Improving Equitable Access to Evidence-based Treatment for Pregnant and Postpartum People with Opioid Use Disorder

Statement of Problem

Opioid use in pregnancy and the postpartum period has escalated dramatically in recent years, in parallel with the epidemic observed in the general population. Opioid use disorder (OUD) in pregnancy and the postpartum period are linked to adverse health effects for both mothers and infants. The maternal mortality reviews in Philadelphia and Pennsylvania have both identified substance use as a major risk factor for pregnancy-associated deaths.

Moreover, there are longstanding disparities in maternal substance use by demographic and socioeconomic factors. A previous PolicyLab study found that among a large sample of adolescent and young adult mothers with a history of child welfare involvement, 1 in 3 individuals were diagnosed with substance use in the postpartum period.

The study team's prior work also showed that treatment continuity in the postpartum period was very low for mental health conditions, leaving mothers at risk to experience poor health and maladaptive parenting approaches. Medication-assisted treatment (MAT) is the recommended treatment approach for OUD during pregnancy. However, MAT is not accessible and is, therefore, underutilized among pregnant and postpartum populations.

In the Pennsylvania 2020 Family Support Needs Assessment conducted by the PolicyLab team, we identified an absence of and/or unmet need for specialized programs offering MAT to pregnant and postpartum persons in counties with disproportionate need for services. Moreover, recent research has identified significant racial/ethnic disparities in receipt of MAT among pregnant people. Remedying the profound disparities in OUD treatment access and outcomes among pregnant and postpartum populations requires an in-depth understanding of structural and social determinants of health that are unique to this population.

Description

With support from March of Dimes, PolicyLab is conducting a mixed-method study to improve equitable access to evidence-based treatment for pregnant and postpartum people with OUD. Our study's three aims were informed by the World Health Organization's Conceptual Framework for Action on Social Determinants of Health:

- We will quantitatively describe the receipt of MAT among eligible pregnant and postpartum people across sociodemographic factors, both in a national cohort of privately insured people and a Pennsylvania statewide cohort of Medicaid-covered women.
- To contextualize and expand upon our quantitative work, we will also engage key community stakeholders—including patients, health care providers, and administrators or leadership at treatment facilities—to characterize the structural and social determinants of MAT receipt for pregnant and

postpartum people with OUD.
- We will better understand the policy landscape and best practices for MAT access and quality for pregnant and postpartum people, with a focus on improving equity in receipt of care, through a national policy scan and interviews with key informants in Pennsylvania. This policy scan will inform policy and program recommendations for supporting access to MAT and family-centered treatment programs in pregnancy and the postpartum period for people with OUD.

Next Steps

We will utilize two administrative data sources to identify pregnant and postpartum people with diagnosed OUD and examine patients' sociodemographic and geographical factors associated with MAT receipt. In the parallel qualitative work, we will enroll community members and conduct individual, semi-structured, in-depth interviews to understand barriers and facilitators in accessing and providing MAT for pregnant and postpartum people. Our multidisciplinary team of quantitative and qualitative researchers and policy analysts will develop three distinct interview guides to appropriately engage stakeholders in articulating the patient-, provider- and facility-level experiences.

The findings from this project have significant potential to identify opportunities and best practices for evidence-based treatment engagement for opioid-dependent pregnant and postpartum people with particular focus on geographic and racial inequities.

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Related Tools & Publications

Chronic Disease Prevalence and Discontinuation of Medications Among Young Mothers with a Relationship to the Child Welfare System
Article
Feb 2016

Health Status of Young Adult Mothers with a History of Child Welfare Involvement
Research at a Glance
Jan 2017

Mental Health of Mothers of Infants with Neonatal Abstinence Syndrome and Prenatal Opioid Exposure
Article
Feb 2018

The Role of Child Care in Family-centered Approaches to Treatment for Substance Use Disorder
Issue Briefs
Sep 2024