

CALVERT COUNTY HEALTH DEPARTMENT

P.O. Box 980
975 Solomons Island Road, N
Prince Frederick, Maryland 20678

Laurence Polsky, MD, MPH, F.A.C.O.G.
Health Officer

Dan Williams, RS
Deputy Health Officer

Sharon Walsler, Director
Administrative Services

Washington Area (301) 855-1353

Baltimore Area (410) 269-1051

Fax (410) 535-5285

www.calverthealth.org



STATE OF MARYLAND

April 29, 2015

Lt. Governor Boyd Rutherford
100 State Circle
Annapolis, MD 21401

Lt. Governor Rutherford and Members of the Heroin and Opioid Emergency Task Force:

The Calvert County Health Department feels strongly that intervention efforts started at a young age are critical to effectively reducing harm from drug use. We've taken that concept to the extreme and designed a program aimed at children...in the womb.

As has happened across the state and across the country, this surge in opiate abuse has disproportionately affected women, and most often during their reproductive years. Women with addiction problems are less likely to use contraception and therefore more likely to have unintended pregnancies. Pregnancies affected by opiates are more likely to result in premature birth and low birth weights (the leading causes of neonatal death in the U.S.) and a host of childhood developmental problems and social service nightmares.

Our local health department coordinated a novel program, Healthy Beginnings, to provide one-stop access to multiple health and social services for pregnant women struggling with drug use.

Under one roof, we organize substance abuse counseling, mental health counseling, social services, information on continuing education and vocational training, health insurance enrollment, smoking cessation classes tailored toward pregnancy and postpartum, WIC services, postpartum contraception, and transportation assistance for those without a car. When appropriate, we also coordinate Medication Assisted Therapy for opiate use. The health department is located just across the parking lot from both of our county's obstetric practices, so after program participants receive help at our facility, they can walk less than 50 yards to their prenatal appointments.

We are almost a year into our program that is underwritten by the **Maryland Community Health Resource Commission**. So far, we have enrolled close to 50 pregnant women. Prior to the launch of our Healthy Beginnings program, most pregnant drug users kept only a few prenatal appointments and it was common to see women present to the hospital in labor with no prenatal care. In almost all cases, the babies would go into opiate withdrawal, known medically as neonatal abstinence syndrome (NAS), requiring a prolonged stay in the neonatal intensive care unit (NICU). Since the launch of Healthy Beginnings, 65% of our patients have attended at least 7 prenatal appointments. 87% have delivered babies that are of normal weight and only 17% percent of babies have required NICU admissions. We have seen no neonatal deaths.

Preventing NICU admissions is important on several levels. First, neonatal abstinence syndrome can result in everything from the inability of the baby to feed, to respiratory complications, to seizures. Babies without intrauterine heroin or prescription opiate exposure are much more likely to be able to breastfeed, bond with their mother, and avoid multiple early-life health complications. In addition, a typical NICU stay for a full term baby with NAS costs well over \$50,000. A baby born 2-3 months prematurely or at very low birth weight can easily cost a half million dollars in hospital expenses alone. This doesn't include the ongoing medical care the child will need, social service costs, and the increased possibility of special education needs as he or she gets older.

In addition, 54% of women in Healthy Beginnings started a method of contraception after delivery. In the year prior to the start of this program, the percentage of women in Calvert County who screened positive for opiate use during pregnancy and reported using birth control after their pregnancy was zero.

As an important adjunct to the program, our reproductive health nurse practitioner and members of our Maternal Child division have performed 32 outreach sessions at substance abuse treatment facilities across Southern Maryland. This outreach has resulted in the delivery of long-acting contraceptives to close to 50 women. This has almost certainly prevented dozens of unintended pregnancies in women who are still struggling to get their addiction and underlying mental health conditions under control.

LHDs are uniquely situated to coordinate this type of program. We routinely provide outreach to pregnant women, particularly those who are economically disadvantaged, we work with social service departments, we help enroll people in health insurance plans, many of us are direct behavioral health treatment providers, and we have ties to our community hospitals and local physicians.

The CCHD has extended the scope of our Healthy Beginnings program into something we call "Bridge to Health". This initiative targets women of childbearing age with addiction problems or are at high risk. Our Reproductive Health staff screen their patients for substance abuse and mental health risk factors and our Behavioral Health staff screen their patients for contraceptive needs. As a result, over the last 6 months, we have linked 114 women of reproductive age with much needed behavioral health counseling. In addition, 247 behavioral health patients have been counseled for contraceptive needs.

Success in treating chronic health conditions, including substance abuse and mental health problems, requires a partnership between patient and provider. It also requires a willingness for the patient to change behaviors and lifestyle. There is no group of people more motivated to change behaviors that affect health than pregnant women.

I encourage you to consider investing in prenatal and reproductive health interventions as you formulate your recommendations to the Governor. I would also humbly suggest that you consider adding Local Health Departments and Social Service Departments to the panels of the upcoming regional summits. Thank you very much for your time and attention.

Sincerely,



Larry Polsky, MD, MPH, FACOG