Addressing Barriers to Prenatal and Postpartum Care for Women with Opioid Use Disorder: A Qualitative Analysis of Provider Perspectives

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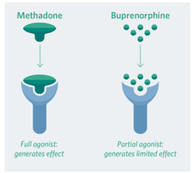
Background

- Opioid Use Disorder (OUD): a problematic pattern of opioid use leading to clinically significant impairment or distress
- Neonatal Abstinence Syndrome (NAS): a group of withdrawal signs in a newborn who has been exposed to opiates; NAS is a treatable condition
- Nationally, rates of OUD at delivery has more than quadrupled from 1999-2014
- In Rhode Island, the number of substance-affected newborns and babies with NAS has more than doubled from 2005-2016
- Methadone and Buprenorphine (Subutex) are the safest medication-assisted treatments (MATs) for OUD during pregnancy
- Although MATs are effective for OUD, many people do not receive treatments because of barriers including stigma, inadequate professional education and training, system fragmentation, regulatory and legal barriers, and barriers related to health insurance coverage



Objectives

- Identify barriers to prenatal and postpartum care for women with Opioid Use Disorder and infants with Neonatal Abstinence Syndrome
- Elucidate methods for overcoming barriers to care

Methods

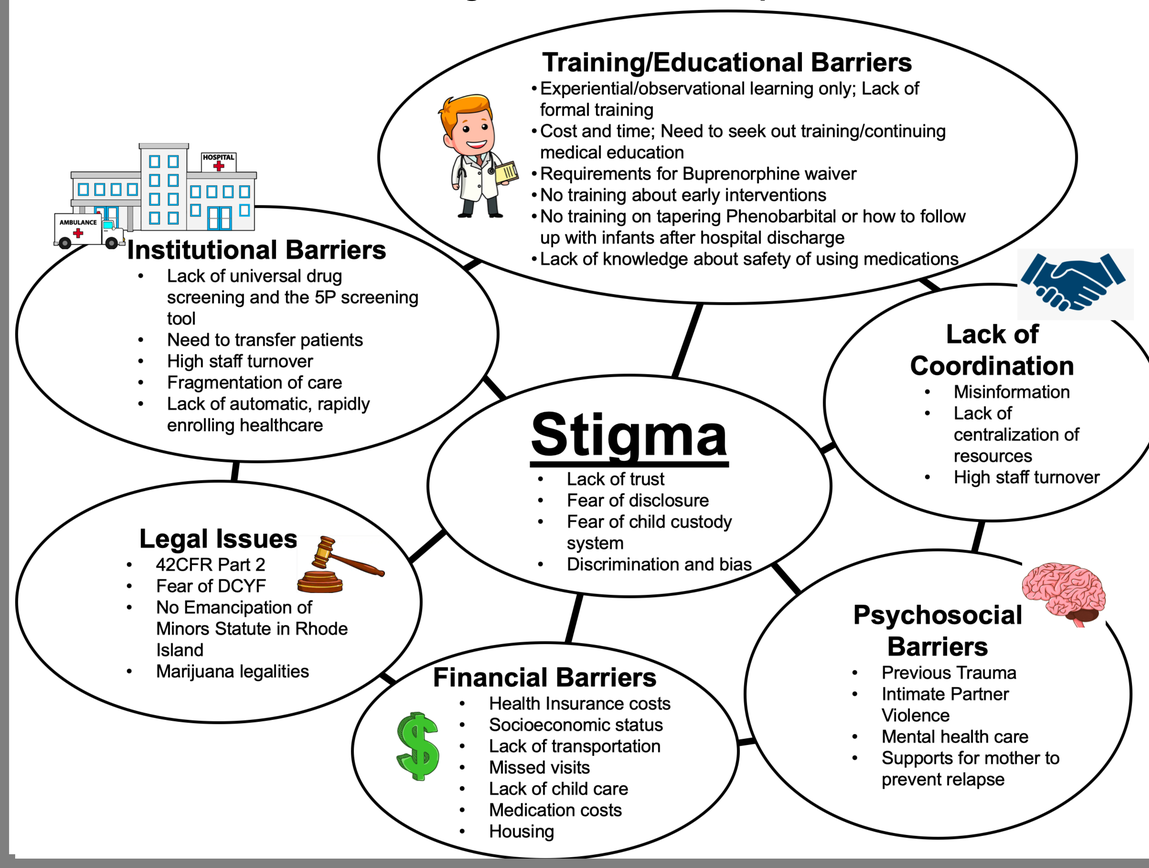
Literature Review

- Comprehensive literature review of best practices to mitigate barriers to care for pregnant women with Opioid Use Disorder

Key Informant Interviews

- Seven qualitative key informant interviews were conducted with a convenience sample of primary care physicians from various Rhode Island community health centers
- Information was gathered using an interview guide with six semi-structured questions
- Providers' responses were analyzed in order to identify frequent barriers, physician concerns, and potential solutions

Results:
Barriers to Care for Pregnant Women with Opioid Use Disorder



Key Quotes

"I have no more respect for any person than someone who actually starts treatment for an Opioid Use Disorder in pregnancy. It blows my mind the degree of personal resolve and the requirements to do that, to overcome all these barriers. You start off with someone who is totally disempowered, in a really bad place, scared, a system that hates you, and to come out on top is probably one of the most amazing things that I see. It's amazing that anyone pulls it off. Which is sad, it's sad that it's amazing that anyone pulls it off. The system, it's like wow, shouldn't it be the opposite?" –Matthew Malek, M.D.

"I took care of a patient in residency, who didn't tell her Suboxone provider she was pregnant because she knew the Suboxone was really helping her with staying in recovery and she was afraid that she was gonna get taken off of it if her provider learned she was pregnant. And then she didn't tell her prenatal provider that she was on Suboxone because she was afraid the baby was gonna be taken away from her. So then she shows up to the hospital to deliver, and she delivers the baby, and of course the baby starts withdrawing and her pain isn't very well controlled and now she has to say, oh I'm actually on Suboxone, etc. And now DCYF is involved because she wasn't forthcoming about her Suboxone use and now it's looking like she's hiding it from multiple providers, and that's making it look really bad. It was like so, so complicated and this woman had been in recovery for years, and had a totally appropriate urine toxicology screen, and like medically stayed on her meds. But she had so much distrust that things would happen to her, that then because she didn't disclose it was so much worse. But you can totally see how someone would find themselves in that position, and feel like they were doing the right thing keeping their family together, which was her goal, and that can get really complicated really fast." –Anonymous

Recommendations

Education:

- State-wide bias and sensitivity training
- Expansion of medical school curricula
- Incorporation of Buprenorphine training in residency
- Additional training and continuing medical education for all health care workers

Coordination:

- Centralization of resources
- Patient-friendly pamphlets/handouts
- Coordination of care and team communication
- Implementation of the Eat, Sleep, Console (ESC) model and home visiting nursing agencies
- Utilization of universal urine drug screens and the 5P screening tool

Legal:

- Elimination of 42CFR Part 2
- Communication with the Rhode Island Department of Children, Youth, and Families (DCYF)
- Addition of Emancipation of Minors Statute in Rhode Island

Conclusions and Next Steps for Rhode Island Community Health Centers

- Key informant physicians suggest that addressing the needs of prenatal patients with OUD is a complex task requiring interventions at multiple levels
- Stigma is one of the greatest barriers for pregnant women with OUD, impacting all aspects of care
- Further research investigating the effectiveness of sensitivity training across a larger sample of different types of health care providers

Acknowledgements

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