Comprehensive Coordinated Care offers hope to mothers addicted to opiates

The Drug Abuse Comprehensive Coordinating Office, Inc. (DACCO), in Tampa, Florida, serves more than 600 opioid treatment patients, including about 40 pregnant or postpartum women.

To provide a supportive environment for increasing numbers of pregnant patients, DACCO’s assistant medical director, Jason Fields, M.D., developed the Comprehensive Coordinated Care program three years ago. Board certified, Dr. Fields provides direct patient care, education, and advocacy.

“Pregnancy is an ideal time to engage women in treatment, because they are likely to have an inherent motherly motivation to have a healthy baby,” Dr. Fields says. “The integration of behavioral healthcare with obstetrics encourages both substance abuse recovery and healthy births.”

Patient-centered care supports mothers and their babies

Comprehensive Coordinated Care is a multidisciplinary coordination of addiction treatment with obstetric and primary care. The program’s goals are to:

- Improve OB/GYN care compliance and nutrition.
- Enable full-term pregnancies.
- Reduce maternal psychosocial symptoms.
- Increase fetal growth.
- Reduce fetal exposure to highs, withdrawal, preeclampsia,
and mortality.
- Improve bonding and likelihood of infant’s discharge to parents.
- Ensure that pregnant patients are engaged in primary and prenatal care.
- Keep mothers engaged in treatment postpartum to support their long-term recovery.
- Combat the stigma about medication-assisted treatment that occurs in the courts and child welfare systems, among physicians, and in the community.

To accomplish these goals, Comprehensive Coordinated Care offers a “one-stop shop” of maternal health supports, including:

- Medication-assisted treatment using physician-prescribed, nurse-dosed methadone or buprenorphine.
- Care coordination with OB/GYNs and pediatricians.
- A nurse who provides intensive, zero-exposure case management and one-on-one patient support.
- Access to outpatient or residential treatment (including family housing), a psychiatric clinic, primary health clinic, HIV services, general education diploma (GED) and vocational services, childcare, and parenting classes.
- Resources for baby items, doulas, and a peer support group.

“Mothers-to-be often fear identifying themselves as addicts, and many physicians avoid the liability of a high-risk patient,” Dr. Fields adds. “Providing treatment in a positive, supportive environment enables a mother to stabilize, engage in care, bond with her baby, parent, and provide a stable home.”

**Data and patient feedback confirm program’s success**

For Comprehensive Coordinated Care patients, success is reflected in their addiction recovery and healthy births:

- In the first full year of the program’s operation, 89 percent of births were substance free (excluding prescribed methadone), and 81 percent were full term and at the goal weight of at least five pounds, five ounces.
- At the end of last year, 90 percent of women in care had not been in treatment before pregnancy, and more than 160 women had been treated since the program’s inception.
- Many women choose to continue medication-assisted treatment after birth, indicating both engagement and ongoing retention.

A recent CARF survey report commended DACCO’s physicians as
“skilled in medication-assisted treatment and addiction medicine” and “passionate about providing quality services” to their patients.

Complimenting the positive impact of Comprehensive Coordinated Care, one patient wrote, “Here are two pictures of my beautiful, healthy, little baby. ... I wanted to say thank you for helping me get in the DACCO Residential Program. It truly saved my life. ... You will be happy to hear that I am approaching my eighth month of sobriety and attending daily meetings, and I also have a sponsor. ... Thanks again for helping me to reach this wonderful life that I never dreamed possible.”

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