Bear Hug Conversations Season 2, Episode 3

Virginia Neonatal Perinatal Collaborative

Episode Name: Perinatal Substance Use with Dr. Kimberly Simcox

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FULL TRANSCRIPT (with timecode)

00:00:09:17 - 00:00:32:07
All right. Welcome back, everyone, to another episode of Bear Hug Conversations by VNPC. I'm your host, Terrance Dixon, and today I'm joined by a special guest, Dr. Kimberly Simcox from Carilion. She is an OBGYN in and an addiction medicine specialist. Doctor Simcox, how are you doing? Oh, what do you prefer, a Kim or Doctor Simcox? What do you prefer?

00:00:32:09 - 00:00:35:20
Oh, my. Kim. Kim. Come on, come on. Yeah. What's up?

00:00:35:22 - 00:00:49:21
What's going on? Kim? And. Oh, thank you for coming onto the show today. We're super excited to have you. Before we get started, uh, we'd like to do an icebreaker, so we like to, you know, let you tell people a little bit about yourself in one fun fact.

00:00:50:05 - 00:01:21:27
Awesome. Yes. So I am. Yes, I'm an OBGYN. I'm also an addiction medicine specialist. And I'm, um, you know, from Roanoke, Virginia, born and raised and practiced in this area now. And I have a clinic called the Emerald Clinic, and it is a, a it's an integrated clinic where I do substance use treatment and treat and do prenatal and postpartum care. So for my favorite population, pregnant women and parenting women and people.

00:01:21:29 - 00:01:51:29
And so we, uh, what I, what I love about it is I can, you know, help women, you know, become like, grow and become the moms they want to be and have healthy prenatal outcomes and postpartum outcomes. So I'm very lucky to do what I do and, and work with the disease of addiction. And, uh, speaking of addiction, I myself have an, you know, very unhealthy obsession with Heated Rivalry. So that's my fun fact. Wow. It is my favorite show.

00:01:52:01 - 00:02:01:15
It is ridiculous. Um, I've watched it many times, and I'm not somebody that can sit down very easily and watch TV shows. So if you are looking for a good show.

00:02:01:17 - 00:02:02:04
I am.

00:02:02:10 - 00:02:03:06
Heated Rivalry.

00:02:03:08 - 00:02:05:17
I've never seen it, so I have to check it out. I have to.

00:02:05:22 - 00:02:12:22
Oh, yeah. Oh, Ilya. Shane. I like to call them my boyfriends. So it is a great show. Yes.

00:02:12:24 - 00:02:24:12
Okay. All right. Well, that that is a that is a great review. I'll have to check it out. Have to check it out. If it's if it's not good I'm I'm letting you know I'm calling you up like, hey. That's right. This is your show. It's not good. It's not good.

00:02:24:18 - 00:02:26:15
You'll be hooked. Okay.

00:02:26:27 - 00:02:29:10
Awesome. So, you ready to get started?

00:02:29:12 - 00:02:29:27
Yep.

00:02:29:29 - 00:03:06:17
I'm ready. Awesome. So, guys, as you know, this season we've been talking about maternal mortality review team and severe morbidity. That is the group that looks closely at the maternal deaths to understand what happened and what could be done differently. So today we're focusing on something that shows up more often than people realize substance use. So that's where Doctor Simcox comes into play. This topic can be hard. There's a lot of stigma, there's a lot of assumptions. But behind every case is a real person, a real family, and often missed opportunities for support. So today we're going to talk honestly and we're going to talk about what we're seeing and what families should understand and how they can do better.

00:03:06:19 - 00:03:20:11
So, Kim. Yeah. This is where you come in and play. You're the expert. Well, folks, you know who are listening, who may never have heard of this. What exactly is the maternal mortality review team? And why should families care about the findings of this?

00:03:20:13 - 00:03:50:14

Yeah. So, um, the Maternal Mortality Review Team, or MMRT for short. It's a multidisciplinary group, but they carefully review deaths that occur during pregnancy or up to one year after delivery. So a large scope of time. Right. Um, they look beyond the medical chart to understand what happened, what led that person to that outcome. Right. That, you know, horrible outcome.

00:03:50:16 - 00:04:27:15
Was it societal factors? Was it mental health? Was it substance use? Was it other system barriers not being able to access care? What contributed to that patient death? That person. right? That family member and, you know, families should you know, I want people to really care about this work and and focus on prevention. How do we that this committee wants to prevent these things from happening? Um, they're not there to assign blame, right? They're there to identify missed opportunities and make recommendations so that other families don't have to experience these devastating losses.

00:04:27:17 - 00:04:46:09
Right. The loss of a mother, a sister. You know, it's, um. So I think it's really important we have committees like these that really try to understand the nuances and what we can do as a health care system in the community, um, for, in education to prevent these types of outcomes.

00:04:46:11 - 00:04:52:23
Okay. So when substance use comes into maternal cases, what does that actually look like? What are you seeing.

00:04:53:02 - 00:05:33:06
Yeah I mean we we are largely seeing, you know, what substance use is. It's a it's a disease where the symptoms, the severity of the of the disease is reflected in behaviors. So we're often seeing the severity of disease reflected in behaviors such as people not showing up for appointments, people not engaging in their health care. Right. Um, so we're able to identify some of these patterns to say, does this person have an underlying substance use disorder? Um, you know, substance use is often looks like somebody with untreated pain.

00:05:33:15 - 00:06:03:16
Uh, I would say all of my patients have some sort of untreated trauma history, PTSD. Um, you know, a lot of my women, they started using with their family members, um, you know, introduced by their parents to substances, by their parents. I mean, they have these unimaginable, uh, stories of, you know, and it's it's just I can't believe the resilience these women show and the conditions where they're from, which they were raised.

00:06:04:00 - 00:06:41:22
They also have a lot of untreated mental health conditions depression, anxiety, bipolar write and their use. They may use a substance to treat that underlying mental health condition. Right. It's hard to you know, we have gaps in care. We have, especially after delivery. Right? We, um, we see women during pregnancy. We'll see them like every few weeks. But once after they deliver that first year postpartum, you may see

them once. Right? And then we lose that important time to continue treatment with our patients and prevent some of these, you know, outcomes that we find, especially in the postpartum period.

00:06:41:25 - 00:07:16:24
Um, you know, I think the postpartum period, I think is a lot. A lot of times the hardest time to keep women engaged in care. Um, and that's because they're having a baby. They're sleep deprived. Right? They may have, um, social services or child protective services involved. Right. Um, they, you know, they may start losing support systems. Um, family members that were engaged during pregnancy may not remain engaged. And so they have like just lack of that basic village to keep themselves and their, you know, keep themselves healthy.

00:07:16:29 - 00:07:48:14
Um, and then, you know, we and so we frequently see these overdose deaths are actually more common months after the baby's born. And, you know, when the support drops off and expectations to bounce back, you know, from being pregnant and having a baby, creating a life are so high. So, um, yeah, that's really the I, I tell my women a lot of times that the, the sometimes the easy time is during pregnancy, after they've engaged in care, it's hard to walk through the door. When you have a baby in your belly.

00:07:48:16 - 00:08:14:28
It's often a little bit easier for, you know, they're saying, oh yeah, I'm not going to use because I can feel this baby in my, you know, moving in my belly. But then after birth, that's when they're tired. The hormonal, hormonal changes. Um, a lot of. Yeah. That's when it really gets hard to stay in recovery. I find. So it's no surprise that the committee found the most overdose deaths were actually in the postpartum period, sadly.

00:08:15:00 - 00:08:45:21
So two things I want to touch on there. When you first when you first started, it was one thing you said that it's disease. I think people don't really realize that. I think people would think like, oh, you can stop anytime. And I don't realize that it's a disease. Then you write it and it takes a village. So those are two things that I think really stands out that it takes. It takes a village for, you know, someone just to get through this and that. It is a disease. So I think a lot of people are assuming that this only affects our certain type of family.

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Is that true or who is.

00:08:48:26 - 00:08:49:11
Oh yeah.

00:08:49:28 - 00:09:21:25
Great question. So I think that I think it's fascinating because, um, substance use disorders and, you know, as a disease, it's actually genetically linked. So, um, you know, if you have, you know. That's why. Like, if I have a genetic predisposition to a substance use disorder, I could take a, you know, I could take an

opioid pill and feel like I've had a patient describe it to me as "the arms of Jesus are wrapped around me," you know, they feel so good because of that genetic predisposition.

00:09:21:28 - 00:09:59:15
But you could take a pill and be like, "oh God, this is terrible," right? And so because I have this genetic predisposition, um, you know, I have more of, you know, a much higher chance of developing a substance use disorder. And then you add on the environment, a person lives in trauma, mental health and that. Yeah. And that further amplifies that substance. And but this is not a disease that discriminates it. Can anybody anybody it can affect. And I would argue that everybody listening to this podcast probably has has known somebody and their family or friends with a substance use disorder.

00:09:59:19 - 00:10:30:10
Um, I am terrified because I have, you know, because it's in our school systems. My children are going, you know, to these schools and we're in the middle of an epidemic here. And so it does not discriminate. So, um, yeah, I think it's the assumption, that assumption that affects certain types of families is really, really harmful. Uh, you know, we're finding these these overdose deaths affect families of all backgrounds urban, rural, uh, uninsured and uninsured, married, single.

00:10:30:17 - 00:10:51:16
Um, it doesn't matter. And what does matter, though, is access to care, right? These. Yeah. The success of treatment and engaging in your recovery, you have to have access to be able to do that. And so I think that's where the health care system really can make a difference by improving our access to care for those that ordinarily wouldn't have it. Right.

00:10:51:18 - 00:10:52:07
So, um.

00:10:52:28 - 00:11:02:15
Not to cut you off. So are these deaths. Are you saying these deaths are usually preventable? And, you know, if so, what are we missing? Like, what are the opportunities to step in and support moms earlier?

00:11:02:23 - 00:11:33:15
Oh my gosh. Yes. that is like my favorite topic. Um, you know, I, I think yes, these these, um, deaths are largely preventable. Um, and I think it is, I think people in general need to have a deeper understanding of what a substance use disorder is, and that it's not a moral failing. Right. Um, and, you know, try and support that person and ask how you can help, um, really break down that stigma, because when people feel shame and guilt, they're not going to engage in care. Right.

00:11:33:25 - 00:12:08:14
Right. So, you know, I screen, you know, in my practice, I screen all of my patients for substance use disorders. I kind of open it up. As you know, this is we're living in the middle of an epidemic here. I'm I ask all of my patients if they have any issues with substances, either before pregnancy or during. Um, and because we have ways to get people help. So I think if you introduce that the issue to a patient and you let

them know that there is help available. Um, so that they know if they disclose something so personal and something they are ashamed about that they'll be able to get help.

00:12:08:16 - 00:12:38:29
So I think that's important is to know for communities to understand where the resources are right, which you know, which health systems are able to provide addiction support, and then increasing social support, because if we don't have adequate transportation, if we don't have telemedicine as an option for people that live in rural areas, um, you know, if we don't have if people patients have, you know, if they're unhoused, if they have food insecurity, then they're not going to be able to engage in their recovery, right.

00:12:39:01 - 00:13:11:16
So, um, and, you know, safe housing is a big one. So trying to help, um, the community with, you know, you know, the housing, you know, housing issues, you know, like voting, right? Voting to increase, you know, that housing for your, um, uh, for patients that don't have, you know, safe housing. Like, I think that's a huge, huge thing that we can do as a community. Um, and, you know, just know we need to that it is a disease.

00:13:11:18 - 00:13:27:19
We do we do expect some relapse. And if that happens to support that person because they learn something from every relapse. Um, I think that's the best thing that, you know, that we can do, um, is approach it with, you know, love and support. And I'm going to help you and we're going to learn from this.

00:13:27:21 - 00:13:28:06
What are some.

00:13:28:08 - 00:13:32:13
Warning signs that we should look for, especially after the baby is born?

00:13:32:25 - 00:13:33:14
Yeah.

00:13:34:03 - 00:13:36:12
Could we see that someone might be struggling?

00:13:36:20 - 00:14:11:08
Yeah. You know, I, I, I tend to notice, um, when people are not coming to their appointments. Um, and when, you know, just basically like their daily activities of daily living are somehow being affected, right? They're not making their a they're not coming to their appointments with WIC. They're not, uh, you know, staying engaged with their support systems. Right. Um, because you tend to avoid something that you're ashamed of. Right. So if, you know, if you have a support person and you're using again and you're ashamed, you might not, you know, show up to that meeting with them.

00:14:11:10 - 00:14:32:09
Right. So, um, that's mine. That's one of my number one signs is just they start, they stop engaging with me in my supports. So, um, and so you have to just keep trying. Reach out, call, check on them. Right. I'm here, I'm here, I'm here for you. Um, how can I get you help? So, um. Yeah, that's what I did.

00:14:32:12 - 00:14:42:13
But what if they feel like you're judging them and you can see they need help, but they're just basically being standoffish? What should you do then?

00:14:42:15 - 00:15:05:09
Yeah. You know, I think that it's. I think you just keeps asking. Are you okay? I'm worried about you. How can I help? You know, I'm. And then naming it if you're, you know, I think, hey, I'm concerned that, you know, your substance use disorder is is you're struggling with that right now. Uh, how can I help you? Let's let's make a change in what we did last time to make this work better for you. right?

00:15:05:11 - 00:15:05:26
Let me.

00:15:06:05 - 00:15:21:20
Yeah. Like let me, um. Can I help you? Um, research, you know. Recovery programs, residential facilities. Right. To really get you the help you need to be successful this time, to be that parent you want to be, right? Um, I think that goes a long way.

00:15:21:23 - 00:15:28:28
When you look at cases involving substance use, what is the most common system failure you're seeing and what needs to change?

00:15:29:05 - 00:15:29:20
Mhm.

00:15:29:22 - 00:16:04:29
Oh yeah. Um, you know, I would say that it's the lack of continuity and it's providing health care in silos. I am a huge believer that if that patient walks through the door and wants care for something, that we should do whatever we can to provide wraparound care, other services, right. So if that patient is able to get be strong enough, brave enough to walk through the door of that medical facility, I think that the health care system should be able to provide multiple services in one location.

00:16:05:01 - 00:16:37:00
okay to I don't you know and not be so fragmented right. So I can treat this but you have to go to these 14 other locations for whatever else you may need. A person that has a baby that has transportation issues, that has a job. They can't do that. Like we have to do a better job as a health care system to be able to

provide more, more services in one, like a one stop shopping. Right? So I think integrated care models is we need to figure out a better way to reimburse and create that in a health care system.

00:16:37:09 - 00:16:54:12
Um, because we and also, you know, just expanding access to care, you know, more telemedicine, like, if you can't physically come here, what can I do safely, remotely doing telemedicine. Right. You can do a lot of medicine remotely and yeah.

00:16:54:14 - 00:16:54:29
Wow.

00:16:55:02 - 00:17:28:04
Yeah. It's so interesting. Yeah. Um, so, you know, I just like extending, you know, extending addiction and mental health care through the full first year after delivery is crucial. Right. We're so lucky to be in Virginia, where we have Medicaid expansion for the first year postpartum. It you know, since that's the time we see most of our overdoses, we've got to do a better job, right? Providing those services through the first year postpartum. So not not just turning our patients loose after they deliver a baby check in.

00:17:28:06 - 00:17:38:17
Right. Um, and then providing them the, you know, continuously providing them those services. Um, that's my biggest thing for the health care system to work on.

00:17:38:19 - 00:17:39:04
Yeah.

00:17:39:06 - 00:17:56:13
Okay, so we've talked about systems, missed opportunities and stigma. But at the end of the day, there is a real person on the other side of this. So I want to end it here. For a mom who is listening right now who feels scared, overwhelmed or alone, what do you want her to know?

00:17:56:15 - 00:18:39:27
I want her to know that. That we're here. That we cannot wait to help her become the mom that she wants to be. right, that there are people out there that understand this disease and want to be your village. Right. Um, what's so sad is, is listening to our patients stories and that what they've had to endure. And so I think if, if the, if our patients can find providers that will truly listen to that and understand their story and what led them to that point, and come at it for a place of not being, not judging them, but but wanting to love them and and and be that support person.

00:18:39:29 - 00:19:10:14
I mean, nobody wants to see a mom lose their custody of their child. That is not the way that this, you know, we're going to combat this disease, right? We have to you know, the foster system is overrun. That is not the goal. We want our moms to feel comfortable to come in and get care with, you know, specialists

that treat addiction and, you know, and have access to that, you know, wraparound support therapy. Right. Peer support specialist.

00:19:10:16 - 00:19:43:13
I want them to know that even if you don't feel comfortable coming. To a physician, there are peer support specialists out there, people with lived experience that want that would want to engage with them. There are. There's a whole organization called the Virginia Harm Reduction Coalition, and they will they see people that are actively using um and can help them use safely, reduce infectious disease, reduce. You know, they give Narcan. Um, and they support them if they're continuing to use.

00:19:43:15 - 00:20:14:19
And if that patient decides, hey, I want to get help, they will help lead them in. They will come with them to appointments if they decide they want to get help. I mean, there are people out there, um, that, that want to help. And, you know, I just what I do is the most rewarding part is working with this patient population, because seeing a mom be able to keep custody of her baby, you know, become independent again to beat this cycle in their family line. I mean, there's nothing more rewarding than that.

00:20:14:21 - 00:20:45:06
So just know that there are, you know, there are programs. We're getting better in the health care system. We're starting to think more creatively, ask for help. And, you know, consider a peer support specialist if you're not sure how to do that. Um, and they have the peer support, um, peer recovery networks that you can look into. There's um, and the VNPC, I'm sure has information on their website about where you could go for help. Um, just starting with a health department. Just pick up the phone. There are all sorts of warm lines and helplines out there for you.

00:20:45:08 - 00:20:57:03
It's just making that first move. And once you do that, like you'll get better. You will. So I just think asking for help is the number one most important thing. Um, yeah, I hope that answered it.

00:20:57:05 - 00:20:57:21
I get very.

00:20:57:23 - 00:20:58:08
Passionate.

00:20:58:10 - 00:20:59:00
About this.

00:20:59:15 - 00:21:06:02
Hearing your voice. We want Doctor Simcox. We want to thank you so much for being part of the conversation. This was great.

00:21:06:04 - 00:21:07:13
And you're welcome.

00:21:07:15 - 00:21:38:03
We want to thank you, the listeners at home for listening. It's for being a part of the conversation, too. If we talked about anything today that hits close to home, please hear me. You are not alone. And help is available, as Doctor Simcox mentioned. So you can call or text 988 anytime if you need emotional support or if you need immediate emotional support. And then there's a national hotline for treatment options. You can call 1-800-662-4357. Again, there's absolutely no shame in needing support.

00:21:38:05 - 00:21:44:01
Moms deserve care too. So, Doctor Simcox again, thank you. This was such a great, such a great evening.

00:21:44:03 - 00:21:44:27
Of course.

00:21:45:04 - 00:21:45:19
You're.

00:21:45:21 - 00:21:46:21
Thank you for having me.

00:21:46:23 - 00:21:52:26
Um, if anybody is in the Roanoke area and want to get in touch with you, how can they get in touch with you on your program?

00:21:53:03 - 00:22:30:19
Yeah. So I my program is through Carilion Clinic. It's called the Emerald program. Um, and we're, uh, currently it's a collaboration between the Carilion Women's Department and, uh, behavioral Health. Um. So. Yeah, look me up. It's on the internet and, uh. Yeah, I'm. I'm not like a person that has a lot of, like, LinkedIn profiles or anything, so I'm terrible at that. But I think that's the best way is, uh, contact the Emerald program, and I'd love to talk to you if you're a patient, if you're a provider that just wants some support or guidance, please let me know.

00:22:30:21 - 00:22:38:13
And, um, yeah, I would. I'm just blessed to do what I do and get to work with these wonderful women and babies.

00:22:38:24 - 00:22:58:03
Again, we appreciate it. And for everyone at home listening. Be sure to follow us on all of our social media platforms @goVNPC and also, please take a minute to fill out the survey in the description box to

let us know how we're doing, and let us know if there's any other topics you'd like for us to cover next. So, Doctor Simcox, that is it. Well, excuse me. Kim.

00:22:58:05 - 00:23:01:06
Kim. Kim. Kim. That's right, that's right.

00:23:02:00 - 00:23:06:16
Thank you for being a part of the conversation. And guys, until next time, we will see you later.