Katherine Atcheson ([00:05](https://www.rev.com/transcript-editor/shared/mQ5yTe7hjptqMpSARFqbIjSgdnrDpy92OnJC7m26RngHT4iSaIqnLbgez9ertYwmUDs0mKHIOrExeElzT11NVIp-6H8?loadFrom=DocumentDeeplink&ts=5.01)):

Hello, and welcome to Clinical Chats, a podcast for sexual and reproductive health professionals. Clinical Chats, formerly known as The Family Planning Files, is a program from the Clinical Training Center for Sexual and Reproductive Health, or CTC-SRH, formerly known as the National Clinical Training Center for Family Planning, or NCTCFP, and is funded by the Office of Population Affairs in order to enhance the knowledge of Title X clinicians and other staff.

([00:35](https://www.rev.com/transcript-editor/shared/ZGOChT5C0bEqsbEZVzv1Ywnv35oKnPgDwM6KusDrzI3EICqf9ANrrGfhNUKA4jlSLQneQlyQdMdbTXwzRFKtniP8omQ?loadFrom=DocumentDeeplink&ts=35.1)):

In today's podcast, part of a multi-episode series on the role of family planning clinicians and preventing pregnancy-associated mortality, we'll be discussing how substance use disorder and overdose contribute to pregnancy-associated death rates and how Title X and other sexual and reproductive health clinicians can address substance use disorders with their patients.

([00:57](https://www.rev.com/transcript-editor/shared/k9GJ6ZHqKe0ekzMKCRFv0BLgNL4zn7YVT9Ms2ugJKU2gwHhrhiFN2DgFmvDRFlS4zfX2VoE0JPuSJqCIRxb3mXr1Olk?loadFrom=DocumentDeeplink&ts=57.99)):

Our guest today is Dr. Tricia Wright. Dr. Wright is a professor of obstetrics and gynecology at UCSF Medical School, where both her clinical and academic work focus on providing care to pregnant patients with substance use disorders. Dr. Wright received her MD from the University of Michigan and completed her residency at the University of New Mexico. In 2019, Dr. Wright was named a Distinguished Fellow by the American Society of Addiction Medicine for her work.

([01:30](https://www.rev.com/transcript-editor/shared/L3DGTitRveakFG3zCAvZuktKLY6avXkglhqxlg1UMmtBnTnlotm0tQyUx7RJ-ngAa9wG6hKKSW2elVqxzQYFY0k3rLg?loadFrom=DocumentDeeplink&ts=90.87)):

Welcome to the podcast, Dr. Wright. We're so excited to speak with you today.

Dr. Tricia Wright ([01:35](https://www.rev.com/transcript-editor/shared/TgjJsq6rn4XlKOfJhGlCGxIcff_DM4ts4qLAc5Z696cdcUTvQi83afk571C3dnNz_MrAcYaGdqlWOeHLSTT_R07tqJE?loadFrom=DocumentDeeplink&ts=95.37)):

Thanks for having me.

Katherine Atcheson ([01:36](https://www.rev.com/transcript-editor/shared/21KKaT6J6XjYF3doHmUnIn7nnPFPa7IWfHLPP-ZThiZKsob0dBhAtThbvZHPGW7W3dTT78xNM2F4mOacpPooxaOYiRs?loadFrom=DocumentDeeplink&ts=96.99)):

To begin with, how common is overdose as a cause of maternal death, especially compared to other causes of pregnancy related and pregnancy-associated mortality?

Dr. Tricia Wright ([01:48](https://www.rev.com/transcript-editor/shared/HI0h_Ss93Vytlthjm6jqAPac35ejMVkbmLGYazMmteqQZGtMWLWRxdHM_d-Ihm_bZq4mJVggzjPQjNFtLnMfkCzynV4?loadFrom=DocumentDeeplink&ts=108.84)):

When I first looked at this in 2015, I was shocked to see that a lot of states... Looked at their maternal mortality rates and seeing that a great driver, and in some states the leading cause of maternal mortality, is overdose, mainly in the postpartum period.

Katherine Atcheson ([02:06](https://www.rev.com/transcript-editor/shared/8_id54jTua9humU-9mCg0PpXCxYC72Rqx8Fx6wuGY3vsZgQ-XEAjm8VP2IOk3ax9rJ_4bHVnz8RtKWru1l57YwWhf7w?loadFrom=DocumentDeeplink&ts=126.12)):

Over the past several years, maybe even decade, we've heard about the effects of the opioid epidemic on overdose rates. Is this also reflected in these maternal deaths and are there other substances that are seen in maternal overdose deaths?

Dr. Tricia Wright ([02:24](https://www.rev.com/transcript-editor/shared/0R2XpInGCx1SbFidxssINIngbNKP793IIA5x0ydwlOX-2I3-o6L3GPXYiifwaGleu5eQqE1svV-9PxBErtwIrNm4vvA?loadFrom=DocumentDeeplink&ts=144.54)):

Yes. Definitely, opioids are the main driver, but we also see stimulants contributing, especially in combination with opioids and also by themselves, and then also contributing to some of the other complications of pregnancy, such as heart condition.

Katherine Atcheson ([02:40](https://www.rev.com/transcript-editor/shared/S3g7MM3dXprwgM6Q0KFDSbo94tI7cZ395bhexXT_Xl97Ug53rhbpc8v2yvjtqvW8Ur_Z-3DeB59ur94qfDrfFaQ1fvA?loadFrom=DocumentDeeplink&ts=160.77)):

What kind of disparities are seen in maternal overdose rates, such as between racial and ethnic groups, across age groups, different parts of the country? What are we seeing epidemiologically?

Dr. Tricia Wright ([02:54](https://www.rev.com/transcript-editor/shared/vuIrGUJVq0SyBkzXtDpO24zwJZGAnRhqYeDoNW_LbkKDLKIiQGrq1bmtkAEctZmzVz8f2CliykxIjR3B5Xjx6g9HzxA?loadFrom=DocumentDeeplink&ts=174.54)):

For family planning professionals, you can imagine that a lot of the disparities we're seeing are in states that also discriminate against family planning. Reproductive justice is definitely hand in hand with policies that increase overdose by decreasing access to treatments and increasing punishment for pregnant people who use drugs. So, we definitely see the disparities in those states that criminalize substance use in pregnancy.

([03:29](https://www.rev.com/transcript-editor/shared/0slaHDTGevHSGtgQTIvqH5YgtIvDCyiGaxvf7SAv0372glH8SESOe5J2PFf3zYSdGSP_tqEZSgM3jIdH0hNk-dQNfYo?loadFrom=DocumentDeeplink&ts=209.94)):

As far as racial and ethnic disparities, we know that while Black birthing people have similar rates of use of opioids, they have less access to medications for opioid use disorder and are much more likely to be reported to child welfare and much more likely to be incarcerated.

Katherine Atcheson ([03:52](https://www.rev.com/transcript-editor/shared/EWhkVQUuBAqH7UO-F42kN3-y9zhCDerMKiWKqHMaa73MLyHRBa2yDmqbaA3jhBYsWi3Ef7_5dfnpMJCIXmf1psmCwoE?loadFrom=DocumentDeeplink&ts=232.68)):

Getting into more of the micro level, but is there anything about the physiology of pregnancy and the postpartum period itself that may make a patient more at risk of substance use disorder or overdose?

Dr. Tricia Wright ([04:09](https://www.rev.com/transcript-editor/shared/hlgUF0LDGRJEnH1XXmdDFwq3vlcPCrDqpv7au6TrvmwXatLGlg1PrgFDzBmEiTD53a0uOAINPRb42MuBUu2criwIAJM?loadFrom=DocumentDeeplink&ts=249.03)):

Pregnancy itself is somewhat protective and it's a great time for patients to obtain sobriety, but some of the challenges of pregnancy that make it a little more difficult is the medications for opioid use disorder usually have to be increased because of the physiologic changes in pregnancy. So, if patients are not treated adequately, they're at more risk for overdose.

([04:33](https://www.rev.com/transcript-editor/shared/pqViGK_3WOMg7hr971qDPLqZL3k-RzwfyQ8KTgtbb0cN9xB78a6g2_4vNmBi-0hUrpQFBw0_NS8S-X7OXYpvVLFrhXE?loadFrom=DocumentDeeplink&ts=273.42)):

In the postpartum period, when patients lose access to their medications for opioid use disorder, because of their insurance and/or because of other issues, then they're much more likely to overdose at that point. We know that after periods of abstinence, such as pregnancy, if patients have abstained from their opioids that their tolerance goes way down and so much more likely to overdose when using their usual amount. Fentanyl has made it so much more lethal when patients return to use.

Katherine Atcheson ([05:09](https://www.rev.com/transcript-editor/shared/qtdPmKbkjcx2YrcmPVx5NQ4P6AEEdqkvEOtcZTuniaDE0H9XURfVLBGk0qJue_U-ySYW5iqkMO8zD4t-F7YzhvkuTBA?loadFrom=DocumentDeeplink&ts=309.45)):

What are some common myths about substance use, especially in regards to reproductive health, pregnancy, the postpartum period? There are also any myths around overdose or misconceptions?

Dr. Tricia Wright ([05:26](https://www.rev.com/transcript-editor/shared/OM8tMFE5Wi9hyoIm-gMRVChjwXgw5Wmu3jEf_5Oojle93YeEGyrb5HbFWCtaZZbzjMgM6HArDAy2ZgNyDf0dFMsqFeI?loadFrom=DocumentDeeplink&ts=326.13)):

I think the biggest myth about pregnancy and substance use disorders is that pregnant people don't care and aren't wanting to be capable parents and aren't wanting sobriety. A direct contradiction, from what I've found, is that pregnancy is much of the time for motivation to change behavior. Pregnant people don't just go out and start using substances because they're pregnant. They have a substance use disorder and are unable to stop using substances on their own or unable to obtain medications to help them to stop.

([06:05](https://www.rev.com/transcript-editor/shared/c2oNKTVHDZShPPNTgdj7rbKelFDU-DLJ1Dq5iSom4MyLYmrFLxvSQ00NU1i1mWEP3t9KhYBS-EPrkmSdOdPf0tdgTio?loadFrom=DocumentDeeplink&ts=365.85)):

Some of the myths about overdose is only about opioids. Definitely, as we mentioned earlier, the stimulants can be involved and so treatment for both. Another really important thing to stress about overdose is that medications for opioid use disorder universally decrease the risk of death from all causes by 50%. Nothing else we do in medicine has that effect, and so really remembering that access to medications for opioid use disorder are so important.

Katherine Atcheson ([06:39](https://www.rev.com/transcript-editor/shared/E9HZJziy0aQcvH1_vkRX1ofkqYoSfmEzFVW5CIRbvjd6oH1XWukKJvqfhWe9CYrkHzkJi1-mdDW4HLzQPT7DFHveutI?loadFrom=DocumentDeeplink&ts=399.3)):

Moving into the clinical setting, since Title X doesn't cover prenatal care, so our clinicians don't provide that, but they do see patients who may become pregnant, who are trying to become pregnant, who may come in and test positive for pregnancy, or who are postpartum. What is their role in preventing pregnancy-associated overdose and addressing substance use disorder in their own practices?

Dr. Tricia Wright ([07:10](https://www.rev.com/transcript-editor/shared/Dd97de_irvcc6C0KjomgS0lp-Kin6GvJ181WgPj3oEzjnyShy8u-vROiTKGgVsRIprR8BC2Y2iYangCFzhjCvKWy9yQ?loadFrom=DocumentDeeplink&ts=430.68)):

I think they have the greatest role actually in providing universal screening for substance use disorders and at-risk substance use and then once they're screened, doing something called SBIRT or Screening, Brief intervention, and Referral to Treatment. So, just being really skilled in motivational interviewing, which most people that provide contraception are very skilled in motivational interviewing, and using those skills to motivate for change. So, asking pregnant people about their substance use and if they are at risk, counseling them on the risk of pregnancy, and then also providing adequate contraception, of course, and if they're wanting pregnancy, providing the preconception counseling and referral to treatment, so that they can enter pregnancy healthy.

Katherine Atcheson ([08:00](https://www.rev.com/transcript-editor/shared/PkGfCgt6PC65dDW2oGOFREDRj6WkUJf4p6jYlx9umHapWPXwwq1zgjWNYa1gJ3hPM-Oy7MlaXxLiA6ykk2JU6tPJXuw?loadFrom=DocumentDeeplink&ts=480.21)):

You touched on this briefly with your last question, you mentioned that motivational interviewing, but some best practices for clinicians who provide screening and counseling to patients about substance use, possible potential overdose. What are some of those best practices, especially if that patient is postpartum or may become pregnant?

Dr. Tricia Wright ([08:25](https://www.rev.com/transcript-editor/shared/hSXBymJ-0z7Ury9jMnaEwMLZpxsyCBfWjR-eoZDOlj7cnNCQb3cy06n3ennCK34TySw8Lmeai7O6Ocw018B30gjIPrw?loadFrom=DocumentDeeplink&ts=505.29)):

Doing, again, the universal screening of everybody and not with urine toxicology. That's with a validated screening tool. Then if they screen positive, doing a brief intervention with the motivational interviewing. If they want further treatment or need further treatment, being able to refer to community resources for that treatment is really best practices. As far as overdose prevention, making sure they have access to medications for opioid use disorder and, of course, [inaudible 00:08:55].

Katherine Atcheson ([08:56](https://www.rev.com/transcript-editor/shared/jRoi5y3fLxPdWeIj_uNs3gN-yxTN0K5GlS4kqtf5kLjZDWaNrc9kiKqjHLM-KnT5SH8fTGX0LXPD99cXG7dKfHNgrxE?loadFrom=DocumentDeeplink&ts=536.58)):

As we all know, substance use is not a one-and-done condition. Many people experience relapse or need extra support in their recovery. What are some good ways for Title X clinicians to support clients who are in that period of recovery, who may be receiving that treatment, whether counseling and medication assisted treatment, or who have survived overdoses?

Dr. Tricia Wright ([09:24](https://www.rev.com/transcript-editor/shared/6IJyUWjzwUVwG-WPnzCZbpqcSz220T1IlY-NQYls6iC6ZBbI_epl-xs2VANmHM9eXiR6N1ikcJ8ZG_nuDOemQOOPEcs?loadFrom=DocumentDeeplink&ts=564.21)):

That's a great question. [inaudible 00:09:26], substance use disorder is a chronic lifelong condition. There are periods of relapse, and relapse is part of recovery, and return to use is part of recovery. So, being able to support that and being aware of that. Again, making sure they have access to Naloxone and access to their MOUD, providing adequate contraception if they're not wanting pregnancy, and then just being able to support them, their goals, and access to counseling.

Katherine Atcheson ([09:57](https://www.rev.com/transcript-editor/shared/q1RMhmaMJn36kHb7w1A5sWztur6nUFfRXoNEVh2jup5amBXpXxrIokO2och0lrsMqY43fya6XAGUgPD1inXdm2Ky9h8?loadFrom=DocumentDeeplink&ts=597.33)):

While we've had a good conversation about ways clinicians can really start to think about this, this podcast itself is just a taster on the whole subject of both, maternal mortality and substance use disorder and overdose, within the family planning setting.

([10:16](https://www.rev.com/transcript-editor/shared/jrgSRRBvHdh7lI5voIm6AVA6t7ozc96AHy87CBZpggKeEu2aAWnKHWrrObPc9I1_rUZlDjc66Dp_X4dtqG6po0WMk94?loadFrom=DocumentDeeplink&ts=616.35)):

What are some good resources, in your opinion, for clinicians who would like to learn more about preventing overdose and addressing substance use disorder, especially patients who may become pregnant or who were postpartum?

Dr. Tricia Wright ([10:31](https://www.rev.com/transcript-editor/shared/QEHLBFGMyhnsJCcZXuoAuN86KYUNP7bVlFo5OKUvV1dn-k3UIv36zY4WPv29T6Pam_YTTUS2qJJj__3Cyz5Qs5L9HPg?loadFrom=DocumentDeeplink&ts=631.17)):

Thank you for that question. We have a women's addiction group through the American Society of Addiction Medicine that focuses a lot on substance use throughout the lifespan, not just in the pregnancy period. We're working on getting a website together with those resources.

([10:51](https://www.rev.com/transcript-editor/shared/sIEq53KPQGWhQIXAlwr_IeyDrkb89DgvucoqSQKwobr1YfYu16_IJ688AJpjhCTzHyc2T5lQ2p1ENDOmvu77mW-V_zQ?loadFrom=DocumentDeeplink&ts=651.18)):

In the meantime, ASAM, the American Society of Addiction Medicine, has some great courses on SBIRT, and then just the Maternal Mortality Commission, and AIM, which is ACOG's Maternal Mortality Bundle, has some resources on substance use disorder.

Katherine Atcheson ([11:11](https://www.rev.com/transcript-editor/shared/pW-LqFvfllmDb4trBILnY5M_N_Mkq3LRZZRc23TgOjhdunKhIRLNS_5ZbOKs4Kd8uz_ZLjvjpLSB0dwCOdoqQwGfY4o?loadFrom=DocumentDeeplink&ts=671.67)):

Before we say goodbye, if you could give our clinicians, our listeners, just one top takeaway to keep in mind as they return to their practices about preventing pregnancy-associated death and overdose, what would that be?

Dr. Tricia Wright ([11:28](https://www.rev.com/transcript-editor/shared/naCvu-CIhTsbxND52Lx788AeIaidBwKVoSiCMVXUjWvuIMGhDhsr6AY8KRrawElzXyjr6PDViqrfdlbZXACqzFrdHKw?loadFrom=DocumentDeeplink&ts=688.71)):

It would be really treating patients with respect, which I know Title X providers do. But realizing that anything we can do to normalize this as a medical condition, so that patients aren't afraid to attain medical care is paramount.

Katherine Atcheson ([11:48](https://www.rev.com/transcript-editor/shared/m7VQ_7qypSDfd2Xc4N9vyiLA9yPJuoDUEEUgjS4J0jXeUV6WmSlz58Tjf1GWKn7FvFK03pG63IAbMtsAu5gK4Ka2eYM?loadFrom=DocumentDeeplink&ts=708.03)):

Well, thank you so much for joining us today, Dr. Wright, and for sharing your time and expertise.

([11:54](https://www.rev.com/transcript-editor/shared/xIodfH83oYj9vTLHVgAEcB_STHAv1A7B0xpSZvn6RsgALgLdnVvBE66w7tedysTC1M6WsLtUhNPxFvJv2y_UNEF_11Q?loadFrom=DocumentDeeplink&ts=714.42)):

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([12:30](https://www.rev.com/transcript-editor/shared/JyZ31TOitYwlOvUsfJ6QXw6KgubvuyO2ub7yqOs53b4ANznDU5QEpZFh_yn0tKKuqxDzTV0gHujzNWIbMPLwAZ4c00c?loadFrom=DocumentDeeplink&ts=750.09)):

The CTC-SRH is funded by the Office of Population Affairs to provide continuing education, training, and technical assistance to Title X grantees, sub-recipients, and service sites, and is supported by DHHS grant number 5 FPTPA 006031-03-00.

([12:51](https://www.rev.com/transcript-editor/shared/_w1Tv9JvDwJ4M2acyNV8NWde195sYdhC7RzDbf0fs158zgmYlL3IDTfqnPata0kG3LMubdNpvQImic8cT8fLQi2pu9I?loadFrom=DocumentDeeplink&ts=771.78)):

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([13:23](https://www.rev.com/transcript-editor/shared/NG2C9Y2s2w2HPnqKh8H4W0fdGSjpShuZwjVrn2nE0Z-1LooeaTnw5K20Mw-2TIpJ-7D50MAXNUZbkN_bzQ1ZbdqM57o?loadFrom=DocumentDeeplink&ts=803.34)):

Theme music written by Dan Jones and performed by Dan Jones and The Squids. Other production support provided by the Collaborative to Advance Health Services at the University of Missouri, Kansas City School of Nursing and Health Studies. Finally, thank you to our listeners for tuning in today. We hope that you'll join us next time for another episode of Clinical Chats.