



CASE RECOMMENDATION FORM

Presenter Credential: LCSW

After review of the case presentation and discussion of this patient's case among the ECHO Community of Practice, the following suggestions have been made:

Summary: 29-year-old female with a history of fentanyl and methamphetamine use. The patient is currently on methadone and has a history of postpartum depression and anxiety. The patient was arrested when she was 4 months pregnant for substance use. Following her arrest, she spent time in jail and was court ordered to undergo inpatient substance use rehabilitation. After completing the program, she moved in with her father in Northern Idaho and the baby was subsequently born one week later. The baby spent the first six weeks of life in the NICU undergoing withdrawal before being transferred to a residential recovery home in Washington. The baby will transition home with the mother by the end of this month. The patient would like help with postpartum depression and an erratic sleep schedule. Additionally, she would like to taper her methadone dosage. Given her current state, there are concerns about her ability to care for the baby.

Question: How do we help her ween down on methadone, bond with the baby, and get on a better sleep schedule? What are some community resources we can point her towards to help with her baby?

After review of the case presentation and discussion of this patient's case among the ECHO Community of Practice, the following suggestions have been made:

Recommendations:

Methadone Dose Adjustment:

- Given the patient's lethargy and drowsiness after her methadone doses, it would be wise to decrease her dosage.
 - The patient could decrease her dosage by up to 20%, but it's recommended to start with a 5-10mg dose decrease and assess how the patient is feeling. Be sure to monitor the patient's response to the dose reduction, considering it takes about 3-5 days to feel the full effects of a decrease.
 - If lethargy persists, consider a further reduction. Ensure frequent check-ins to monitor for cravings and withdrawal symptoms.
 - Evaluate if splitting the daily methadone dose into two smaller doses might help reduce peak effects and improve overall alertness, especially given that metabolic rates can change postpartum.
- Recommend a methadone peak and trough level test to better understand her current methadone levels and adjust dosing appropriately.
- Reach out to Brenda Hoyt (bhoyt@raisethebottomidaho.com) for any additional questions or concerns regarding methadone treatment.

Postpartum and Child Care Support:

- Help the patient find psychiatric care to assess and treat potential PPD. This is crucial for her mental health and ability to cope with the demands of parenthood and her substance use disorder.
- Connect the patient with Medicaid resources for childcare support, enabling her to get some respite and potentially pursue full-time work.
- Since the patient is more engaged in the evenings, schedule appointments and interventions during this time to maximize participation and effectiveness.
- Provide additional education on infant care to enhance her confidence and capability as a single caregiver.
- Work on identifying and addressing any avoidant behaviors that may be related to PPD or the stress of caregiving.

Consider presenting follow-up for this patient case or any other patient cases at a future ECHO Clinic session.

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