



Closing Gaps in the Continuum of Treatment and Support Services for Pregnant and Parenting Women with Opioid Use Disorder

Introduction

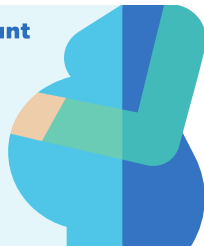
Although treatment for opioid use disorder (OUD) during pregnancy is known to improve [maternal and neonatal health outcomes](#), only [a third](#) of pregnant women with OUD receive medications for opioid use disorder (MOUD), the standard of care. For women with OUD, the first year after giving birth is also a treacherous time. Researchers found overdose rates increased [after delivery](#) in Massachusetts, with the highest rates occurring seven to 12 months postpartum. One factor may be the lack of specialized treatment services during the postpartum period, when some women with OUD face [social and psychological stressors](#) and lose touch with their prenatal care providers.

Through several grants, FORE has sought to strengthen the continuum of care for pregnant and parenting women so they have uninterrupted access to OUD treatment as well as the support they need to sustain their recovery and build healthy families.

Opioid use disorder among pregnant women is on the rise

Among 47 U.S. states, maternal opioid-related diagnoses increased from **3.3 per 1,000** hospital deliveries in 2010 to **8.2 per 1,000** in 2017.

Source: <https://jamanetwork.com/journals/jama/fullarticle/2774834>



Despite this, pregnant women with OUD face significant barriers in finding treatment

A 2019 secret shopper survey found callers posing as pregnant women were less likely than non-pregnant women to be granted an appointment with a clinician who prescribed buprenorphine.

61.4% vs. 73.9%

The rate of pregnant women who were able to obtain an appointment varied across 10 states from **48.1%** in Kentucky to **70.4%** in North Carolina

A study by FORE grantee Hendrée Jones, Ph.D., and others found access to treatment for pregnant women has worsened during the pandemic.

Sources: <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2769427> and <https://pubmed.ncbi.nlm.nih.gov/33606424/>



TAKEAWAYS

The number of births complicated by OUD has risen dramatically in the last two decades. Despite this, pregnant women still face significant challenges accessing care.

Effective treatment must include support for women and their families during the postpartum period, when some women lose access to health insurance and their prenatal providers.

FORE grantees are strengthening treatment and recovery supports for pregnant and parenting women by intervening during key transitions and offering tailored supports.

A Holistic Model: MOUD, Doulas, Community Education, and Supports

To help fill gaps in treatment, FORE provided funding to launch the [Don't Quit the Quit](#) program. Run by the University of North Dakota, it aims to increase access to MOUD for pregnant, parenting, and breastfeeding women with OUD in rural and tribal communities in the northcentral part of the state. In addition to encouraging physicians, nurse practitioners, physician assistants, and nurse midwives to pursue the waiver for prescribing buprenorphine, the program offers education and support from a physician who is board certified in psychiatry and addiction medicine.

“We have learned that mentoring is key. Many of the providers we have talked to have said, ‘Yes, I’ve been waived for some time. I’m just really nervous to get started.’ Or ‘I’m waived and I have prescribed but prescribing to women who are pregnant or breastfeeding is making me a little bit nervous,’” says Maridee Shogren, a certified nurse-midwife and clinical professor at the University of North Dakota in Grand Forks.

In addition to educational webinars and hands-on support, Don't Quit the Quit is working with doulas and childbirth educators from a local American Indian organization to offer training to other health care professionals on how to deliver holistic care for pregnant women and families in tribal communities.

Shogren is particularly concerned about reaching women during the postpartum period given high relapse rates and the fact that nationally as many as [40 percent](#) of women do not return for postpartum visits. Women, Infants, and Children (WIC) staff often see women during the postpartum period when they visit WIC offices for health screenings and food supports. Don't Quit the Quit leaders are partnering with WIC offices in an eight-county region of rural North Dakota to increase staff awareness and knowledge of OUD and local treatment options. Staff can then offer mothers who visit these offices help finding OUD treatment services if that need is identified. The first round of training was so well received, the WIC program in North Dakota asked Don't Quit the Quit staff to disseminate it statewide.

The program is also recruiting and training community members to work as postpartum doulas in rural areas. Postpartum doulas provide education about infant care and feeding, help new mothers with household tasks, and seek to increase their confidence as they transition to parenthood. Mothers, community members, families, and health care professionals can also join free webinars on topics such as breastfeeding while on MOUD, neonatal abstinence syndrome, and the effects of COVID-19 on pregnancy.

Across their efforts, Don't Quit the Quit leaders offer strategies to decrease the particular stigma many pregnant and parenting women with OUD face, which Shogren described in a September 2020 [article](#) in the *Canadian Journal of Nursing Research*.



North Dakota's *Don't Quit the Quit* program offers mothers bags to carry diapers and other supplies, as well as a “passport” to track appointments. Photo courtesy of *Don't Quit the Quit*.

Offering Virtual Services to Engage More Women

FORE is also supporting [Renewal House](#), the only long-term residential substance use disorder treatment program for pregnant and parenting women in Middle Tennessee. From the early 2000s to 2019, cases of neonatal abstinence syndrome, a condition attributed to prenatal opioid exposure, have increased in Tennessee [tenfold](#), compared to a threefold increase nationally. Additionally, substance use contributed to [one in three](#) (34%) pregnancy-associated deaths in the state in 2017 and 2018.

Renewal House takes a holistic approach to treatment by providing services to both mothers and their children. Its programs aim to help women achieve and maintain sobriety, improve their mental health, and develop parenting skills. The organization emphasizes the importance of building a supportive community and encourages behaviors such as showing empathy and performing acts of kindness as building blocks for future recovery and employment.

During the pandemic, the Renewal House has seen a sharp increase in the severity of clients presenting for treatment as well as an increase in demand for services. This has only served to lengthen the waiting list for residential services, a list that has at least 60 families on it every day.

The FORE grant has enabled the organization to launch a free treatment group via telehealth that combines two evidence-based curricula for reducing substance use and increasing parenting skills. By eliminating childcare, transportation, and financial barriers associated with attending in-person meetings, the virtual sessions seek to expand access to care; women can attend while on the waiting list for other services or after graduating from treatment. In addition, individual virtual sessions are offered to support women in achieving long-term recovery and parenting goals.

“With the pandemic [negatively impacting](#) women at higher rates than men when it comes to job loss, mental health strain, domestic violence, and caregiving responsibilities, it is more important than ever to support pregnant and parenting women seeking treatment and recovery from substance use disorders,” says Savak Millis, LPC-MHSP, Renewal House’s director of programs.

Supports for Women in Correctional Institutions

FORE is also supporting Jenna’s Project, a pilot program developed by [UNC Horizons](#), a substance use disorder treatment program for pregnant and parenting women that is affiliated with UNC School of Medicine’s Department of Obstetrics and Gynecology. Jenna’s Project seeks to ensure women leaving prison don’t have disruptions in their OUD treatment and helps them secure housing and reunite with their family. Data suggest former inmates are [40 times](#) more likely to die of an opioid overdose in the two weeks following their release than the general population.

A case manager and peer support specialist engage women in treatment and recovery programs prior to their release from the North Carolina Correctional Institution for Women in Raleigh, where nearly 30 percent of inmates receive some form of treatment for substance use disorder. Rates of trauma among these women are high. “Many of the women we serve grew up in the foster care system and have been bounced around, often in the care of someone with an active addiction,” says Hendrée Jones, Ph.D., executive director of UNC Horizons.

Over the 18-month pilot, leaders plan to offer treatment, comprehensive peer support, and case management services for up to 50 women for six months. A core feature of the program is strengthening the bond between mothers and children.

“A lot of times women leaving prison have an idealistic view that they’re going to walk back into their child’s life and just be welcomed with open arms. Sometimes that happens and sometimes it doesn’t. The child may not know how to respond or doesn’t want to be with them and that brings up more guilt and shame,” Jones says. “Our goal is to help children understand what moms are trying to say, and help moms understand what the children are trying to say.”

Policy Implications

These grantees are working to close gaps in the continuum of care for pregnant and parenting women with OUD by intervening during key transitions and offering supports tailored to the needs of women with young children. They are also helping to establish a much-needed evidence base of what works, which may spur others to replicate their efforts.

To spread successful programs, it will be important for states to extend Medicaid coverage to low-income women for a full year after giving birth. Medicaid pays for 40 percent of all births in the U.S. In states that did not expand eligibility to low-income, non-childbearing adults, many women lose Medicaid coverage just 60 days after giving birth—cutting them off from physical and behavioral health care when they most need support.

Along with expanding coverage, it is important to ensure continuous, holistic care for women, from the prenatal to the postpartum period, to ensure women with OUD have the support they need to establish themselves in treatment and recovery. “We have the opportunity to reduce maternal mortality rates, which are particularly high among women of color, while improving care for OUD and building a strong safety net for young families that will pay dividends for years to come,” says Karen Scott, M.D., M.P.H, FORE’s president.



FORE is a national, private, grantmaking foundation focused on inspiring and accelerating action to end the opioid crisis.

We are committed to convening and supporting partners advancing patient-centered, innovative, evidence-based solutions to make the greatest impact on the crisis.