



WEST VIRGINIA OFFICE OF
DRUG CONTROL POLICY
WV Department of Health & Human Resources

Meeting Minutes

Pregnant and Parenting Women Subcommittee of the Governor's Council on Substance Abuse Prevention and Treatment

September 19, 2023, Approved

Attendees:

Jeanine Breyel, Rebecca Crowder, Dave Didden, Carly Glover, Nikki Lyttle, Stefan Maxwell (chair), Cody Smith, Randy Venable

Opening:

Dr. Stefan Maxwell (chair) provided welcome and opening remarks of this meeting of the Governor's Council on Substance Abuse Prevention and Treatment, Pregnant and Parenting Women Subcommittee. The meeting was called to order on Tuesday, September 19, 2023 and was conducted by Zoom conference. A quorum was present to approve February, May, and August meeting minutes. Janine made the motion for approval and Randy seconded the motion. The purpose of the meeting was to review 2023 implementation planning progress.

Agenda:

2023 Implementation Planning

Review of Strategies and KPIs:

Goal 1

- Strategy 1, KPI 3: During the Youth Town Hall Meeting, the discussion revolved around the association between alcohol use and Fetal Alcohol Spectrum Disorder (FASD), particularly when alcohol consumption occurs in the final trimester of pregnancy. It was proposed that we could enhance early detection of FASD in newborns by including it in the standard newborn screening test. Additionally, the idea of compiling research papers on this topic and disseminating information about the risks of alcohol consumption during pregnancy was raised. It was suggested that using a more sensitive blood test called Phosphatidyl Ethanol would be preferable to maternal urine tests for detecting alcohol use. Dr. Maxwell proposed a prospective study involving the collection and testing of newborn screening cards to further investigate this issue, but funding of \$180,000 from Dr. Christiansen, the commissioner, would be needed. Furthermore, the challenge of providing services to children who may have FASD without displaying symptoms was discussed, as Medicaid does not cover such cases. Rebecca suggested a provider education initiative to help identify children with FASD, and Nikki offered to explore potential funding sources for this study.
- Strategy 1, KPI 4: Dr. Maxwell mentioned that Candace in Morgantown is working on disseminating a YouTube video about the birth score form and how to accurately document drug use on the form. However, documenting drug use can be challenging, especially since

many patients are discharged within 24 hours, while newborns with substance exposure typically stay in the hospital for 5 days. The difficulty of tracking methamphetamine exposure due to the absence of withdrawal symptoms was acknowledged. It was emphasized that parents need education on recognizing signs of meth exposure in their children, such as excessive sleep and failure to thrive, as these infants are often discharged quickly. Randy and Janine shared insights from their treatment programs, where they discovered drug use in individuals who were unaware they were taking drugs, highlighting the need for improved testing. Sending the umbilical cord for testing in cases of substance use was suggested, although challenges were noted when infants show no signs of withdrawal and are discharged, potentially missing opportunities for providing comprehensive services. The idea of involving a social worker to connect with these families when test results are available was considered.

- Strategy 2: A request for information on recovery beds for pregnant and parenting women was submitted to ODCP, but no response has been received yet. Nikki mentioned that Medicaid regularly provides information on residential services, indicating that some facilities on the Medicaid list accept both mothers and children, as well as pregnant women. There are currently 52 beds available for mothers and children and 122 beds for pregnant women. Randy mentioned his 16-bed residential program for women but expressed difficulties in maintaining full capacity.

Prenatal Risk Screening Instrument:

- Regarding the PRSI form, it is a mandatory requirement, but its completion rate has decreased from 70% in 2019 to approximately 50-60% in recent years. The number of births in West Virginia has also been on the decline. Dr. Didden mentioned his conversation with Dr. Matt Christiansen, who expressed interest in introducing incentives to improve data collection. Janine pointed out that Aetna offers a \$20 incentive for each completed PRSI they receive. Dr. Didden proposed the idea of compiling a list of providers who consistently fail to complete the PRSI and identify the obstacles hindering form completion. This would serve as a starting point for a more comprehensive quality improvement initiative aimed at making the data more clinically valuable for healthcare providers. Dr. Didden suggested arranging a meeting with Dr. Christiansen to discuss issues related to data access and to enhance the return rates of PRSI. It was also suggested that reaching out to the ACOG chapter and individuals from the maternal risk screening advisory group could be beneficial. Janine highlighted that in some prenatal care facilities where DFMB is integrated, care coordinators take charge of PRSI administration and data entry. This approach enables the development of care plans for patients, demonstrating how the form can be effectively completed and utilized to ensure proper screening and information utilization.

Update on Substance Use in Pregnancy Committee (Dr. Maxwell)

- Dr. Maxwell mentioned that they had an opportunity to discuss DFMB, and during the discussion, Candace from Project WATCH presented the latest data indicating a decrease in NAS rates after a prolonged period of stability.

Adjournment:

With no additional discussion, Dr. Stefan Maxwell closed the meeting by thanking all subcommittee members for their attendance. The subcommittee will meet again in October.