

Formative Research about Shared Decision Making in the Treatment of Opioid Use Disorder in Pregnant Women

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• Patient advocates and navigators did not typically discuss medication options with patients because it's beyond their purview.

Which Medication

Should I Choose?

Regardless of your choice, newborns will

However, buprenorphine may result in

(buprenorphine, methadone) will be

available to you based on the hospita

medications during pregnancy, however

shorter hospital stay for newborns.

risk of NOWS after delivery.

One or both of these options

It is possible to switch between

it is may destabilize opioid abstir

You may experience withdrawal

symptoms when switching from

methadone to buprenorphine.

Detoxification ("detox") is not

with either medication

Emergent themes related to the brochure include: 1) Suggested uses and settings of use, 2) Content revisions, and 3) Perceptions about the tool.

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You Are Not Alone.

Opioid use disorder is a chronic condition affecting

approximately 4 in 1000

pregnant women

What Should I Do in

Use Naloxone immediately

inability to breathe

bluish appearance

Case of an Overdose?

· Call 911 or ask a neighbor to call on

Signs to monitor

· stopped breathing, especially during

• Future studies should explore the feasibility of pharmacists counseling on options of pharmacotherapy for opioid use disorder because of their expertise with drugs.

BACKGROUND

- Shared Decision Making (SDM) is an evidence-based practice that involves a discussion between a health care professional and patient to reach a mutual agreed upon treatment plan.
- A recent nationally-representative study indicates that only 39% of physicians use SDM for 50% or fewer Pregnant Women with Opioid Use Disorders (PWOUD).(2)
- Little is known about factors that affect SDM among PWOUD. This research project aimed to address this knowledge gap.

OBJECTIVES

- 1. To identify content related to **Medication Assisted Treatment** (MAT) for inclusion in a patient education tool
- 2. To identify barriers and facilitators to SDM in the treatment of PWOUD
- 3. To evaluate the receptivity of clinicians and doulas on the use of a decision counseling tool for SDM about MAT

Figure 2. Decision Counseling Tool (Jefferson Decision Counseling Guide©)

Decision Counseling Session Results The display below indicates your preference on a scale of 0% to 100% (0% = I really don't want to have MAT to 100% = I really want to have MAT. I don't want to have I want to have MAT Your preference score is 62%. Please enter an action plan based on this result.

ACKNOWLEDGEMENT

We thank the American Association of Colleges of Pharmacy for funding this study through its New Investigator Award mechanism

CONTACT

METHODS

- We performed a preliminary review of the literature in September 2021.
- Based on the review findings, we developed an educational brochure for use in SDM with PWOUD (3,4,5).
- The brochure was revised based on feedback from physicians and professional doulas (Figure 1).
- We also adapted an existing tool, the Jefferson Decision Counseling Guide © for facilitating SDM with PWOUD (Figure 2).
- Subsequently, we recruited clinicians and doulas (n=19) who care for PWOUD and conducted semi-structured interviews to obtain their perspectives on the educational brochure and the SDM process using the Jefferson Decision Counseling Guide ©.
- Additionally, we asked participants about factors affecting the use of SDM in the care of PWOUD.
- An interdisciplinary coding team performed a thematic analysis of the interview data using Nvivo software.

Figure 1. Revised Version of a Tri Folding **Brochure**

Figure 3. Emergent Themes on using Shared Decision Making to Support Treatment **Decisions for PWOUD**

Barriers

- Patient is high or actively withdrawing at the emergency room.
- Institutional Policies and Preferences
- Time constraints

Several challenges and opportunities for implementing SDM in the care of PWOUD exist.

- Difficulty Switching Between Medications for Opioid Use Disorders
- Difficulty with Care Coordination and Continuity of Care
- Challenges of Pregnant Women with Opioid Use Disorders
- Clinician bias

Facilitators

- Peer workers, patient navigators, and other trained personnel
- Follow-up appointments or giving patients more time
- Engaging Family and Friends

SUMMARY OF FINDINGS

• Emergent themes on using SDM to support treatment decisions for PWOUD include: 1) Barriers, 2) Facilitators of SDM, and 3) Perceptions about the Decision Counseling Tool (Figure 3).

Treatment for

Opioid Use Disorder

in Pregnant Women

Pregnant and dependent on opioids?

 Convenience and Comfort of Performing **Decision Counseling**

Risks of Treatment Benefits of Treatment

It can help...

What Are Your Options?

• buprenorphine (Subutex)

- - Can I Take Buprenorphine or Methadone While Breastfeeding?
- enorphine and methadone are safe while breastfeeding. prenorphine and methadone ar ooth great in reducing opioid use in

What Is NOWS?

2. No Treatment If you decide not to receive treatmen

- there is a possibility of...
- preterm delivery having a baby with low birth weight
- contracting hepatitis or HIV and passing it to your baby · a higher chance that your baby will
- recurrence of opioid use accidental overdose

Perceptions about the Decision **Counseling Tool**

- Perceived benefits of the tool
- Perceptions about numerical score
- Suggested use of a template or tool that compels physician to perform decision counselling
- Suggested settings and target audience
- Decision points

CONCLUSION

- This study provides valuable insights into the diverse settings and potential applications of an educational tool describing treatment options for PWOUD.
- There are several barriers and facilitators of SDM about initiating MAT for PWOUD which should be considered by stakeholders.
- Clinician and professional doulas are interested in using the Jefferson Decision Counseling Guide for SDM with PWOUD.

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