Kacey Eichelberger, MD

Kacey Eichelberger is a physician and social justice advocate committed to equitable health outcomes for people living in the American South. She serves as professor and chair of the Department of Obstetrics and Gynecology at the University of South Carolina School of Medicine Greenville and Prisma Health Upstate, and a practicing physician in the Division of Maternal-Fetal Medicine.

In addition to her current clinical and leadership work, Kacey serves as medical director of the Magdalene Clinic, a comprehensive trauma-informed prenatal and addiction care clinic for pregnant people with substance use disorder.

Navigating the Crossroads: Addressing Substance Use Disorders in Pregnancy

Kacey Eichelberger MD
Professor and Chair, Department of Obstetrics and Gynecology
Prisma Health Upstate | University of South Carolina School of Medicine Greenville
Medical Director, The Magdalene Clinic

Disclosure Statement

I have no conflicts of interest to disclose.

Patient Presentation

DK is a 24 yo G2P0010 at 21 weeks GA (LMP alone) presenting for IPV

PMH: Moderate OUD, not in remission; Depression; Tobacco use disorder

Social history: single; currently unemployed; unstable housing

South Carolina Maternal Morbidity and Mortality Review Committee

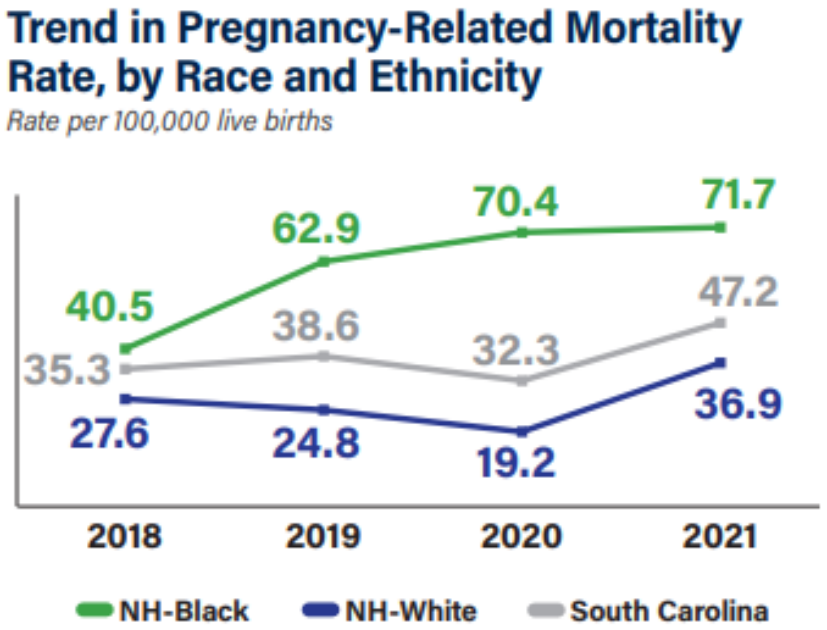
2025 LEGISLATIVE BRIEF

South Carolina Maternal Morbidity and Mortality Review Committee Co-Chairs:
Naida Rutherford, APRN-BC
Ashley Jones, MD

The South Carolina Maternal Morbidity and Mortality Review Committee (SCMMMRC) was established under Act 42 of 2016 (South Carolina Statute Section 44-1-310) and, in accordance with the Act, the Committee must review all maternal deaths that occur during pregnancy or within 365 days after the pregnancy ends, regardless of the cause death and compile and distribute an annual report of their findings by March 1st. Each death is examined using a standardized approach, which involves investigating the underlying causes of death, the pregnancy-relatedness, preventability, and any circumstances or contributing factors surrounding the death.

Goals

- Determine the annual number of pregnancy-associated deaths that are pregnancy-related.
- Identify trends and risk factors among preventable pregnancy-related deaths in SC.
- Develop actionable recommendations for prevention and intervention.



(N=27 for 2021)

https://dph.sc.gov/sites/scdph/files/Library/00229-ENG-CR.pdf

South Carolina Maternal Morbidity and Mortality Review Committee

2025 LEGISLATIVE BRIEF

South Carolina Maternal Morbidity and Mortality Review Committee Co-Chairs:
Naida Rutherford, APRN-BC
Ashley Jones, MD

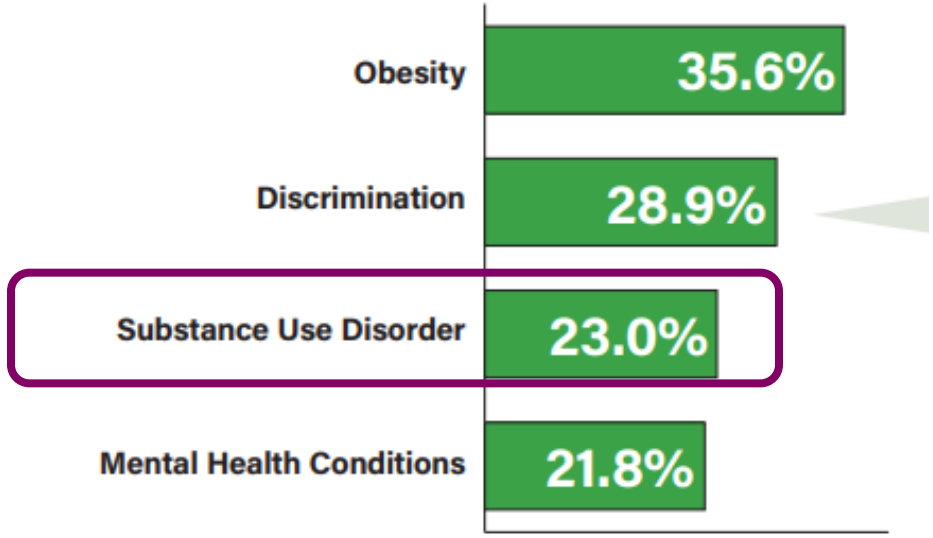
The South Carolina Maternal Morbidity and Mortality Review Committee (SCMMMRC) was established under Act 42 of 2016 (South Carolina Statute Section 44-1-310) and, in accordance with the Act, the Committee must review all maternal deaths that occur during pregnancy or within 365 days after the pregnancy ends, regardless of the cause death and compile and distribute an annual report of their findings by March 1st. Each death is examined using a standardized approach, which involves investigating the underlying causes of death, the pregnancy-relatedness, preventability, and any circumstances or contributing factors surrounding the death.

Goals

- Determine the annual number of pregnancy-associated deaths that are pregnancy-related.
- Identify trends and risk factors among preventable pregnancy-related deaths in SC.
- Develop actionable recommendations for prevention and intervention.

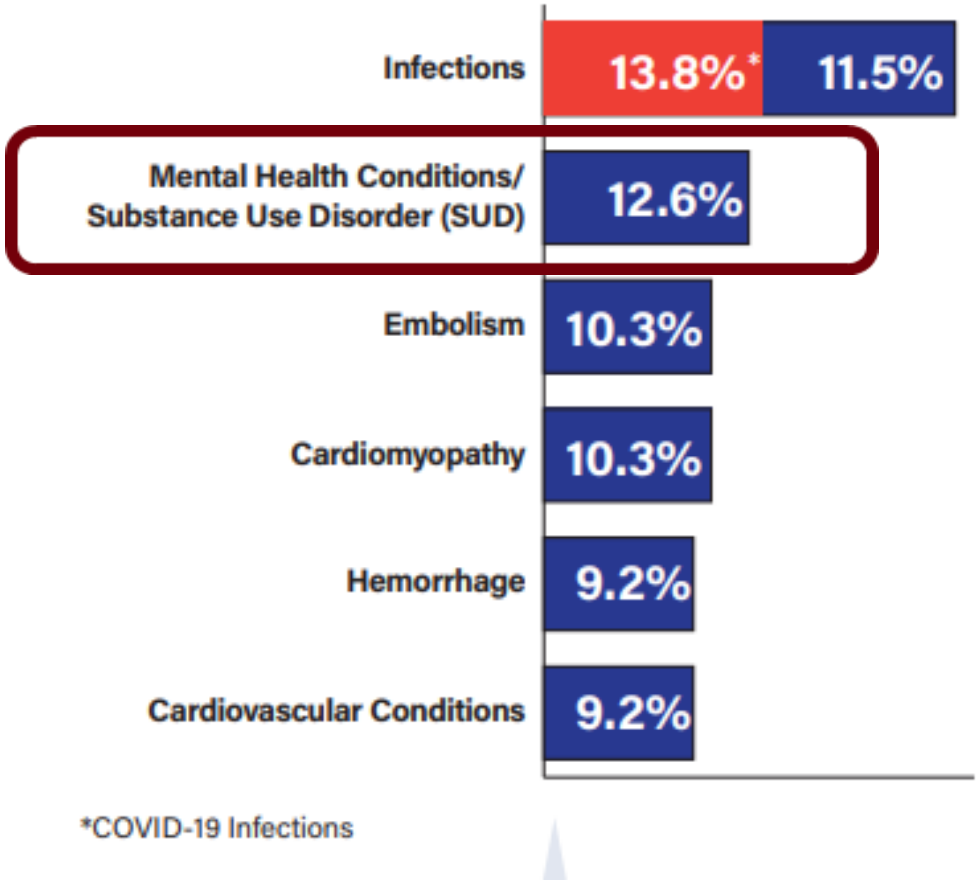
Circumstances of Pregnancy-Related Deaths

Percent of pregnancy-related deaths, 2018-2021



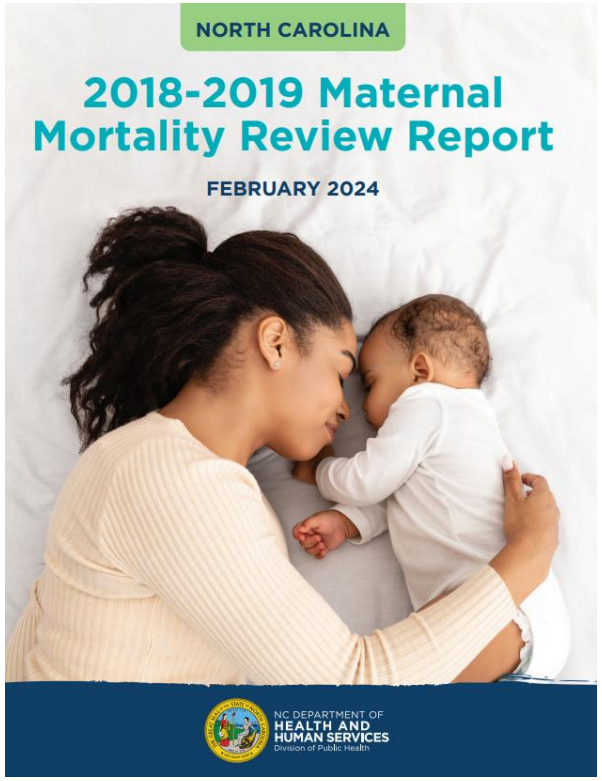
Leading Causes of Pregnancy-Related Deaths

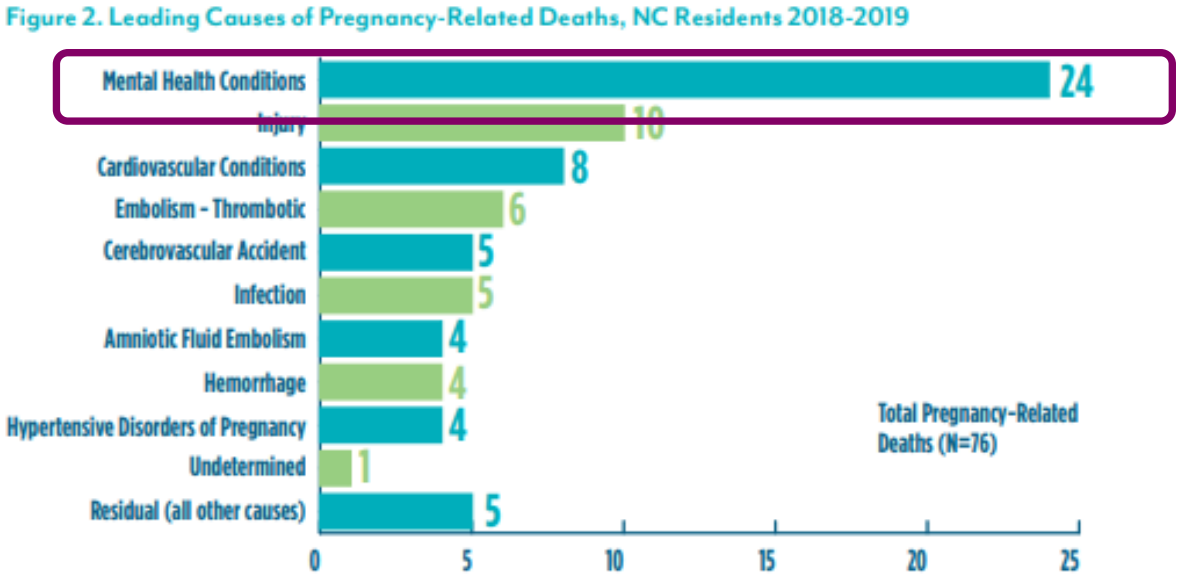
Percent of pregnancy-related deaths, 2018-2021



*COVID-19 Infections

https://dph.sc.gov/sites/scdph/files/Library/00229-ENG-CR.pdf

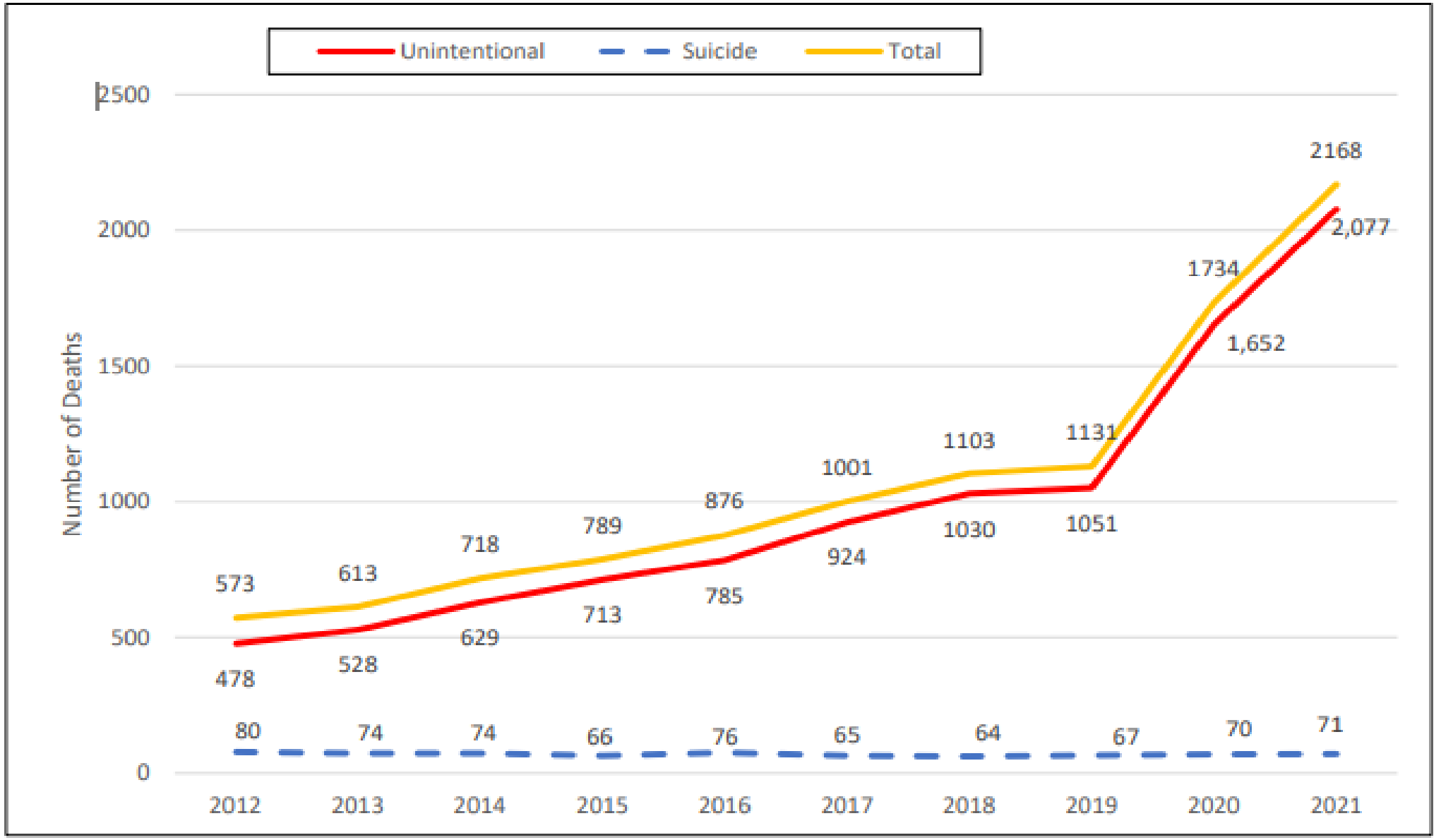


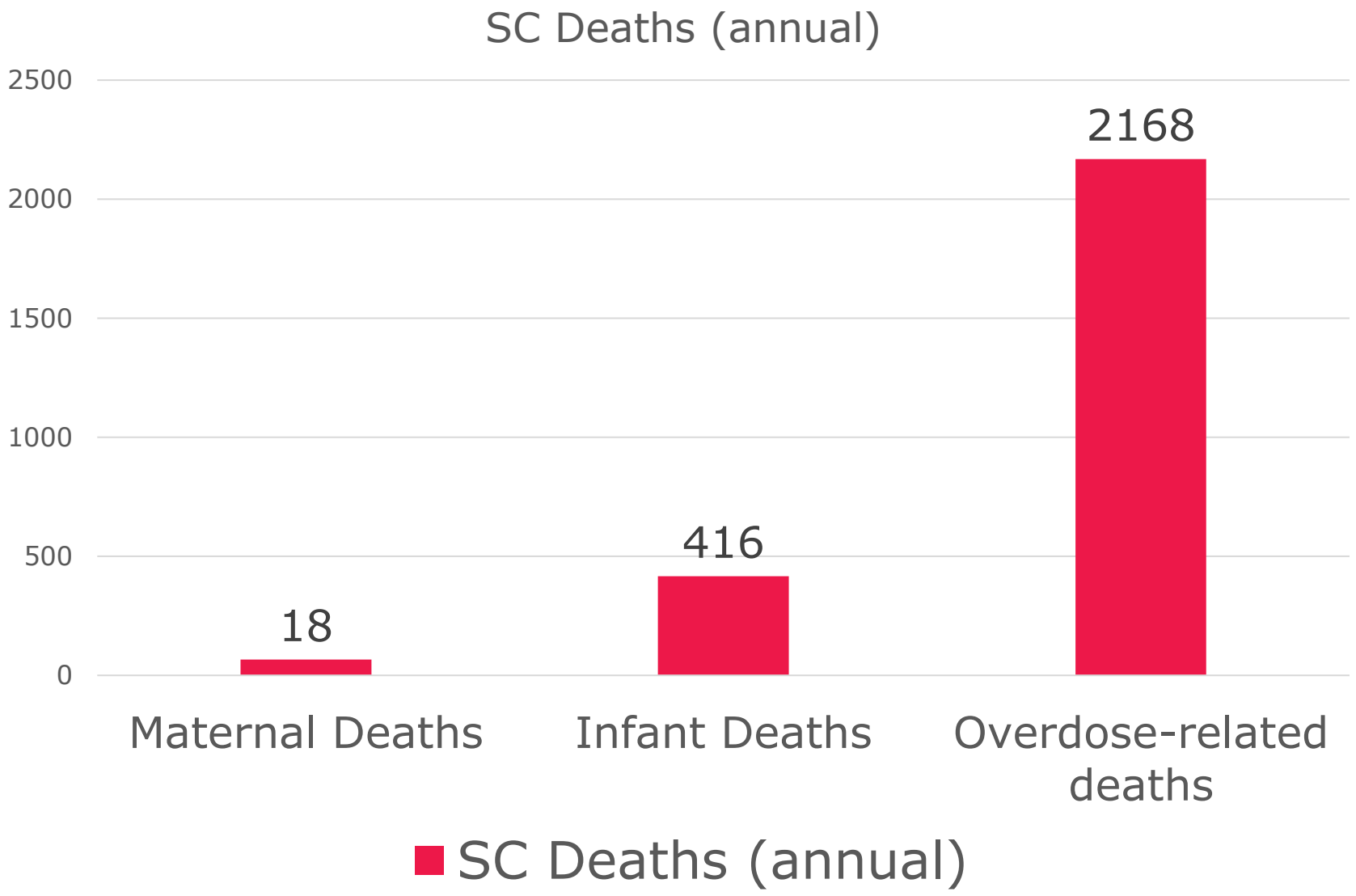


<u>24 Mental Health Deaths (2018-2019)</u>

- 20 Overdose-related
  - 18 Opioid-related
    - **14 Fentanyl – More than PPH, HTN, Infection combined!**

https://wicws.dph.ncdhhs.gov/docs/MMRCReport.pdf


Unintentional
Suicide
Total
Number of Deaths
2500
2000
1500
1000
500
0
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
573
613
718
789
876
1001
1103
1131
1734
2168
478
528
629
713
785
924
1030
1051
1,652
2,077
80
74
74
66
76
65
64
67
70
71


SC Deaths (annual)
2500
2000
1500
1000
500
0
18
416
2168
Maternal Deaths
Infant Deaths
Overdose-related deaths
SC Deaths (annual)

This may not be a disorder we created but –

for better or worse -

we are the people best positioned to reduce suffering related to it for pregnant patients.

What is Best Practice?

"One-stop shop" models endorsed by the Society for Maternal-Fetal Medicine, the American College of Obstetricians and Gynecologists, and the American Society of Addiction Medicine.

Coordinated, multidisciplinary care that includes 1) **MOUD**, 2) **behavioral health**, 3) **prenatal care**, and 4) **social support**, ideally in a co-located setting to reduce barriers and improve engagement.

The Magdalene Clinic

A mother and child who have received care at Magdalene Clinic

PRISMA

P-SUDS Clinics

MAGDALENE CLINIC

PRISMA

Our care model puts the patient at the heart of each visit and affirms that SUD is a **chronic, treatable medical condition** – not a moral failing.

The Magdalene Model.

01 Therapeutic Nursing

The face of our program. The welcome, screening, gifts.

02 Addiction Medicine

Peer Support
Licensed Professional Counselor

03 Prenatal Care

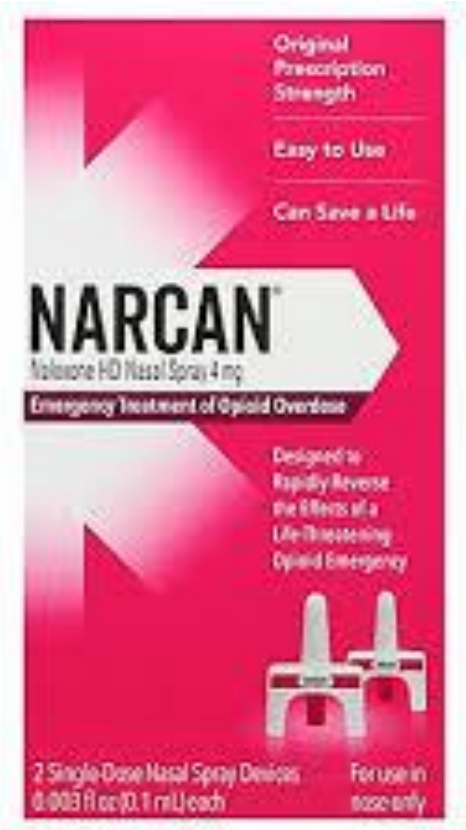
Nurse practitioners

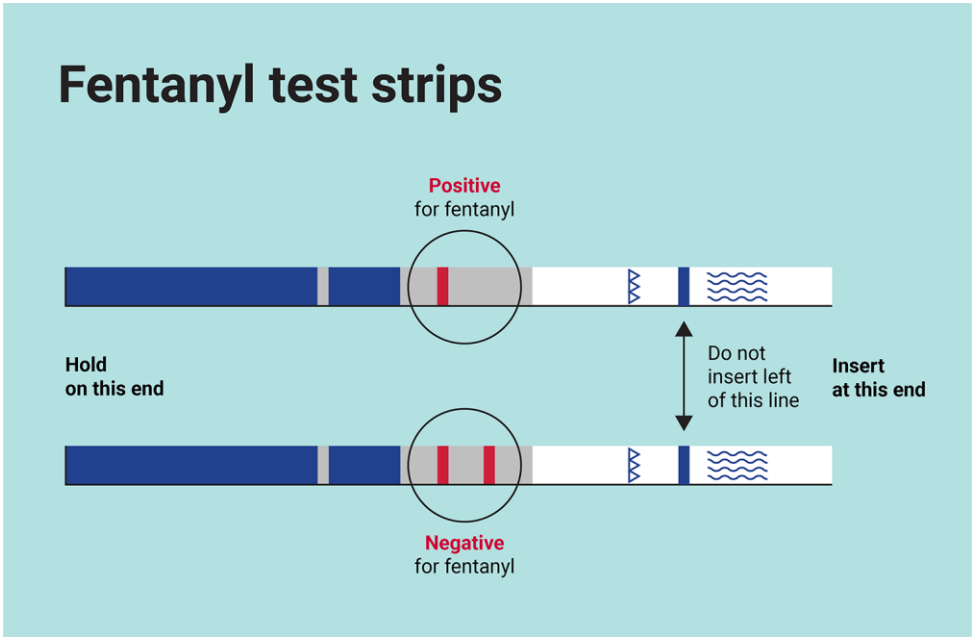
04 Social Work

Case management, referrals, screening, advocacy.

- ✓ Expedited referrals for **MOUD** (Phoenix Center or AMC)
- ✓ Expedited referrals for **intensive outpatient care vs inpatient care** (Serenity Place)
- ✓ Trimester-specific **gifts**
- ✓ **Harm reduction bags** (Narcan, fentanyl test strips)
- ✓ Third trimester referrals for **Managing Abstinence in Newborns (MAiN)** consultation
- ✓ Expedited referrals for **Perinatal Psychiatry** services
- ✓ **Medical-Legal Partnership** referrals for civil law issues

Harm reduction.





The Magdalene Clinic

- **614** unique people to date, **835** pregnancies

- 28.7 years old, G3P2002, Public insurance, Current smoker

PRISMA

The Magdalene Clinic

SUD diagnoses

- 84% Polysubstance Use Disorders
- 53% Opioid Use Disorders
- 45% Stimulant Use Disorders
- 38.3% Cannabis Use Disorders
- 17.2% Alcohol Use Disorders

PRISMA

The Magdalene Clinic

Maternal Outcomes

- 63.9% SVD rate
- 46.2% Postpartum Visit Attendance
- 6 (2-11) – Median EPDS Score
- ED Visit within 1 Year of Delivery
  - 55.3% NO
  - 25.4% YES, for SUD
  - 19.3% YES, for something other than SUD

PRISMA

The Magdalene Clinic

- **835** pregnancies to date, **851** babies to date

- Neonatal Outcomes –

  - Median (IQR) GA – 38 (37-39) weeks
  - 23.3% Preterm birth rate
  - 21% NICU admission rate
  - 14.8% LBW rate
  - 1.3% Fetal Demise

PRISMA

P-SUDS Clinics

Members of the North Carolina Perinatal Substance Use Disorder Network

1. UNC Horizons at UNC Chapel Hill in Carrboro
2. Project CARA at MAHEC in Asheville
3. SUN Clinic in Cabarrus County
4. Tides in Wilmington
5. REACH at Cone Health in Greensboro
6. IMPACT at ECU in Greenville

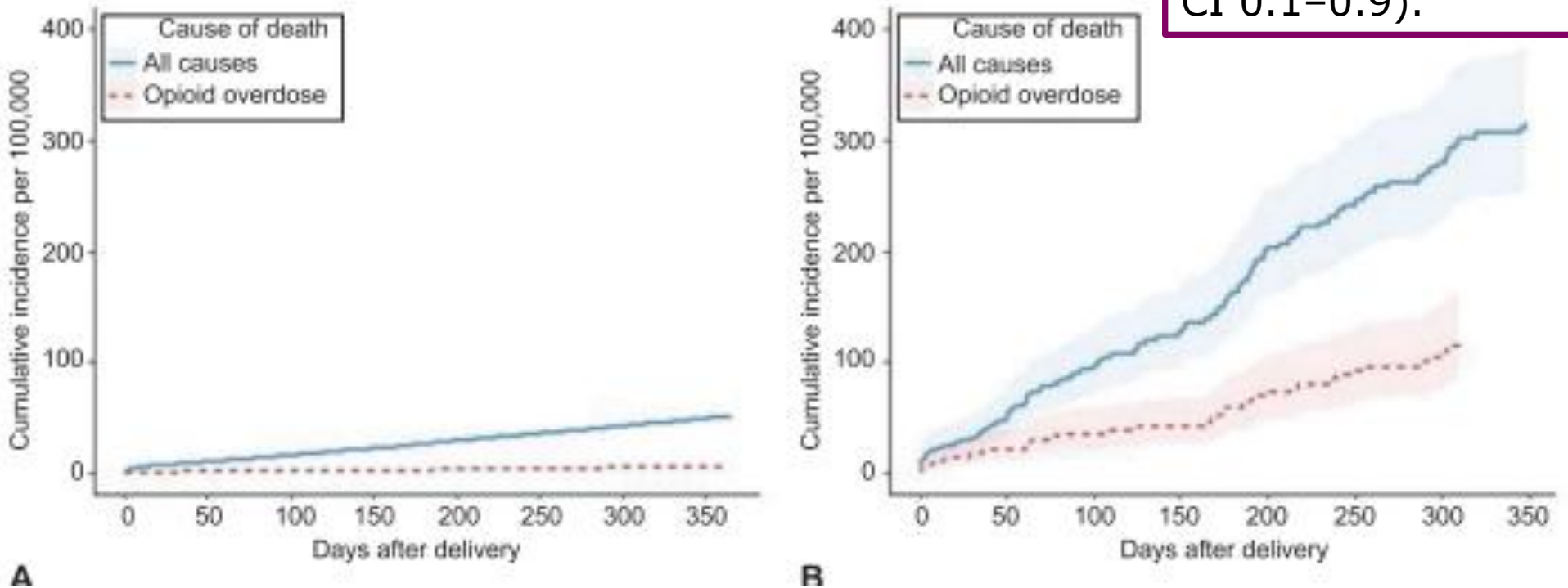
PRISMA

Original Research

Postpartum Opioid-Related Mortality in Patients With Public Insurance

Elizabeth A. Suarez, PhD, MPH, Krista F. Huybrechts, MS, PhD, Loreen Straub, MD, MS, Sonia Hernández-Díaz, MD, DrPH, Andreea A. Creanga, MD, PhD, Hilary S. Connery, MD, PhD, Kathryn J. Gray, MD, PhD, Seanna M. Vine, MPH, Hendrée E. Jones, PhD, and Brian T. Bateman, MD, MS

Among patients with OUD, postpartum use of medication to treat OUD was associated with 60% lower odds of opioid overdose death (OR 0.4, 95% CI 0.1–0.9).



Obstetrics & Gynecology 141(4):p 657-665, April 2023. | DOI: 10.1097/AOG.0000000000005115

SEEDS Program

James B. Duke
THE DUKE ENDOWMENT

Intensive case management program through 3 years postpartum.

4 Case Managers, ~25 people/case manager

PRISMA

Dental Restoration Program

SAMARITAN BIOLOGICS

PRISMA

Doula Support Program

Research Arm

Dr Melissa Fair – Furman's IACH

Dr Phyllis Raynor - USC

Dr Heidi Zinzow - Clemson

Dr Connie Guille - MUSC

Dr Ali Kimura – Prisma Health

Jayda Hart - USC School of Medicine Greenville

Research Arm

Results

Of 491 screened patients, 21 were confirmed positive (**4.3%** prevalence). Treatment was completed prior to delivery for **83% (n=18)** of patients and was adequate for **67% (n=14).** **Congenital syphilis** was not diagnosed in any infant born to patients with adequate treatment but was diagnosed in **three** infants born to patients with incomplete treatment or late treatment (p = 0.004).

PRISMA

Lessons learned.

1. Pay close attention to what is killing our patients.
2. Commit to universal screening!
3. Know how to make the initial diagnosis.
4. Establish clear, highly effective referral pathways ASAP
5. If lag to treatment > 7 days, prescribe buprenorphine!
6. Trauma informed care for every patient

PRISMA

Questions about Magdalene?

PRISMA

Thank you for your work in our community, too. We are all deeply needed.

PRESENTATION NOT FOR PUBLIC USE | Presentation is for internal-use only at the Magdalene Clinic. Additionally, illustrations used are not for commercial use; artists' credits are located in the 'Notes' section and icons were sourced from Flaticon.com.

ABOUT THE CLINIC | The Magdalene Clinic was born out of a series of discussions that started in 2016, both with obstetricians who were frustrated that they did not feel well equipped to provide care for patients with substance use disorders (SUD), and with patients, who were frustrated by the burden of separate visits for their SUD and their pregnancy, and by what they experienced as feeling at times shamed, judged, or misunderstood by providers in the prenatal setting. *There has to be a better way, we said. What could that look like?* The Magdalene Clinic represents our response to the need we found in our own community for pregnant women with SUD to receive compassionate medical care and social support under one roof. We are a collaborative initiative between Prisma Health-Upstate's Department of Obstetrics and Gynecology, the Phoenix Center, and Furman University's Institute for the Advancement of Community Health (IACH), and are housed at the ObGyn Center, South Carolina's largest provider of prenatal care. As of 2021, the Magdalene Clinic expanded and is also serving clients in Oconee County. Learn more at: magdaleneclinic.com.

ABOUT THE DATA | The IACH mined and analyzed this data utilizing Epic (electronic medical record system), which houses patients' health information. The IACH serves as the evaluation/research arm of the clinic. Through its evaluation, it ensures fidelity to the intervention model and are responsible for a comprehensive analysis, demonstrating impact of the model on behavioral, physical, and social determinant impacts for mother and baby. Learn more here.

PRISMA HEALTH®

PrismaHealth.org