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

Thursday, March 20, 2025, Approved

Attendees:

Subcommittee Members: Tameran Asbury, Janine Breyel, David Didden, Amna Haque, Rhonda

Edmunds, Dr. Stefan Maxwell (chair)

Guest Attendees: Amy Saunders, Kimberly Mundy, and Elizabeth Shahan

Invited, Not Attending: Sandra Cline, Rebecca Crowder, Corinne Lalama, Kristy Richardson-

Ohlis, Cody Smith, Amy Tolliver

ODCP Staff: Dr. Stephen Loyd, Jessica Smith

Marshall University Staff: Rachel Bledsoe and Bradley McCoy

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 (PPW) Subcommittee. The meeting was called to order on Thursday, March 20, 2025, and was conducted by Zoom conference. A quorum was present to approve the February 2025 meeting minutes. Janine Breyel made a motion to approve without changes, and Dr. Maxwell seconded with all in favor, and none opposed. There was no further discussion and the minutes were approved. The purpose of the meeting was to review progress on 2025 Key Performance Indicator activities.

Agenda:

Subcommittee Chair Collaboration Meeting Overview

- Dr. Stefan Maxwell provided an overview of the Subcommittee chair collaboration meeting on March 10, 2025. The PPW Subcommittee presented their State Plan to the other chairs and requested assistance with resources related to educational campaigns.
- Bob Hansen (Housing Workgroup Chair) shared that their Workgroup is currently working on a
 gap analysis. He hopes to have data soon that he will be able to share with this Subcommittee.
 The current plan is to invite him to speak at a future PPW meeting about housing data when
 completed.

Pregnancy Risk Screening Instrument (PRSI) Survey "Provider SUD Screening Practices Results" Presented by Amna Haque with the West Virginia Perinatal Partnership:

- The initial survey is completed. 78 practices and 242 prenatal care providers were identified. 74 practices completed the survey, a 95% response rate. Some participated by email, but most were conducted by phone. They were contacted between August 2024 and January 2025.
- 72 medical practices stated they administer some type of verbal screening for substance use disorder (SUD) to their pregnant patients.

- 65 practices follow up with a toxicology screening, including a urine/blood confirmation test.
- 72 practices said that all patients are universally screened due to policy or routine. The other two practices were unsure what prompts their screening.
- 54 practices do a verbal screening more than once. 29 practices only do a second verbal screening if prompted to do so by patient history.
- 57 practices have their screening tool embedded in the Electronic Medical Record (EMR).
- 64 practices were familiar with the PRSI, while 10 were not.
- Of the 64 practices familiar, 59 practices use the PRSI, and 5 practices do not.
 - They provided reasons such as the PRSI is not integrated into the EMR in their office, or they use another screening tool like the Screening, Brief Intervention, and Referral to Treatment (SBIRT) instead.
- In summary, it is encouraging that most screen and are familiar with the PRSI.
- Many practices were unaware that use of the PRSI is mandated, even the ones who were already doing it.
- The incongruency in the number of practices administering the PRSI and the number of screenings reported by the state is confusing. The group discovered that there have been problems with submission of the PRSI via fax so that could explain a large amount of the variance in what occurs in the field and what is reported. It is comforting to know that even if it is not caught in the data in the state offices, it is being addressed in the field with patients.
- Future work could involve meeting with providers in person to discuss improvements. The usage of trainings and education awareness could be beneficial in engaging providers to use the PRSI.
- The West Virginia Perinatal Partnership will continue to update this Subcommittee on future data collection and collaborate to make PRSI improvements. Now that they have an exhaustive list of practices and providers, they will likely be conducting similar surveys to collect more data in the future.

Educational Campaigns Discussion:

- Dr. Stefan Maxwell reminded the group about Fetal Alcohol Spectrum Disorder and shared a CAMC study PowerPoint about its prevalence.
- Practices do not have a good marker for alcohol testing.
- Tobacco and marijuana are the most reported substances reported used during pregnancy so
 they should be included as well. The WV Perinatal Partnership is already working with the
 Bureau of Public Health (BPH) to display billboards about smoking during pregnancy.
- Amy Saunders and Elizabeth Shahan joined the meeting to discuss social norming campaigns.
 Amy already has survey data about the perception of substance use's prevalence and harm.
 Rules and guidelines for social norming campaigns already exist. Amy mentioned that the education campaigns described here may be more about promoting information than social norming since education and media campaigns are needed as well.
 - Elizabeth Shahan shared links to some literature about social norm campaigns.
 - Research shows drunk driving decreases with peer awareness:
 https://www.montana.edu/news/3483/research-shows-drunk-driving-decreases-with-peer-awareness
 - Effectiveness of social norms media marketing in reducing drinking and driving: A statewide campaign https://pmc.ncbi.nlm.nih.gov/articles/PMC4942845/
- Prevention groups have used the Framework Institute to frame reports and education messaging while avoiding stigma. Amy Saunders shared the link for them.
 - https://www.frameworksinstitute.org/

- Amy Saunders and Elizabeth Shahan also suggested this Subcommittee should get connected with Jenny Lancaster and Terzetto Creative for messaging.
- The education campaigns could also use geofencing to send messages to target populations based on predetermined criteria.
- After meeting with Dr. Stephen Loyd to discuss funding for the campaigns, a joint meeting between the PPW Subcommittee, Office of Drug Control Policy, Bureau for Public Health, WV Perinatal Partnership, and Prevention Solutions will occur to make the education campaign plans concrete.
- Elizabeth Shahan shared the price of previous similar campaigns and suggested the group contact Jenny Lancaster for an estimated price as well.

Additional Discussion

- The group discussed potential psychologists to invite to be subcommittee members in replacement of Dr. Randy Venable.
- Dr. David Didden shared The American College of Obstetricians and Gynecologists statement on substance use disorder during pregnancy. https://www.acog.org/advocacy/policy-priorities/substance-use-disorder-in-pregnancy

Adjournment:

Dr. Maxwell closed the meeting by thanking all subcommittee members for their attendance and participation. The subcommittee will meet again April 16, 2025 at 10:00 AM.