



Magdalene Clinic: Integrated Prenatal Care and Substance Use Disorder Treatment for Women

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Research Showcase presented in partnership and support from the Academic Partners of the Health Sciences Center at Prisma Health

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Our collaborative model is based on 3 major premises:

- 1) During pregnancy, women with SUDs are more likely to engage in prenatal care than addiction treatment.
- 2) The prenatal care clinic is one of the best places to provide prenatal care and SUD treatment by providing a continuum of services at one site from trained providers.
- 3) Through collaboration, we are leveraging existing community resources and expertise, thus creating a sustainable clinic model that better serves our patients' need.

The Magdalene Clinic is a deeply affirming, collaborative-care model for pregnant women with substance use disorders (SUD), either active or in remission.



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Problem Statement and Significance

- According to a 2012 national survey, 5.9% of pregnant women use illicit drugs, 8.5% drink alcohol, and 15.9% smoke cigarettes, resulting in an estimated 380,000 newborns exposed to illicit substances, 550,000 exposed to alcohol, and 1 million exposed to tobacco.
- The social controversy surrounding how pregnant women with SUD are viewed in the US—as criminals rather than women suffering from a treatable mental illness—has created a barrier to accessing prenatal services.
- Women who use opioids and/or illicit substances during pregnancy have higher mean hospitalization costs and poorer maternal and fetal birth outcomes.
- Few evidence-based models exist that combine prenatal care with SUD treatment and complimentary behavioral health services.



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Goal: Provide a safe, non-judgmental, loving space for women who are using or have used illicit drugs to seek prenatal care.

Design: At each visit, our patients see a collaborative team of providers championing their health: MDs/NPs, nurses, social workers, and a behavioral health team (licensed professional counselor and peer support specialist).

What makes us unique: We use a collective impact approach, leveraging the capacities and strengths of partner organizations, rather than creating a program that is solely owned by the health system.

Some of the things we are measuring:

1. Birth outcomes: gestational age at birth, birth weight, maternal and fetal complications, infant dependency, etc.
2. Maternal outcomes: impact on recovery status/intent, change in SDOH burden, change in behavioral health outcomes (depression, anxiety, etc.).
3. Change in **maternal perceptions of provider, family, and self-stigma around their condition.**



"They saved my life. Serenity helped me with the changes I needed. The Magdalene Clinic provided resources that I needed. All the nurses were kind and caring. They all checked on me constantly. They tried to assist me with the addiction by providing a safe space. No complaints, they worked hard to save my life. You guys are awesome. I'm really, really thankful for everyone there." – Magdalene Patient

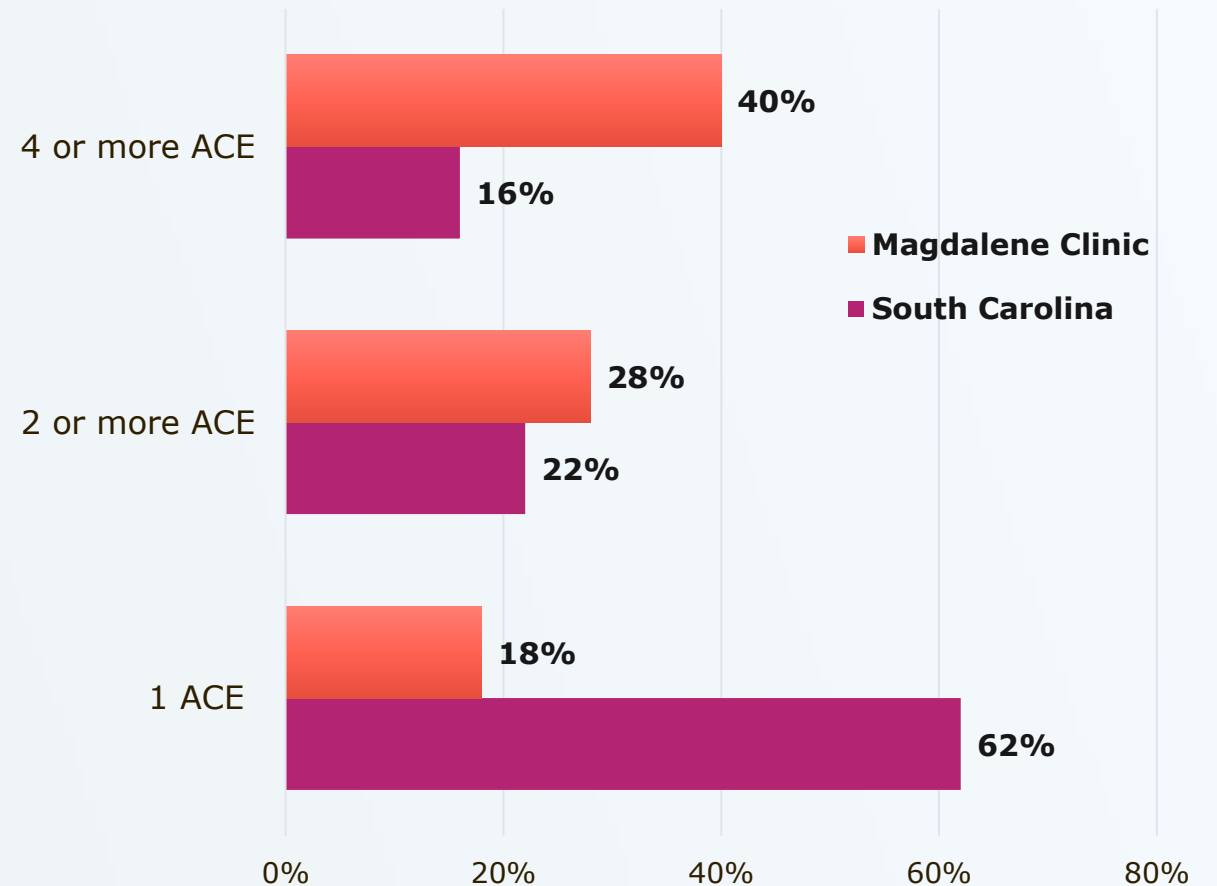
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Preliminary Evaluation Results

Number of Patients Seen	
Year One (June 2018-July 2019)	85
Year Two (June 2019-Present)	99
Total Patients Seen	184

Maternal SDOHs and Health Factors	
Receiving Medicaid ¹	82%
Incarcerated in the past 12 months ¹	76%
Currently unemployed ¹	72%
Less than high school education ¹	23%
Reported smoking during pregnancy ²	72%
Known mental health comorbidity(ies) ²	62%
Positive drug screen during pregnancy ²	53%
Positive depression screening ³	51%
Positive food insecurity security screening ⁴	60%
PRAPARE SDOH Screener ¹ , EHR chart reviews ² , Edinburg Postnatal Depression Screener ³ , Universal Food Insecurity Screener (2-item) ⁴	

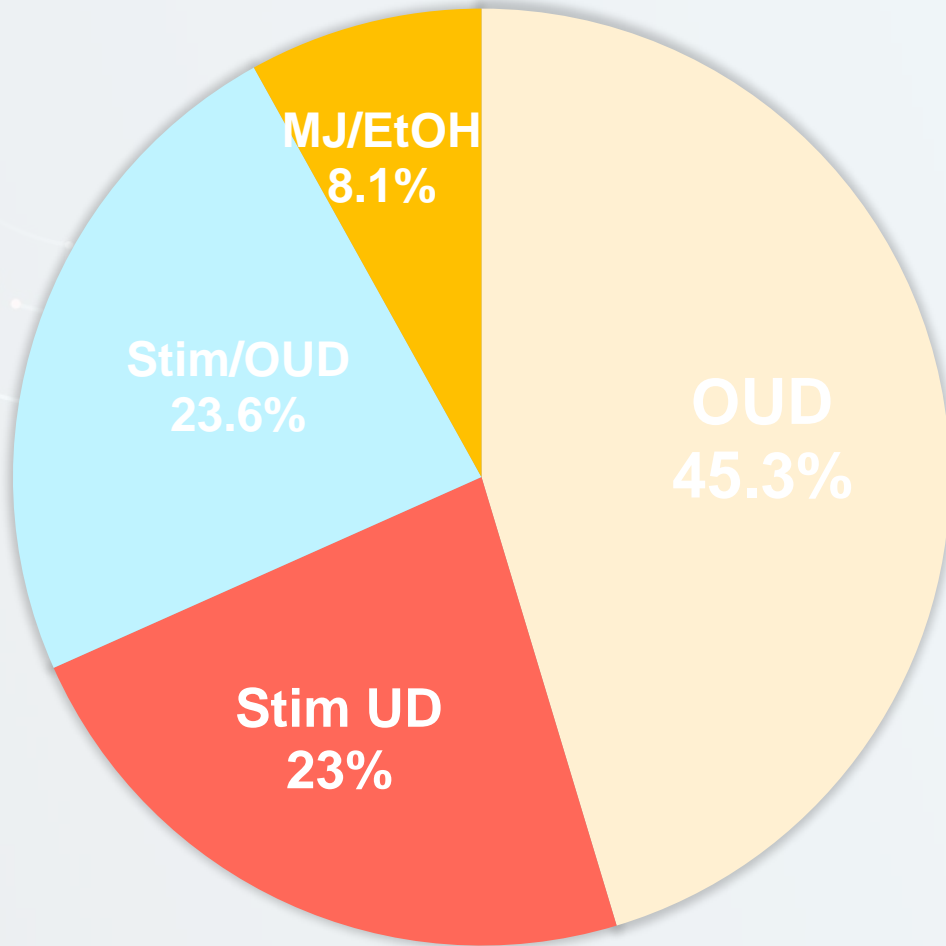
Maternal Adverse Childhood Experiences (ACE) Scores



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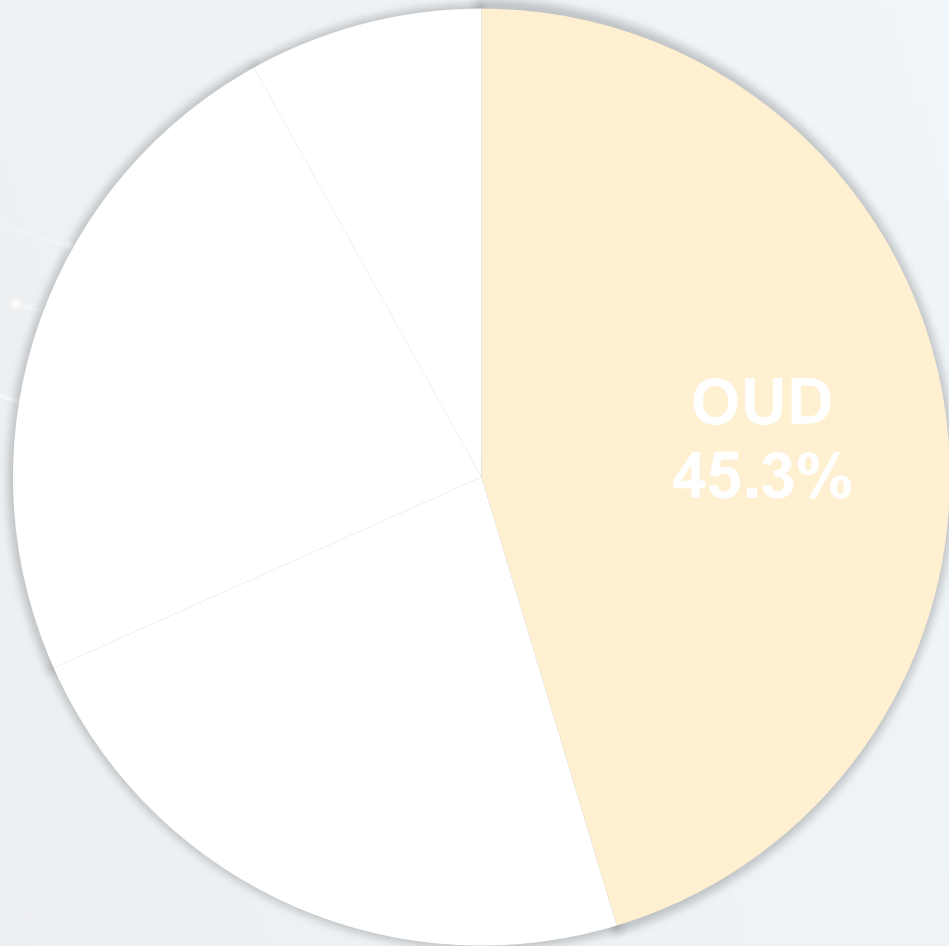


Who have we served?



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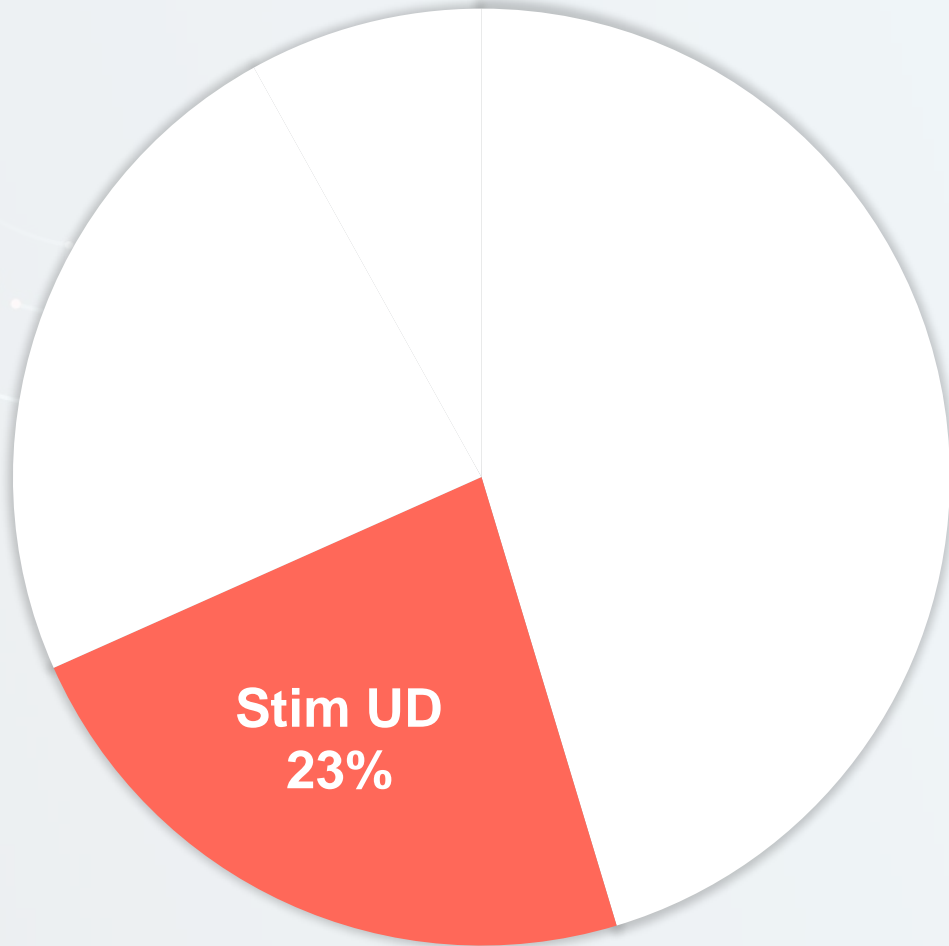
Who have we served?



Selected Outcomes for women with primary OUD	
PP visit	54.8%
Contraception at discharge	75.3%
PTB < 37	23.3%
PTB < 28	4.1%
NAS diagnosis	53.4%
Phoenix Center care	54.8%
# of Mag visits	5.9

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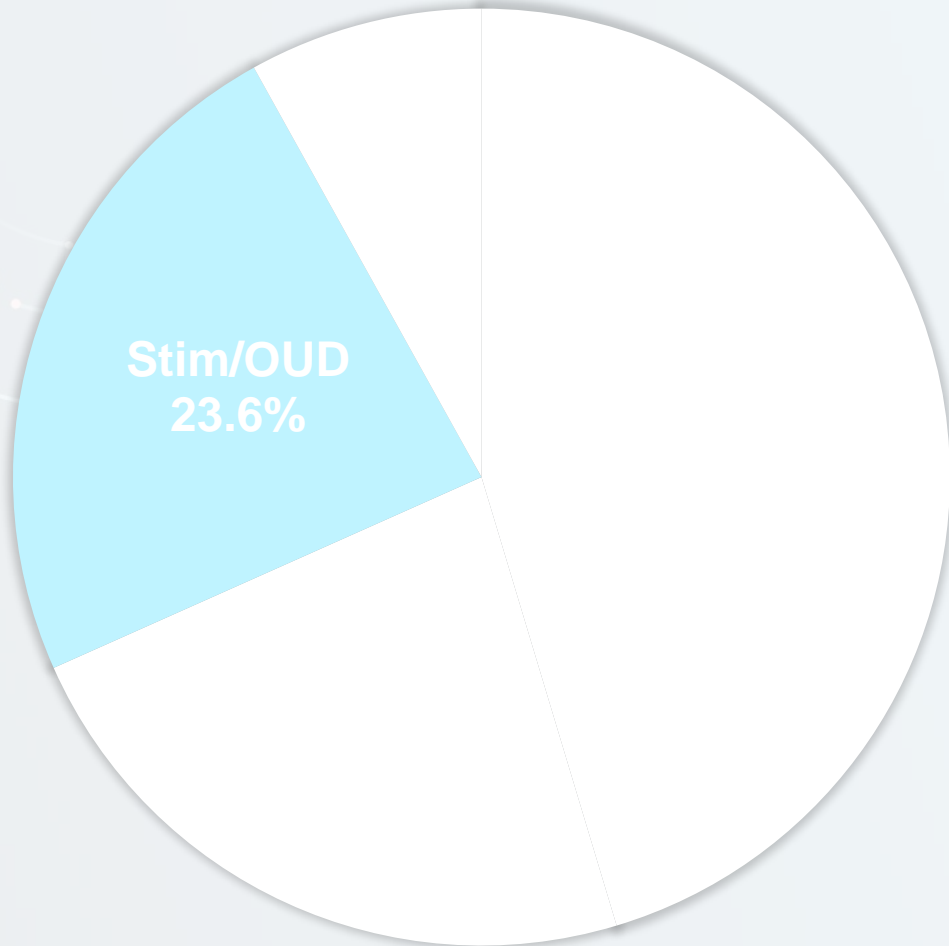
Who have we served?



Selected Outcomes for women with primary Stim UD	
PP visit	43.2%
Contraception at discharge	67.6%
PTB < 37	27%
PTB < 28	2.7%
NAS diagnosis	NA
Phoenix Center care	43.2%
# of Mag visits	6

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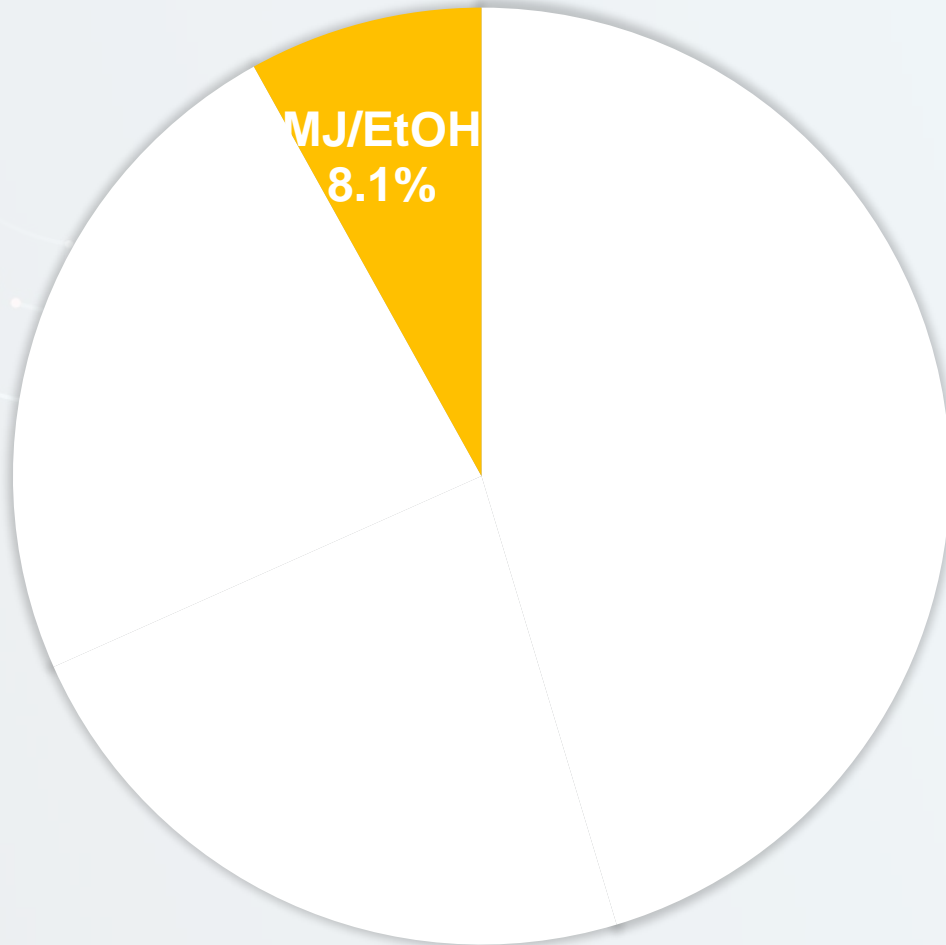
Who have we served?



Selected Outcomes for women with combined Stim/OUd	
PP visit	50%
Contraception at discharge	68.4%
PTB < 37	18.4%
PTB < 28	2.6%
NAS diagnosis	52.6%
Phoenix Center care	42.1%
# of Mag visits	5.4

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Who have we served?



Selected Outcomes for women with primary Marijuana +/-Alcohol UD	
PP visit	76.9%
Contraception at discharge	84.6%
PTB < 37	30.8%
PTB < 28	None
NAS diagnosis	NA
Phoenix Center care	76.9%
# of Mag visits	6

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Future Directions

1. HHS RCORPs grant through Clemson for Oconee expansion - \$500K for 3 years with Dr Phil Thomas
2. Other expansion partnerships?
3. Medical-legal partnership expansion
4. Explore contingency management care

The Magdalene Clinic is an innovative and replicable model with implications to improve maternal and fetal birth outcomes for women with SUD while also reducing health care expenditures.

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