

Meeting Minutes

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

Wednesday October 2, 2024, Approved

Attendees:

Subcommittee Members: Janine Breyel, Sandra Cline, Rebecca Crowder, David Didden, Rhonda Edmunds, Amna Haque, Dr. Stefan Maxwell (chair), Cody Smith, and Randy Venable

ODCP Staff: Jostin Holmes and Jessica Smith

Marshall University Staff: Deb Koester 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 Wednesday October 2, 2024, and was conducted by Zoom conference. A quorum was present to approve the July and August 2024 meeting minutes. Rebecca Crowder made a motion to approve without changes, and Janine Breyel seconded with all in favor, and none opposed, and the minutes were approved. The purpose of the meeting was to review the Town Hall Meeting Report and develop the 2025 State Plan.

Agenda:

Review Town Hall Meeting Summary Report

- Bradley McCoy provided a review of the Town Hall Meeting Summary Report. He and Dr. Maxwell explained to the group the overlap with the Courts and Justice-Involved Populations Subcommittee and how they could work together in 2025 to address stigma experienced by pregnant and parenting women seeking treatment/recovery and communicate legal repercussions or lack thereof. The SBIRT and PRSI screening tools are not meant to be judicially punitive for moms but are intended to be used to facilitate access to treatment/recovery to improve health outcomes and there is opportunity to communicate this more effectively to key stakeholders.
- Nicotine and marijuana are the most commonly used drugs during pregnancy. People interestingly will disclose that they smoke as they excuse it by saying their mom, grandma, etc. smoked during pregnancy and believe it to be fine, so there is a cultural component.
- Dr. Maxwell and Janine Breyel recently saw a speaker from Colorado who discussed what they saw in healthcare after legalizing marijuana. Janine would like to invite them to speak at a future Perinatal Partnership Summit.
- The concentration of cannabinoids is much higher than it was when research was done on its effects on pregnancy initially and those are the articles most often referenced by those who still

maintain that cannabinoid use during pregnancy is safe. The number of cannabis-induced psychosis cases has increased as the concentration of THC has become higher than the concentration of CBD. There is also anecdotal evidence about marijuana exposure in children but fewer updated research studies on the subject.

- This subcommittee has consensus on the need to communicate the effects of alcohol and nicotine just as much as they do illicit drugs.
- Dr. David Didden shared an article on prenatal cannabis use and pregnancy outcomes. <https://pubmed.ncbi.nlm.nih.gov/39037795/>
- This group would like to talk to Secretary Cynthia Persily and/or the First Foundation about securing funding for education campaigns.
- Video clips in obstetrics offices were mentioned multiple times in Town Hall Meetings as ways of effective communication. Town Hall Meeting attendees often spoke about how the state needs education campaigns but there is not an easy solution to the funding/work.
- There is also stigma among nurses pertaining to pregnant and parenting women with substance use disorder. The group discussed ways to work on this such as partnering with the Public Education Subcommittee to offer their stigma training to those in healthcare and configuring their modules for nurses who work in this space. They also discussed having people in recovery share their experience and perceptions of the healthcare system with nurses. The subcommittee noted that PRSSs and addiction care team involvement in healthcare has had success in diminishing stigma in the past such as the in-person recovery presentations at CAMC. The group discussed having continuing education credits for those in healthcare to attend stigma training.
- Facilities such as Project Hope let moms have their babies with them for treatment.

State Plan 2025 Draft with Final Draft Due November 15, 2024

- The group actively worked toward the development of their 2025 Plan, building from the 2024 Plan. Their draft is shown below with edits.

Reconfirm Subcommittee Membership

- This agenda item will be discussed at the next subcommittee meeting.

Additional Discussion

- This subcommittee plans to meet again at the end of October to finalize their 2025 Plan. This meeting may replace their November meeting as well.

Adjournment:

Dr. Maxwell closed the meeting by thanking all subcommittee members for their attendance. The subcommittee will meet again on October 29, 2024.

Pregnant and Parenting Women (2025 Draft Plan - October 2, 2024)

Goal 1: Promote prevention, treatment, and care coordination for pregnant and parenting women.

Strategy 1. Increase standardized screening to identify pregnant and parenting women with SUD.

KPI 1: Through December 31, 2025, continue to collect data from OB/GYN providers on their PRSI usage and identify barriers to completion of the PRSI in their practices.

KPI 2: By June 30, 2025, develop a set of written recommendations based on survey findings to optimize standardized screening.

KPI 3: Through October 31, 2025, share key findings with stakeholders and elicit feedback, including but not limited to Office of Maternal Child and Family Health, Maternal Risk Screening Advisory Council, American College of Obstetrics and Gynecology West Virginia, and West Virginia Perinatal Partnership.

KPI 4: By December 31, 2025, synthesize feedback from stakeholders to inform the next steps and development of strategies.

Strategy 2. Increase capacity to provide treatment and recovery support across West Virginia (for all substances) for pregnant and parenting women, including those who experience a return to use.

~~KPI 1: By June 30, 2024, conduct key informant interviews with the residential housing facilities that serve pregnant and parenting women.~~

KPI 1: Through March 31, 2025, review housing recommendations to inform development of strategies to increase capacity.

~~KPI 2: By August 31, 2024, develop recommendations based on survey findings.~~

~~KPI 3: By June 30, 2024, conduct regional, virtual listening sessions statewide to understand what is working well and where there are gaps related to infants and families exposed to methamphetamine and other polysubstance use.~~

~~KPI 4: By August 31, 2024, develop recommendations based on listening session findings.~~

KPI 2: By April 30, 2025, plan and implement a one-day meeting to advance the work of Strategy 2, engaging other subcommittees such as Prevention, Treatment, Public Education, and Recovery.

Strategy 3. Develop and implement a campaign to educate providers, key stakeholders, and communities (PPW) on the risks of alcohol use, cannabis, nicotine, and tobacco during pregnancy (especially the third trimester) to address current rates of fetal alcohol exposure.

KPI 1: By April 30, 2025, include implementation of education campaigns as a topic of discussion at the meeting with the other subcommittees mentioned in Strategy 2.

KPI 2: By June 30, 2025, identify potential funding sources to support an educational campaign.

KPI 3: Through December 31, 2025, continue to disseminate issue briefs on topics mentioned in Strategy 3 to providers such as the incidence of infants exposed to alcohol in the last 4-6 weeks of pregnancy.

KPI 4: By December 31, 2025, develop a social media toolkit based on the issue briefs mentioned in KPI 3.