Telemedicine helps pregnant women tackle taboo issue

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Dr. Lisa Boyars, one of the psychiatrists at the Medical University of South Carolina involved in a study comparing telemedicine to in-person appointments for pregnant women struggling with opioids, shows how she does an appointment in her office. Credit: Medical University of South Carolina, Sarah Pack

Sarah, a military veteran living on the coast of South Carolina, knew she

had a problem. The opioids prescribed for her pain were becoming a headache of their own.

"We trust our doctors. I went to my pain management doctor and said, 'I feel like I'm getting addicted to this. We have a problem. I'm waking up sick.' And instead of decreasing my medication, he just added another medication on top of it."

Her opioid use disorder became an even bigger problem when she got pregnant. But Sarah, who asked that her last name not be used to protect her privacy, got help at MUSC Health in Charleston. A psychiatrist and an OB-GYN worked together to coordinate her care.

Sarah was one of the lucky ones.

Nationally, less than 20% of pregnant women with opioid use disorder get treatment. Not getting treatment has been linked to poor fetal growth, preterm birth, birth defects and even the death of the mother or child. Babies born to mothers who use opioids, even under the supervision of doctors, may also suffer from neonatal abstinence syndrome, or NAS.

But psychiatrist Constance Guille, M.D., an associate professor in the Department of Psychiatry and Behavioral Sciences at the Medical University of South Carolina, said there are effective treatments. She and colleagues at MUSC have been studying the best ways to help women with opioid use disorder during and after pregnancy.

Their latest study focused on whether telemedicine, which uses technology to connect doctors with patients for online appointments, is another way to reach women who live too far away to get to Charleston on a regular basis. It was published Jain late January in *JAMA Network Open*.

Psychiatrist Dr. Constance Guille of the Medical University of South Carolina is the lead author on the JAMA Network Open article. Credit: Medical University of South Carolina, Sarah Pack

In a trial involving 98 women at four obstetricians' offices, the researchers explored whether moms-to-be who saw doctors through telemedicine did as well as women who saw doctors in person for opioid use disorder treatment. All of the women saw the doctors in person for their first appointments, as required by law, because controlled substances were involved.

After that, Guille said there were no statistically significant differences in important maternal and newborn outcomes between the telemedicine

group and the women who continued to see their doctors in person during and after their pregnancies.That has important implications for mothers and children, Guille said. Through telemedicine, doctors can reach patients in rural areas, including people who don't have the time or money to go to bigger cities for treatment.

"Integrated, collaborative care, where obstetricians and psychiatrists can work together, is the ideal model for treatment of pregnant women with opioid use disorder. It's been really hard to create that model from a financial standpoint and because there aren't a lot of people with expertise in this area," Guille said.

"Being able to take the people who specialize in this area and maximize their reach to obstetric practices by telemedicine is just a really great way to get women lifesaving treatment for this chronic disease and reduce maternal opioid overdose deaths."

Not all obstetricians have a telemedicine option, but the number is increasing across South Carolina. MUSC is a key player in the expansion through its Center for Telehealth, one of only two National Telehealth Centers of Excellence in the country, and the headquarters of the South Carolina Telehealth Alliance.

Treatment for opioid use disorder, whether the patient is pregnant or not, often involves medication-assisted treatment, also known as MAT. It combines medication with counseling. The doctors prescribe drugs such as buprenorphine, which reduces opioid craving, withdrawal and the risk of overdose and talk with the women about what led to their addiction and ways to change their behavior.

Guille said women need to continue treatment for opioid use disorder after their babies are born. "A lot of women will start treatment in pregnancy and do really well. But then in the postpartum period, they are

often without insurance and can't afford to continue their treatment and relapse. Drug overdose is one of the leading causes of maternal mortality in the postpartum period."

Sarah encouraged other women struggling with opioid use disorder to get help. "There's still a lot of taboo about it. I think we, a lot of us, feel very guilty, very alone. But look for resources. I know there are Facebook groups for pregnant mothers who are on any type of maintenance program. All of those things are so awesome, and it's important to know—because I didn't know it."

More information: Constance Guille et al, Treatment of Opioid Use Disorder in Pregnant Women via Telemedicine, *JAMA Network Open* (2020). DOI: 10.1001/jamanetworkopen.2019.20177

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