Treating Opioid Use Disorder in the Peripregnancy Period on Labor and Delivery

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INTRODUCTION

- Drug overdose mortality among pregnant and postpartum people in the US tripled from 2018-2021
- Opioid use disorder (OUD) treatments are effective and safe in pregnancy
- Pregnant people face intersecting barriers to treatment including stigmatization, discrimination, misinformation, criminalization, and fear of family separation
- In areas facing opioid and housing crises, individuals may need to prioritize shelter, food, and/or safety over treatment
- Some labor and delivery units offer admission for drug use complicating pregnancy to initiate treatment, but there are limited studies to describe admissions and outcomes

METHODS

- Retrospective chart review of pregnant and postpartum (up to 1 year) people admitted to Zuckerberg San Francisco General Hospital for opioid use complicating pregnancy from 2019-2023
- Patients identified via pharmacy dispensing records of methadone and buprenorphine
- Inclusion criteria: initiating or titrating medications for OUD (MOUD) on labor and delivery
- Exclusion criteria: already stable on OUD treatment
- If patients had > 1 pregnancy in the study period, each pregnancy was analyzed individually
- Extracted data: demographics, substance use and treatment history, pregnancy history, and hospitalization characteristics

RESULTS

Data Snapshots

- 112 births among 106 individuals; 242 total hospitalizations
- Median length of admission: 6 days (range 1-53)
- Median number of presentations for admission for MOUD: 2 (range 1-10)
- 74% (83/112) had CPS involvement at birth; 55% (62/112) discharged with baby
- 60% (67/112) discharged to residential treatment after birth

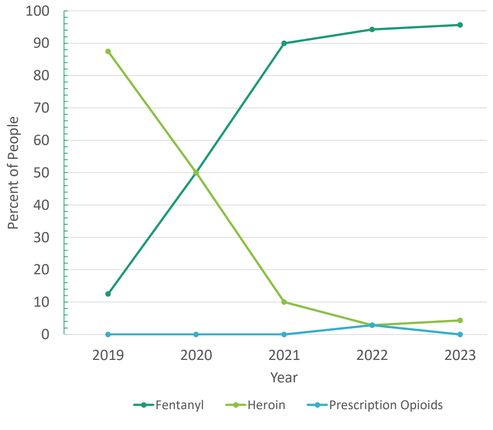
RESULTS (cont.)

Table 1: Demographics and Characteristics

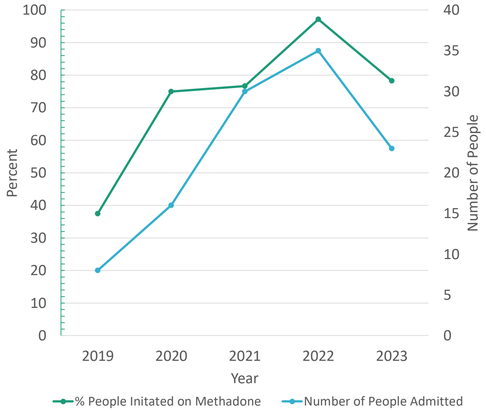
Characteristics at Time of Admission	Mean or n	Range or %
Age	29.9	19-41
Para	1.3	0-9
Gender Identification		
Female	105/106	99.1%
Male	1/106	0.9%
Self-reported Racial Identification		
White	55/106	51.9%
Latine	24/106	22.6%
Black	15/106	14.2%
Asian/Native and Pacific Islander	2/106	1.9%
Other/Mixed Race	10/106	9.4%
Housing Status		
Housed	11/112	9.8%
Unstably Housed (shelter, street/tent/car, or couch surfing)	98/112	87.5%
History of CPS among Parous People	33/67	49.3%

Characteristics at Time of Admission	Mean or n	Range or %
Mental Health Disorder (may have more than 1)		
Depression/Anxiety	69/112	62%
PTSD	30/112	27%
Psychotic Disorders	4/112	4%
Bipolar Disorder	19/112	17%
Comorbid SUD (may have more than 1)		
Methamphetamines	83/112	74%
Cocaine	20/112	18%
Benzodiazepines	12/112	11%
Alcohol	4/112	4%
Active Injection Use	30/112	26.8%
History of OUD Treatment	98/106	92.5%
Methadone	71/106	67%
Buprenorphine	77/106	72.6%
Residential Treatment	41/106	38.7%

Heroin Use Declined and Fentanyl Use Increased Over Time



Admissions for OUD and Percent of People Initiating Methadone Increased Over Time



Note: absolute numbers declined for 2023 because 2023 data collection was only through July 1, 2023.

CONCLUSION

- At a San Francisco public safety-net hospital, among a racially/ethnically diverse group of pregnant and post-partum people with high rates of homelessness and mental illness, admissions for opioid use increased over time.
- The proportions of pregnant/postpartum people using fentanyl and those initiating methadone, rather than buprenorphine, increased over time.
- Though three-quarters of births involved CPS, over 55% of people left the hospital with their babies and almost 60% entered residential treatment after birth. These findings suggest that inpatient initiation of OUD treatment during pregnancy can help people advance their parenting and recovery goals.
- The fentanyl crisis is impacting labor and delivery unit admissions, and birth centers may provide critical opportunities to offer and initiate OUD treatment.
- Future work is needed to:
  - understand how hospital MOUD initiation affects linkage and retention in care beyond the peripregnancy period
  - identify best practices to support the treatment and parenting goals of pregnant and postpartum people with OUD
  - how to support labor and delivery units in this work

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DISCLOSURES

None

ACKNOWLEDGEMENTS

The authors would like to thank (1) the FORE foundation for supporting Dr. Nijagal and Seidman's work; (2) the Family Birth Center and Addiction Care Teams at Zuckerberg San Francisco General Hospital and Trauma Center for their expertise and compassionate care for pregnant people with OUD; (3) pregnant people with OUD who bravely worked toward recovery despite seemingly insurmountable obstacles.