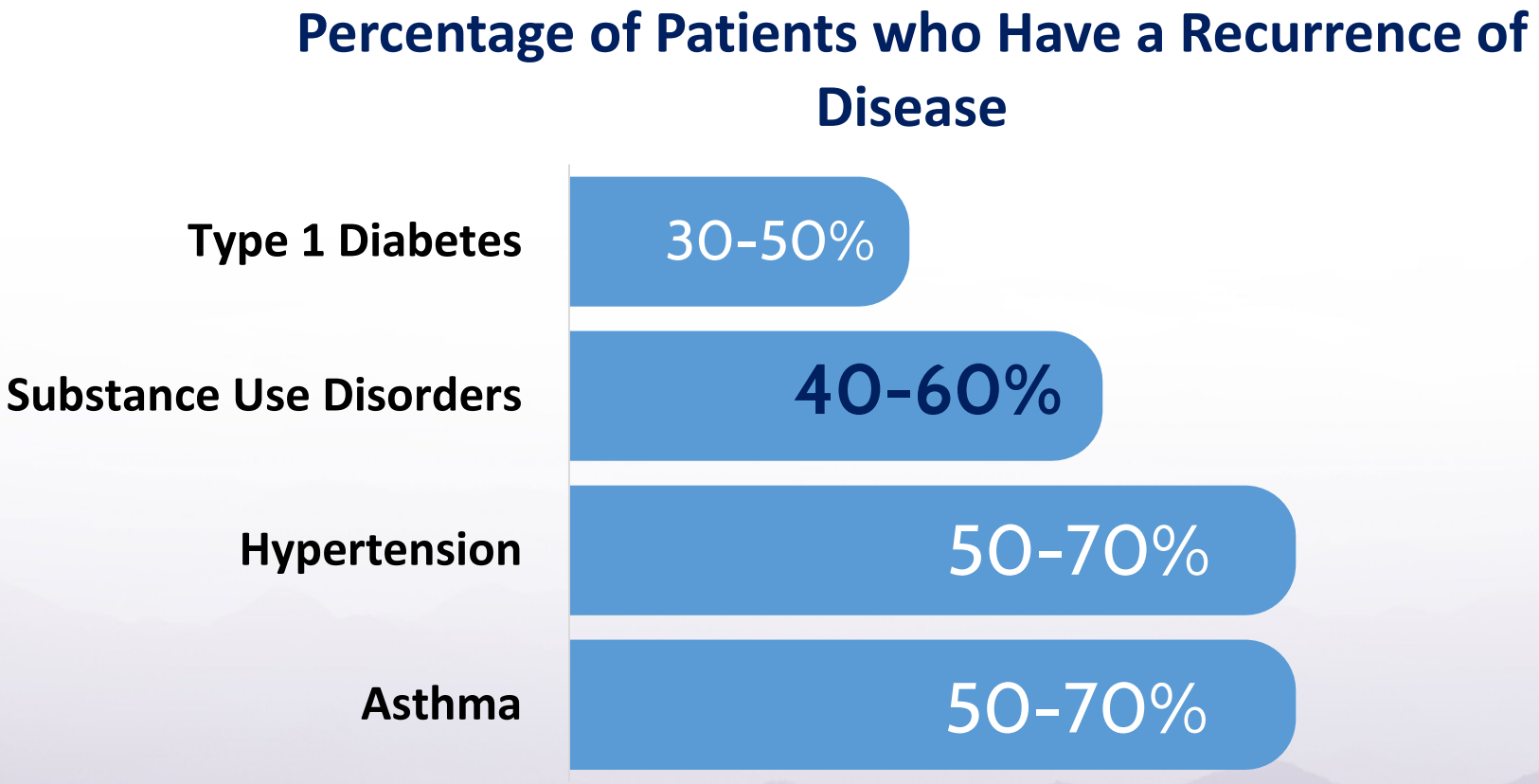
Impaired Control	Social Impairment	Risky Use	Pharmacological*
• Larger amounts, longer time • Inability to cut back • More time spent, getting, using, recovering • Craving	• Failure to fulfill major role obligations • Social and interpersonal problems related to use • Important social activities given up to use	• Physically hazardous use • Continued use despite associated recurrent physical or psychological problems	• Tolerance • Withdrawal *when not appropriately taking medication

2-3 symptoms: mild
4-5 symptoms: moderate
6+ symptoms: severe

Name this Chronic Medical Illness

"_____ imposes a substantial burden on the economy of the U.S. in the form of increased medical costs and indirect costs from work-related absenteeism, reduced productivity at work and at home, reduced labor force participation from chronic disability, and premature mortality. In addition to the economic burden that has been quantified, _____ imposes high intangible costs on society in terms of reduced quality of life and pain and suffering of people with _____, their families, and friends."

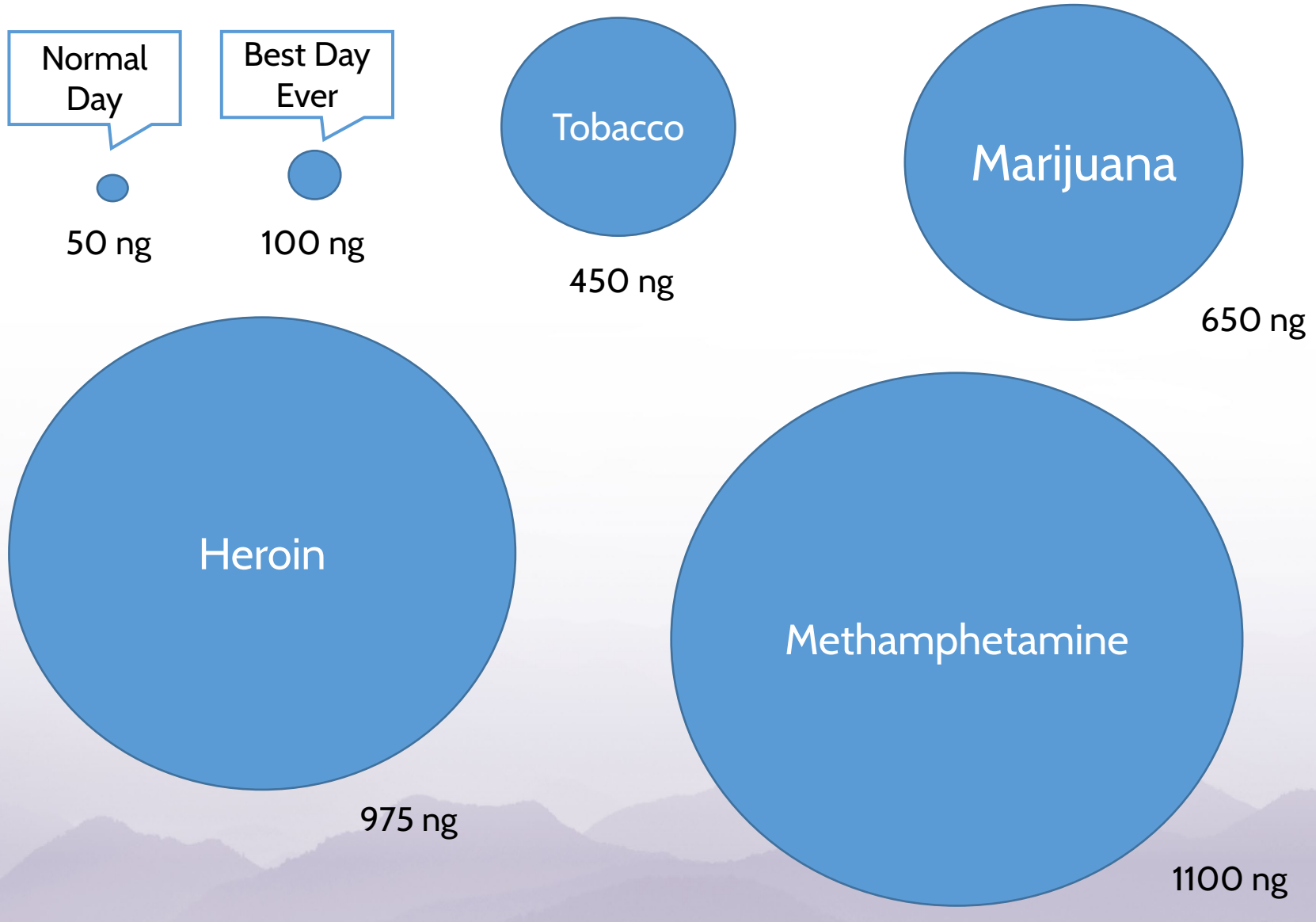
What if We See Substance Use Disorders as a Chronic Illness?



Brain Changes: Neurotransmitters

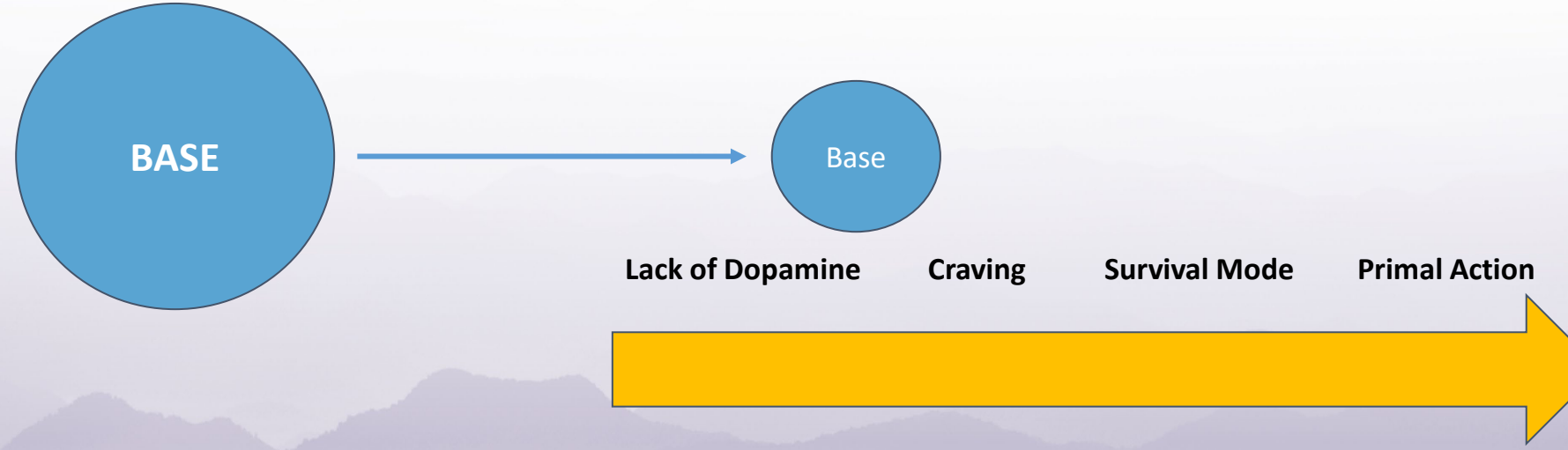
- Dopamine: Our primary reward system
  - Triggers the reward system in our brain
  - Drives behavior necessary for survival
  - Secretion occurs when we:
    - Eat a good meal
    - Fall in love
    - Have a positive sexual experience
    - Consume certain substances
    - Enjoy a sunset
- Endorphins and opioid receptors: Maximize our ability to achieve the reward

Dopamine Concentrations in the Brain[1]



Dopamine Deficiency

- Can be born with it or can develop with repeated use
- Substances drastically increase dopamine levels
- Leads to
  - Lack of motivation, fatigue, apathy, trouble concentrating
  - Behaviors are stigmatized by - social attitudes, policies, and laws



Recommended Viewing:

[Addiction Neuroscience 101 with Dr. R. Corey Waller]

Telescoping: Influence of Gender on Substance Use and Substance Use Treatment

On average time course for SUD diagnosis is compressed for people assigned female at birth

- High rates of domestic violence
- High rates of anxiety and depression
- Care barriers include childcare, transportation, multiple specialty appointments at high frequency
- Increase rate of irregular menses
  - Higher risk of unrecognized pregnancy

Fritz
US FDA
Mullins
Mackey et al.

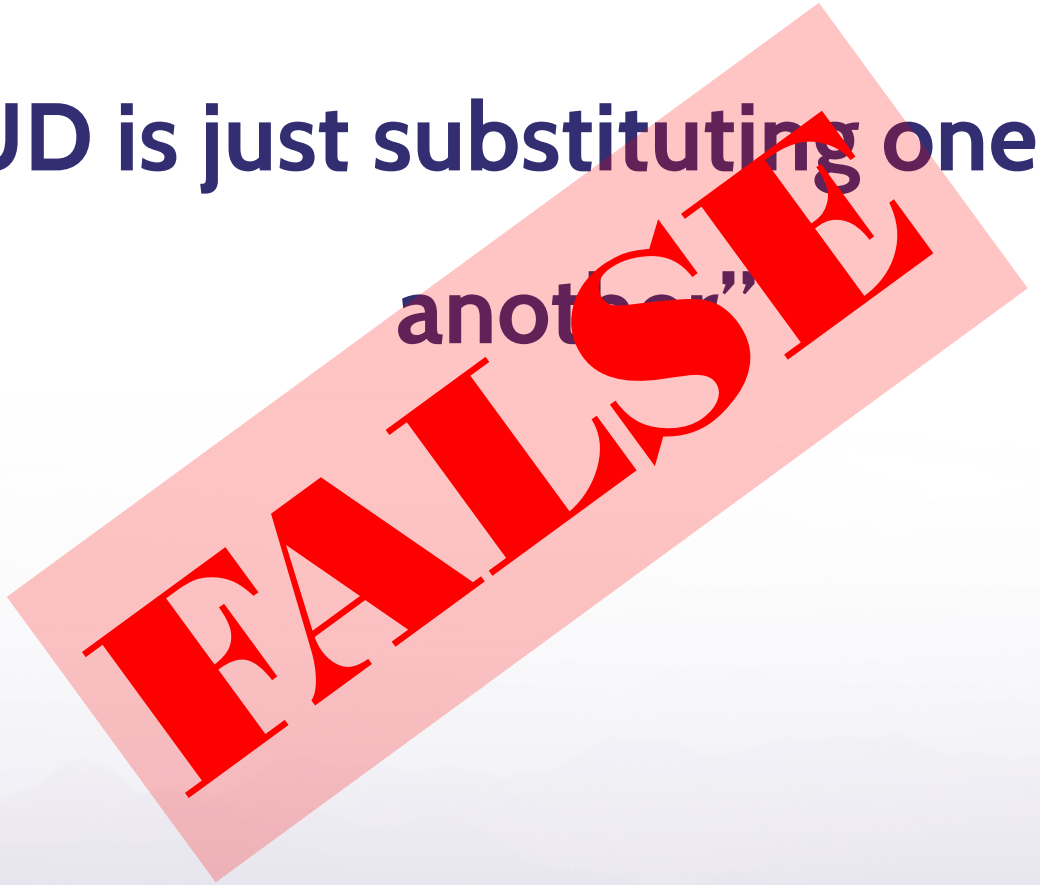
Trauma Informed Care

- **Principles of Trauma informed approach**
  - Safety
  - Trustworthiness and transparency
  - Collaboration and mutuality
  - Empowerment
  - Voice and Choice

Medication Options For Opioid Use Disorder (OUD) in Pregnancy and Postpartum

Myth:

"MOUD is just substituting one drug for another"



Pharmacologic Treatment Options for SUDs

FDA approved medications for: [56,57]

Tobacco Use Disorder	Alcohol Use Disorder	Opioid Use Disorder
• Nicotine replacement therapy • Buproprion • Varenicline	• Naltrexone • Disulfiram • Acamprosate	• Methadone (OTP ONLY) • Buprenorphine • Naltrexone • Naloxone for OD prevention

Medication For Opioid Use Disorder

Buprenorphine

- Mild to severe OUD
- Patients able to attend visits with primary care
- Patients on multiple medications (i.e. HIV therapy)
- **Who are pregnant**

Methadone

- Moderate to Severe OUD
- Who need the structure of daily observed dosing
- Patients on high doses of opioids
- **Who are pregnant**

Naltrexone
is approved for MOUD but under investigation during pregnancy

Common Forms of Buprenorphine

Opioid Use Disorder

Buprenorphine-Naloxone
- Film, buccal (most common)
- Tablet, sublingual

Buprenorphine
- Tablet, sublingual
- Prefilled syringe, subcutaneous
- Intravenous (IV)

Chronic Pain

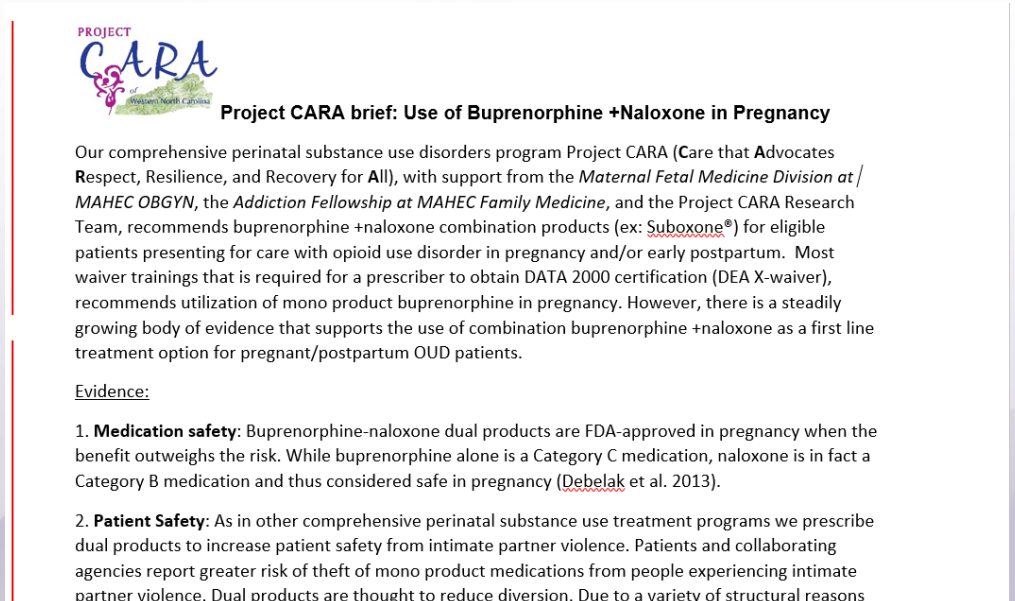
Buprenorphine
- Film, buccal
- Patch, transdermal

Thornton, 2022 Sub
Thornton 2022 Sublo
Entringer 2
Thornton 2022 Zub

Buprenorphine/Naloxone During Pregnancy:

Though buprenorphine mono-product was previously recommended…

Buprenorphine-Naloxone has become more commonly used in pregnancy, without any associated negative outcomes



PROJECT CARA of Western North Carolina

Project CARA brief: Use of Buprenorphine +Naloxone in Pregnancy

Our comprehensive perinatal substance use disorders program Project CARA (**C**are that **A**dvocates **R**espect, Resilience, and Recovery for **A**ll), with support from the *Maternal Fetal Medicine Division at MAHEC OBGYN*, the *Addiction Fellowship at MAHEC Family Medicine*, and the Project CARA Research Team, recommends buprenorphine +naloxone combination products (ex: Suboxone®) for eligible patients presenting for care with opioid use disorder in pregnancy and/or early postpartum. Most waiver trainings that is required for a prescriber to obtain DATA 2000 certification (DEA X-waiver), recommends utilization of mono product buprenorphine in pregnancy. However, there is a steadily growing body of evidence that supports the use of combination buprenorphine +naloxone as a first line treatment option for pregnant/postpartum OUD patients.

Evidence:

1. **Medication safety**: Buprenorphine-naloxone dual products are FDA-approved in pregnancy when the benefit outweighs the risk. While buprenorphine alone is a Category C medication, naloxone is in fact a Category B medication and thus considered safe in pregnancy (Debelak et al. 2013).

2. **Patient Safety**: As in other comprehensive perinatal substance use treatment programs we prescribe dual products to increase patient safety from intimate partner violence. Patients and collaborating agencies report greater risk of theft of mono product medications from people experiencing intimate

Duration of Treatment

The neuroadaptations that occur with OUD can take decades to return to baseline

Patients who discontinue medications often return to use

- Treatment with medications for less than 90 days does not improve outcomes
- Those who treat with medications for less than 3 years are more likely to return to use than those who treat for greater than 3 years

Up to 5 years for chance of return to use to equal general population's risk of developing a use disorder

MOUD Is Recommended In Pregnancy

- **From *MOTHER* Study:**
  - Increased adherence to prenatal care
  - Decreased illicit drug use
  - Decreased infection exposure
  - Improved maternal nutrition
  - Improved neonatal birth weight
  - Decreased withdrawal and risk-taking behaviors
  - Facilitates treatment retention and increases use of other treatment modalities including medical/ psychiatric/ social service care

MOUD Treatment for Pregnant Patients

Less than 2% of OB/GYN doctors who accept Medicaid are trained to prescribe buprenorphine

Delivery

"I Was Scared"

"I was scared coming here, because I thought it's gonna be immediate [social services]. I [thought I] was never gonna see my child again... I never heard of this program until the day I needed help, and that day was terrifying for me, because I'd had no idea what was gonna happen..."

(Billy --All names are pseudonyms chosen by participants)

Patients Have The Same Concerns And Fears:

Is the Department of Social Services going to take my child?

Will I be able to stay with the baby once it is born?

How long will we be in the hospital?

Does the medication hurt the baby?

Do I have to tell my family I'm getting treatment?

What is NAS/NOWS?

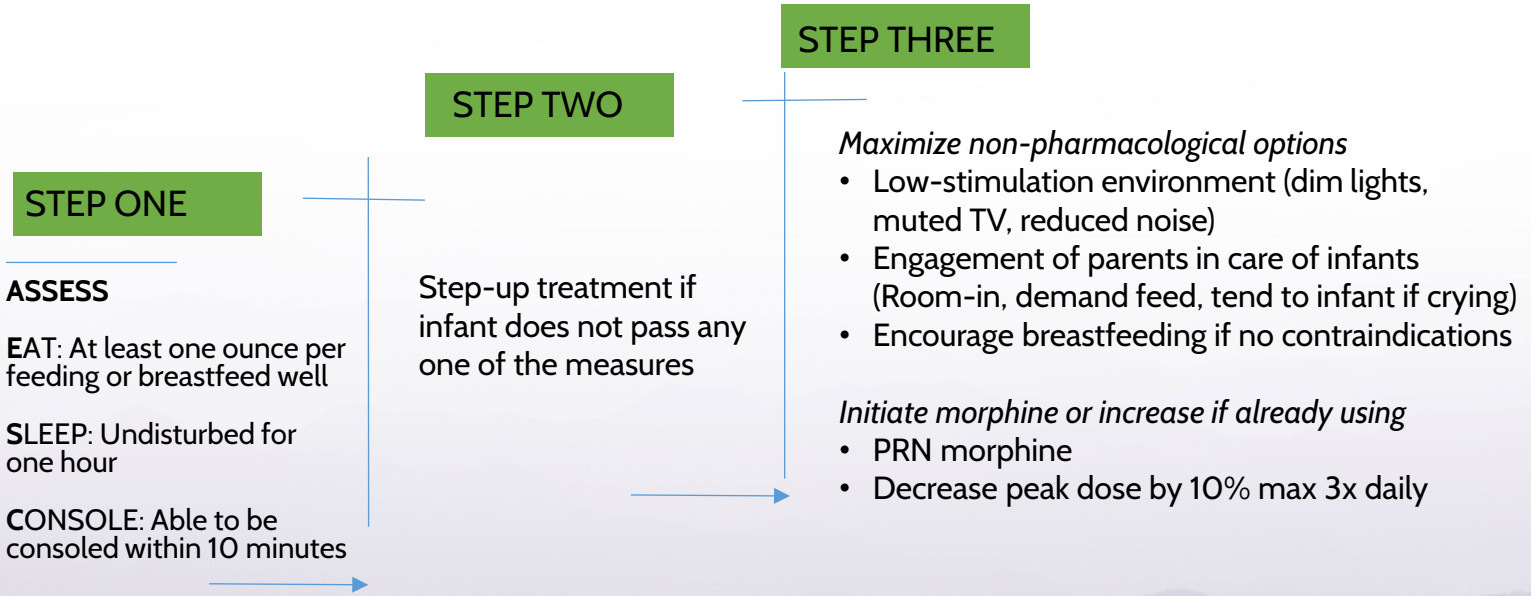
- Neonatal Opioid Withdrawal Syndrome (NOWS) is a drug withdrawal syndrome that may result from chronic birthing parent opioid use during pregnancy and is an ***expected and treatable condition*** seen in 30–80% of infants born to women taking opioid agonist therapies[1]

- Neonatal Abstinence Syndrome (NAS) can occur secondary to multiple other exposures including:
  - Alcohol
  - Benzodiazepines
  - Stimulants
  - Tobacco
  - SSRIs…

Eat Sleep Console

A tool for assessing infants with NOWS that is ***more reliable*** and ***easier to use*** compared to the original method, Finnegan Scoring, and emphasizes non-pharmacological treatments to reduce need for NICU admissions.

Eat Sleep Console significantly reduces number of days in the hospital for infants with NOWs.



Grossman, Lipshaw, Osborn, Berkwitt 2
Rhoads, Waskosky 2
Grossman, Berkwitt, Osborn et al. 2

Child Development Outcomes

Follow-up MOTHER Study:
No harmful effects of buprenorphine compared to methadone

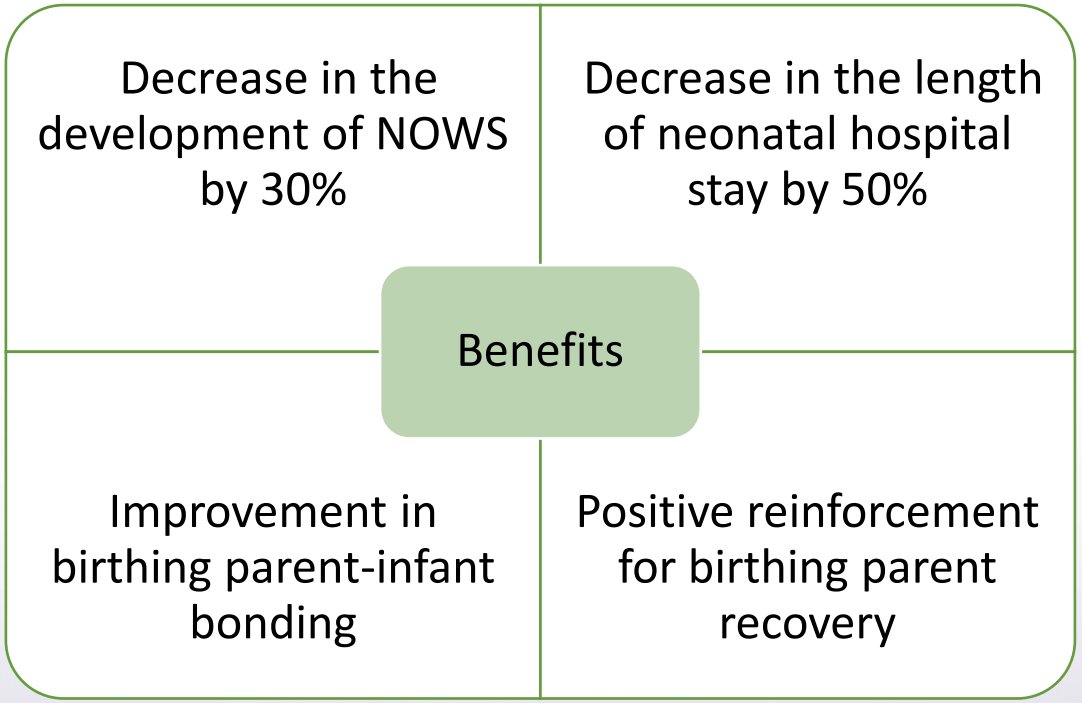
No harmful effects of NOWS severity compared to not-treated for NOWS

- Growth
- Cognitive Development
- Language ability
- Sensory processing
- Temperament

Evidence Based Practice: Breastfeeding

- **Opioids are detected in the breastmilk**
  - Associated with
    - Decreased severity of NOWS symptoms
    - Less need for pharmacotherapy
    - Shorter hospital stay for infant

- **Opioids in Breastmilk**
  - Recommended for women treated with medications for OUD
  - Minimal (methadone) to no (buprenorphine) exposure to the newborn



Reece-Stetman 2
Sachs 2
90. USFDA 2
Pritham 2
Welle-Strand et al 2

Engagement with the Department of Social Services

Myth:

"All infants born to mothers who are prescribed Methadone should be reported to DSS."

FALSE

Rural Patients' Voices

- "That's one of the things that I don't understand is why North Carolina has made it mandatory for people to [be reported to social services for receiving medication treatment][…] I mean you'd think [social services would rather we be on] Suboxone or would [they] rather people be out there using and doing other stuff while they're pregnant?"
  - Focus group participant
- Participants commonly feared potential social services scrutiny and involvement after delivery.

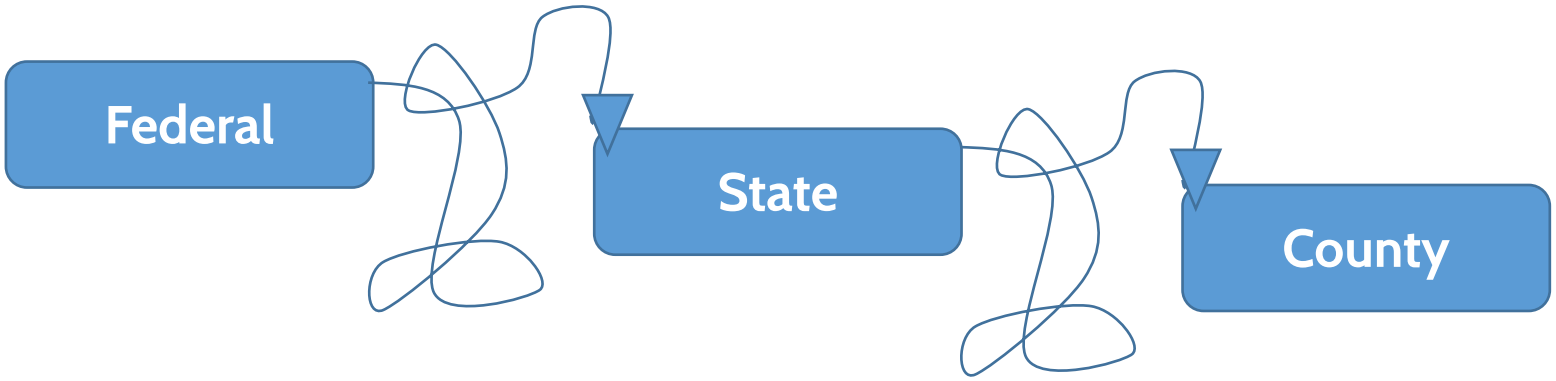
CAPTA Law

The Child Abuse Prevention and Treatment Act requires states to have policies and procedures…

requiring health care providers to notify the child protective services system if they are involved in the delivery of an infant born and identified as being affected by substance abuse or withdrawal symptoms

…resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder.

CAPTA Law Confusions And Implications



- Counties interpret the law differently
- No standard state definitions of "*active use during pregnancy*" or "*clinically significant signs of withdrawal*"
- No standard education for the differences between Child Protective Service reports and the notification process
- Wide response to the notification process

Despite all this confusion and uncertainty, women continue to adhere to evidence-based treatment and practices, knowing this will result in a potential contact with the DSS at the time of delivery.

Transition to Postpartum

Myth:

"A mother must be 'non-compliant' with care if she misses a postpartum appointment"

Parent Vs. Infant Systems Of Care

Birthing Parent

- Medical care
- Care management
- Assistance programs
  - WIC, SNAP, housing
- Substance use care
  - Behavioral health
  - Medication management
- Insurance (Pregnancy Medicaid now covers through 12mpp)

Infant

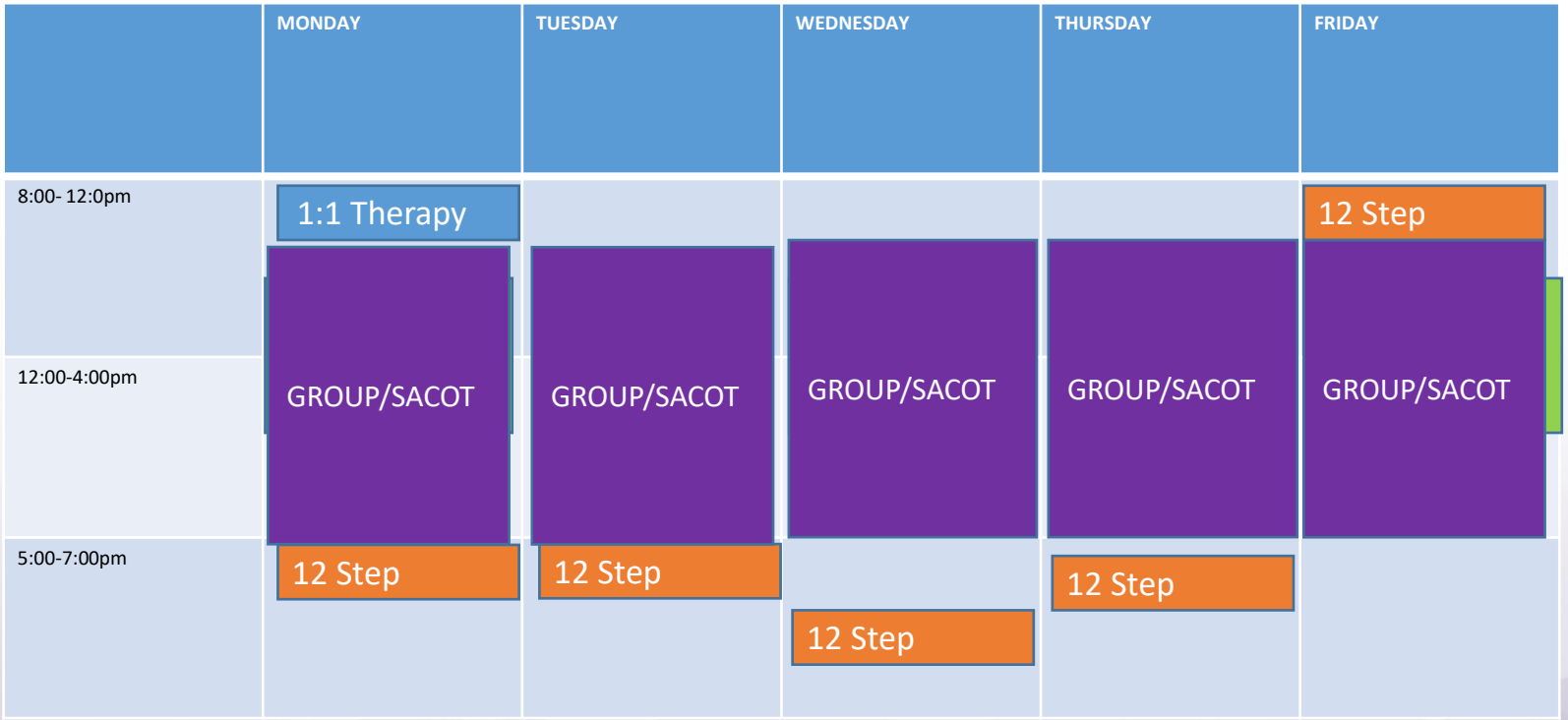
- Medical care
- Care management
- Childcare
- Substance exposure care
  - CDSA
  - Home health
- Insurance

Title

The Month of Delivery

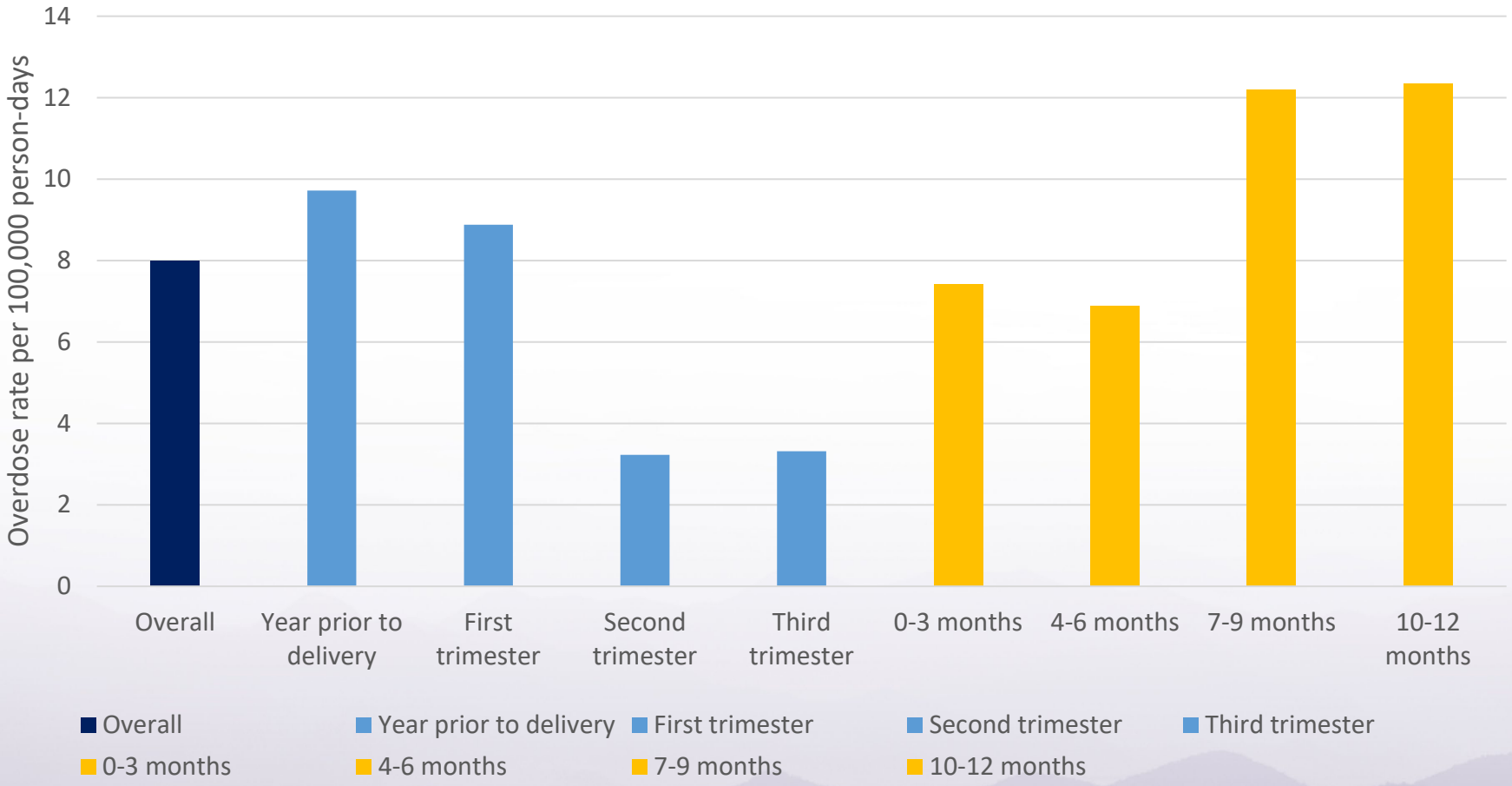
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	
5	6 Delivery	7 OB/GYN-Lactation-Social Work-Birth Certificate Ped	8 NNP Consult for PSE Resp. Therapy Lactation Consultant	9 Infant to NICU Mom discharged WIC for breast pump	10 Medication in NICU Return to MAT Clinic VAYA Care Coordinator	Medication in NICU DSS Opens Case at the hospital Rounds
12 Medication change-NICU Rounds	13 Medication in NICU First START Team Rounds	14 Medication in NICU Comprehensive Substance Use Assessment by START	15 Discharge Home CC4C and CDSA notified DSS Child & Family team	16 Home Health Nurse DSS Home Visit VAYA Care Coordinator	17 Pediatrician visit-CC4C Call to schedule CDSA Begin SA Treatment	Home Health Nurse
19	20 OB Follow up SA Treatment	21 Home Health Nurse CDSA visit	22 SA Treatment VAYA Peer Support	23 Pediatrician visit, change of meds. CC4C	24 Home Health Nurse MAT Clinic SA Treatment	
26	27 SA Treatment	28 VAYA Care Coordinator Home Health Nurse	29 SA Treatment Peer Support	30 Home Health Nurse CDSA Assessment for Services	SA Treatment Pediatrician visit-CC4C	

Knowledge Slide: Clarifying outpatient treatment



ASAM, Accessed 2

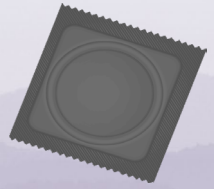
Overdose Rates During Peripartum Period



Elements of Harm Reduction for Drug Use

Strategies include:

- Community distribution and education on naloxone
- Syringe exchange and access programs
- Safe drug consumption spaces
- Comprehensive sex-positive education and supplies
- Continuing medications for opioid use disorder even if in active use
- Never Use Alone hotline: 800-484-3731
- Fentanyl test strips



What Is Recovery?

- **SAMHSA has delineated four major dimensions that support a life in recovery**

Health	Home	Purpose	Community

- **In clinic, we often ask:**

What is inspiring and nourishing you?	What is helping you stay balanced?

Next Steps In Delivering Comprehensive PSUDs Care

Project CARA's Integrated, Outpatient, Comprehensive Model of Care

Services Offered at Project CARA

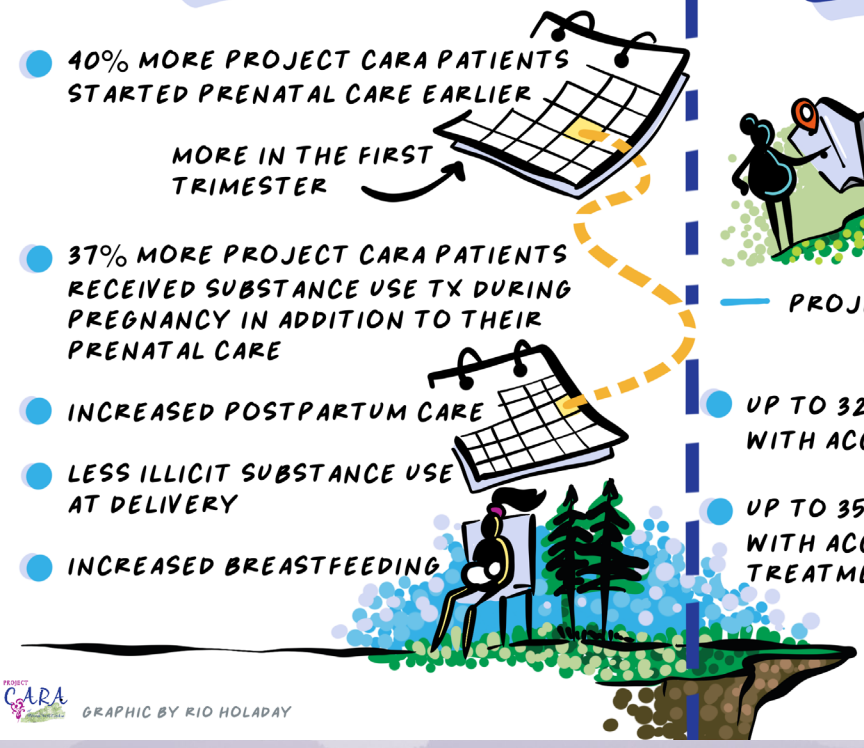
- Preconception Consults
- Prenatal and Postpartum care
- Medical management of Perinatal Substance Use Disorders (PSUDs)
  - Medication for Opioid Use Disorder (MOUD) e.g. Buprenorphine
  - Nicotine Replacement
- HIV/ Hepatitis C screening, consult, and treatment
- Mental Health screening, evaluation, and treatment
- Substance Use screening, evaluation, and treatment
- Crisis Management
- Complex Care Management
- Perinatal Substance Exposure Education
- 1:1 therapy
- Transitions of care for patients across systems

PROJECT CARA OUTCOMES:
YOU CAN IMPROVE CARE FOR THE MOTHER-BABY DYAD

WHEN COMPARED TO TRADITIONAL PRENATAL CARE MODEL:

INCREASED ACCESS AND ENGAGEMENT IN CARE

- 40% MORE PROJECT CARA PATIENTS STARTED PRENATAL CARE EARLIER
  - MORE IN THE FIRST TRIMESTER
- 37% MORE PROJECT CARA PATIENTS RECEIVED SUBSTANCE USE TX DURING PREGNANCY IN ADDITION TO THEIR PRENATAL CARE
- INCREASED POSTPARTUM CARE
- LESS ILLICIT SUBSTANCE USE AT DELIVERY
- INCREASED BREASTFEEDING



FEWER BARRIERS TO CARE

PROJECT CARA PATIENTS EXPERIENCED:

- UP TO 32% LESS DIFFICULTY WITH ACCESSING PRENATAL CARE
- UP TO 35% LESS DIFFICULTY WITH ACCESSING SUBSTANCE USE TREATMENT

INCREASED PATIENT SATISFACTION

- 14% MORE SATISFIED WITH PRENATAL CARE
- 23% MORE SATISFIED WITH SUBSTANCE USE TREATMENT
- REPORTED HIGHER LEVELS OF RESPEC FROM PROVIDERS
- REPORTED INCREASED INVOLVEMENT THEIR HEALTH CARE DECISION MAKIN

PROJECT CARA

GRAPHIC BY RIO HOLADAY

Continue Learning

Didactics

- Perinatal Substance Use Disorders 101: Exploring Evidence-Based Recommendations for Care
- Perinatal Substance Use Disorders 201: Expanding Skills and Knowledge to Care for Families Affected by Substance Use Disorders
- Breastfeeding in the Setting of Substance Use and Substance Use Disorder Updates 2024

Project CARA website

- https://mahec.net/obgyn/project-cara

Newsletter

- To join the mail list for the quarterly Project CARA newsletter click here!

Clinical Implementation and Support Resources

- FindMyCareWNC: Interactive Map for Transitions, Access and Continuity of Care (ITACC)
- FindMyCareWNCTrends: Interactive Dashboard for Transitions, Access and Continuity of Care (ITACC)
- Before You Write Your First Buprenorphine Prescription
- The Checklist: Knowing your System Before Birthing Parents with SUD Deliver
- Discussion Points: Preparing Pregnant Patients with SUD for Delivery

Technical Assistance

- Call CARA direct line: 828-255-5542
- Email ProjectCARA@mahec.net

Resources

- **SAMHSA:** Clinical Guidance for Treating Pregnant And Parenting Women with Opioid Use Disorder and their Infants
- **ACOG:** Opioid Use Disorder in Pregnancy
- **North Carolina Pregnancy and Opioid Exposure Project:** ncpeop.org
- **North Carolina Alcohol and Drug Abuse Treatment Centers:** ncdhhs.gov/divisions/dsoh/facilities
- **QuitlineNC:** https://quitlinenc.dph.ncdhhs.gov/
- **Loan Repayment:** Apply to the Substance Use Disorder Treatment and Recovery Loan Repayment Program (STAR LRP) from HRSA & Apply to the NHSC Substance Use Disorder Workforce Loan Repayment Program from HRSA
- **MAHEC's Substance Use Disorder Provider Education**: https://mahec.net/substance-use/provider-education

PROJECT CARA of Western North Carolina

Thank You!

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