

Building trust and encouraging retention through an integrated prenatal and substance use disorder treatment program



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Background

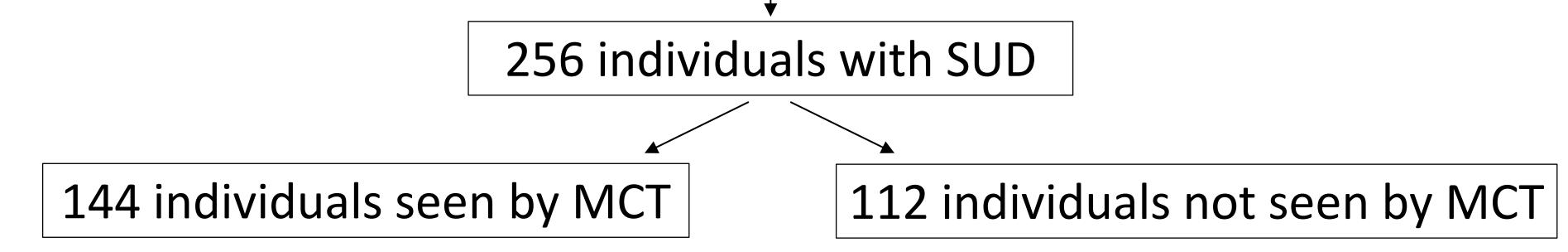
- Substance use disorder (SUD) in pregnancy is associated with adverse obstetric and neonatal outcomes. Pregnant individuals are less likely to receive SUD care because of increased stigma and other barriers.
- Integrated SUD treatment and prenatal care can improve outcomes.
- A multidisciplinary care team (MCT) at a public safety-net hospital provides integrated SUD treatment and prenatal/obstetric care in inpatient and outpatient settings. The team includes addiction medicine physicians, licensed chemical dependency counselors (LCDC), peer recovery navigators, and SUD-trained certified nurse midwives under the supervision of maternal-fetal medicine faculty.

Objectives

- To describe the services provided by a multidisciplinary care team
- To evaluate retention to delivery in individuals with and without engagement in SUD care

Materials and Methods

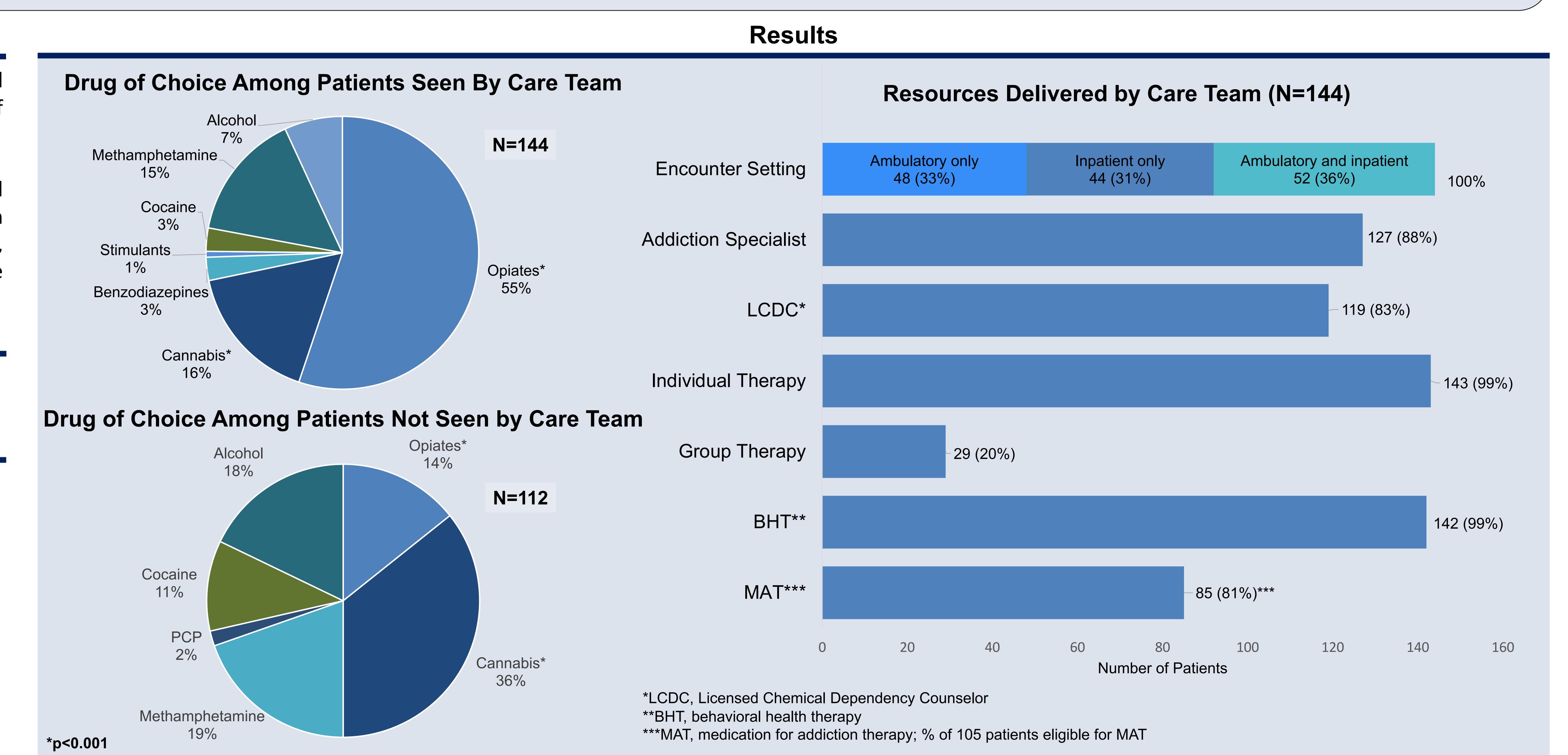
14864 pregnant individuals who accessed care at study institution



- Retrospective cohort study using medical record review to identify 256 patients with SUD during pregnancy between July 28, 2021 and June 25, 2022
- Further chart review conducted to collect data including MCT interaction content and delivery at the study institution
- Data analyzed using chi-square test

Results

- Of 256 individuals, 55% had psychiatric comorbidities, 32% reported a history of trauma, and 14% were incarcerated and 13% experienced homelessness during pregnancy.
- 144 patients with substance use disorder (SUD) received care by our multidisciplinary care team (MCT). Of these, 98 patients delivered at the study institution and 46 delivered elsewhere or were lost to follow-up. Patients seen by our MCT were more likely to deliver at the study institution than those not seen by the team (98 of 144 [68%] MCT patients vs 41 of 112 [37%] non-MCT patients, p<0.001).
- Patients seen by our MCT were more likely to use opiates (55% vs 14%, p<0.001) and less likely to use cannabis (16% vs 36%, p<0.001).
- Of 105 patients seen by our team who were eligible for MAT (medication for addiction treatment) for opioid use disorder, alcohol use disorder, or benzodiazepine use disorder, 85 (81%) received MAT by our MCT.



Conclusions

- Our MCT provides thorough and encompassing care to all patients who access a safety-net hospital regardless of setting and frequency of patient follow-up.

 Barriers may prevent almost half of individuals with SUD in pregnancy to receive services before delivery. More study is needed to determine how to augment and optimize services to better reach these individuals and retain them through delivery.
- Substance use treatment and recovery services integrated with prenatal care throughout ambulatory and inpatient settings may be linked to better retention
 of individuals through delivery, facilitating continuity of treatment and recovery services postpartum as well as health outcome monitoring.

References

Oni HT, Buultjens M, Mohamed AL, Islam MM. Neonatal Outcomes of Infants Born to Pregnant Women With Substance Use Disorders: A Multilevel Analysis of Linked Data. Subst Use Misuse. 2022;57(1):1-10. doi:10.1080/10826084.2021.1958851

- Suarez EA, Huybrechts KF, Straub L, et al. Buprenorphine versus Methadone for Opioid Use Disorder in Pregnancy. N Engl J Med. Dec 1 2022;387(22):2033-2044. doi:10.1056/NEJMoa2203318
- Sweeney PJ, Schwartz RM, Mattis NG, Vohr B. The effect of integrating substance abuse treatment with prenatal care on birth outcome. J Perinatol. Jun 2000;20(4):219-24. doi:10.1038/sj.jp.7200357

Disclosures

Presenter: Macy
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 Nothing to disclose