

Healthcare Experiences of Pregnant Persons with Opioid Use Disorder: A Mixed-Methods Analysis



INTRODUCTION TO REACH

- The REACH Project, Inc. (REACH): a 501(c)3 community-based nonprofit organization located in Ithaca, NY
 - **REACH** is an acronym for **R**espectful, **E**quitable **A**ccess to **C**ompassionate **H**ealthcare
- **Since opening in 2018 REACH has provided services to 5,273 patients residing in 56 counties across New York State**
- Provides integrated harm reduction and substance use disorder treatment services
- Aims to build health equity through low threshold services:
 - Medication for Opioid Use Disorder (MOUD)
 - Primary Care and Acute Care
 - Outreach & Social Determinants of Health Navigation
 - Hepatitis C & HIV Testing/Treatment
 - Pre and Post Exposure Prophylaxis (PrEP, PEP)

BACKGROUND

- People who use drugs (PWUD) often face discrimination and stigma in healthcare settings
- Studies show pregnant PWUD fear legal repercussions such as Child Protective Services contact and poor treatment from providers
- External and internalized stigma further drive lack of access to prenatal services

METHODS

- Pregnant people (n=84) identified based on self-reported intake questionnaires, clinical encounters, and clinical ICD-10 diagnosis codes
- Descriptives, chi-square tests and ANOVA were performed using R 4.3.0 for sociodemographic variables, intimate partner violence, and % appointments via telemed vs. in-person
- Qualitative evaluation tool developed by research team and conducted via Zoom or telephone (n=5) Analysis done using NVivo

RESULTS

Interviewer: Okay. And how was your experience with how your prenatal care providers spoke to you about your drug use? Or former drug use rather?

Patient 1: I don't know, it made me feel like uncomfortable about it.

Interviewer: Can you tell me a little more about that?

Patient 1: Just like about my past history, so they didn't treat me like a normal woman off the street that was pregnant, they just looked at me like an addict that was pregnant.

Patient 2: I've been to a hospital when I took too many diet pills—it was a long story, but I went and got into a pregnancy, and they treated me horrible. I'm talking I was, like, crying, just wanted to get—like they were—it was—it's crazy how mean they were and the things they were saying... They were like making jokes about me, and I'm just saying, it was terrible, it was so bad.

Age	n (%)	Intimate partner violence	n (%)
Mean (SD)	32.1 (4.6)	Physical abuse	10 (18.9%)
Median [Min, Max]	32.0 [20.0, 49.0]	Emotional abuse	16 (30.2%)
Race		Sexual abuse	6 (11.3%)
White	74 (88.1%)	Afraid of partner	11 (21.2%)
Black or African American	2 (2.4%)	% Telemedicine appointments	
Patient Declined	8 (9.5%)	Mean (SD)	55.8 (30.9)
Ethnicity		Median [Min, Max]	60.0 [0.0, 100]
Not Hispanic or Latino	72 (85.7%)	Retention time	
Hispanic or Latino/Spanish	5 (6.0%)	≤ 90 days	7 (8.8%)
Patient Declined	7 (8.3%)	91-180 days	7 (8.8%)
County		> 180 days	66 (82.5%)
Tompkins County	25 (29.8%)	% telemedicine was associated with retention time (p=0.009) where those retained >180 days have lower average % telemedicine (50.3% vs. 81.0% and 71.4% for ≤90 days and 91-180 days, respectively). Other sociodemographic variables were not associated with retention time.	
Broome County	12 (14.3%)		
Clinton County	9 (10.7%)		
Other	38 (45.2%)		

DISCUSSION

- Descriptive statistics revealed a fairly homogeneous sample by socioeconomic variables
 - High proportion utilizing telemed for MOUD treatment
- Indicated a high level of patient engagement in MOUD treatment regardless of modality

CONCLUSION

- Qualitative analyses showed pregnant PWUD receive inadequate pain management, face discrimination, and note a lack of communication from providers
- Quantitative analyses showed experiences of emotional abuse and other intimate partner violence and might suggest needed services for this population
- This underscores the lack of trauma-informed harm reduction medical education around OUD and pregnancy in healthcare
- Communication, proper pain management, and reducing stigma are imperative to providing care for pregnant PWUD

AUTHORS & FUNDING

Authors: Jasmine Myrick^{1,A}, Cristina Chin, LMSW, MPH^{2,A}, Winston Luhur, MPH^{2,A}, Arsalan Ali, MS^{1,A}, Czarina Navos Behrends, PhD^{2,A}, Judith Griffin, MD^{1,A}

¹ The REACH Project, Inc., Ithaca, NY, USA

² Department of Population Health Sciences, Weill Cornell Medicine, New York, NY, USA

^A Funding: Pew Charitable Trusts' Community Opioid Response and Evaluation (CORE) Grant

REFERENCES

1. Roberts, S.C.M., & Pies, C. Complex calculations: How drug use during pregnancy becomes a barrier to prenatal care. *Maternal Child Health Journal*. 2011;15: 333-341. <https://doi.org/10.1007/s10995-010-0594-7>
2. Stone, R. Pregnant women and substance use: fear, stigma, and barriers to care. *Health Justice*. 2015;3(2). <https://doi.org/10.1186/s40352-015-0015-5>
3. Weber, A., Miskle, B., Lynch, A., Arndt, S., & Acion, L. Substance use in pregnancy: Identifying stigma and improving care. *Substance Abuse and Rehabilitation*. 2022;12: 105-121. DOI: 10.2147/SAR.S319180

FOLLOW US:

@TheReach ProjectInc

@reach_med

The REACH Project, Inc.

