

## BACKGROUND

- Opioid use disorder (OUD) impacts roughly 5% of pregnancies and opioid overdose is a primary driver of maternal mortality across northern New England states
- Assessing Social Determinants of Health (SDOH) needs is essential to link pregnant people to services and remove barriers to prenatal care and OUD treatment.
- The impact of SDOH on treatment engagement and recovery among people who use drugs is highlighted in Dimension 6 of ASAM's Multidimensional Assessment
- In 2022, the US Office of National Drug Policy (USONDP) calls for a holistic approach to perinatal substance use, "focused on the unique needs of the maternal-infant dyad, addressing social determinants of health, physical and mental health needs."
- The extent to which obstetrical providers screen for and address SDOH needs for pregnant people with OUD is largely unknown.[1,3]

## METHODS

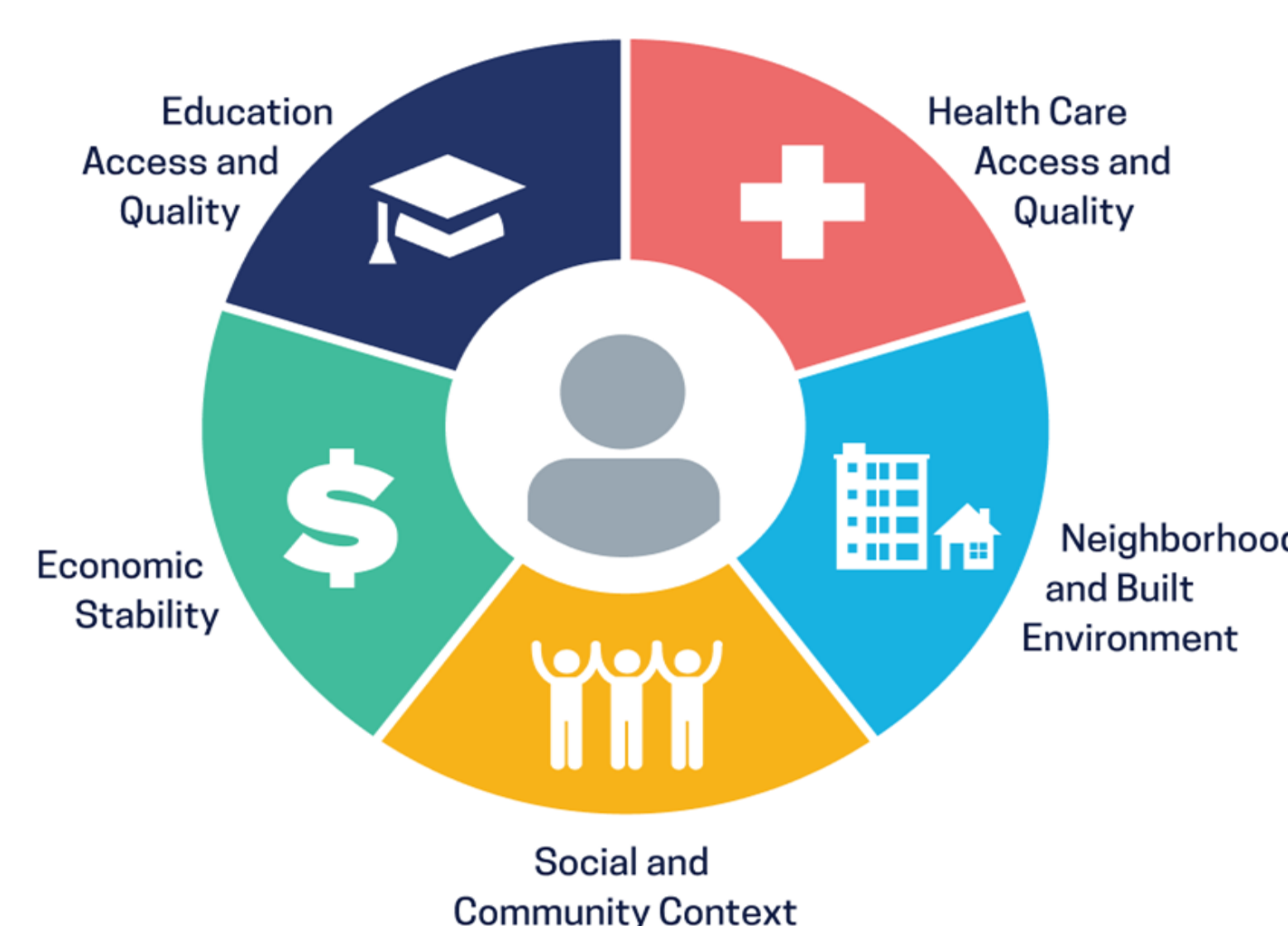
- Secondary data analysis from the multistate **MOms in REcovery (MORE)** study, an observational comparative effectiveness study comparing integrated and non-integrated models of care for pregnant people with OUD
- Patterns of SDOH needs assessments among pregnant people with OUD were reviewed from 26 maternity care sites across Maine, New Hampshire, and Vermont.
- SDOH needs' assessments were obtained from abstraction of prenatal records of pregnant women with OUD between 2015-2020 (N=2027).



## OBJECTIVES

1. Assess patterns of SDOH screening among practices caring for pregnant people with OUD
2. Explore SDOH needs and disparities among pregnant people with OUD

### Social Determinants of Health

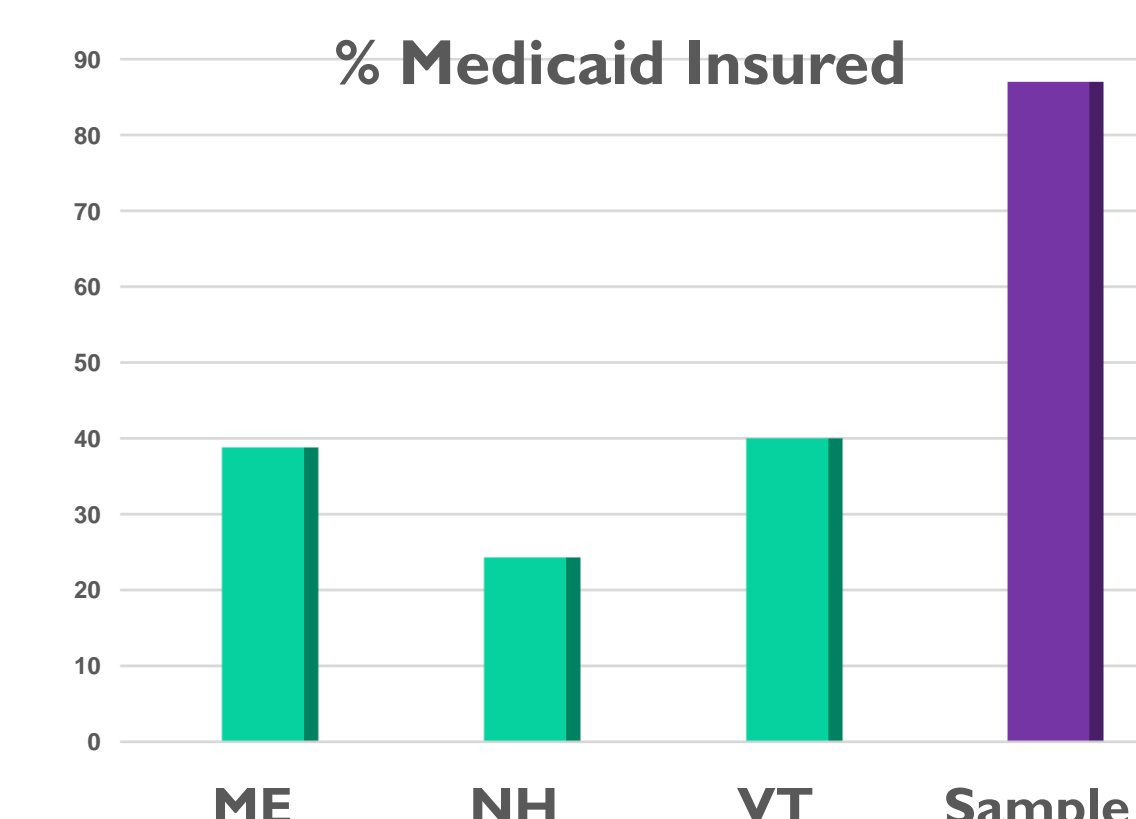
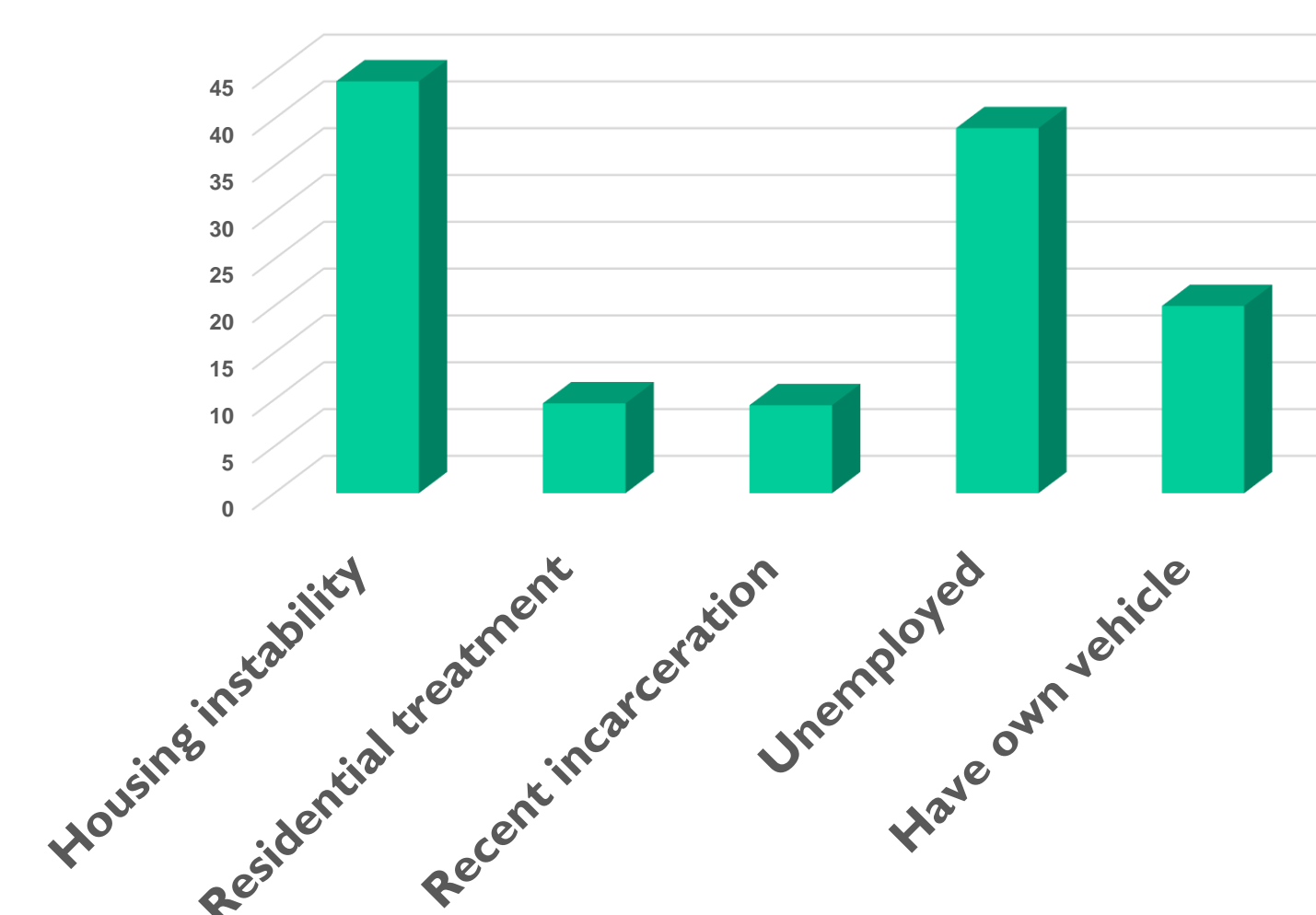


<https://www.cdc.gov/visionhealth/determinants/index.html>

## RESULTS

- Abstraction of 2027 prenatal records revealed wide variation in screening practice and documentation of SDOH
  - 88% (24/26) assessed one or more SDOH needs
  - 73% (19/26) used interviews to assess SDOH, 12% utilized self-reported digital questionnaires
  - Most (73%) only assessed SDOH at a patient's first visit
- Housing status was most consistently documented (89% of records), compared with access to transportation (48%) and legal involvement (17%).

SDOH Needs Among Sample



## DISCUSSION

- Findings of our survey of practices caring specifically for pregnant people with OUD highlight critical gaps in care, and misalignment with the USONDP guidance document.
- Prior research with this population identified the importance of psychosocial supports to improve access to prenatal care and treatment, promote resilience, and sustain recovery. [2,4,5]
- Variation in screening protocols among participating practices resulted in missed opportunities to address SDOH needs, especially those emerging around the time of delivery or postpartum.
- Screening embedded in electronic health records, such as self-administered questionnaires, and screening more than once, could facilitate greater identification and documentation of needs and more opportunities to assist patients.

## HEALTH EQUITY

- Pregnant people with OUD are more than twice as likely to be Medicaid insured than pregnant people overall in Northern New England and are disproportionately impacted by SDOH needs.
- To achieve equity in access to services which support resilience, clinicians should implement universal SDOH screening to improve life trajectories for birthing people with OUD.

## ACKNOWLEDGEMENTS

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## CITATIONS

(1) Reyes, A., Akanyirige, P., Wishart, D. et al. Interventions addressing social need in perinatal care: a systematic review. *Health Equity* 2021;5:1:100-118. (2) Goodman, D., Wolff, K., Saunders, E. In their own words: A qualitative study of factors promoting resilience and recovery among postpartum women with opioid use disorders. *BMC Pregnancy and Childbirth* 2020;178:1-10. (3) Canavan, C., d'Cruze, T., Kennedy, M. et al. Missed opportunities to improve food security for pregnant people: a qualitative study of prenatal care settings in Northern New England during the COVID-19 pandemic. *BMC Nutrition* 2022; 8:8:1-9. (4) Clark, R., Weinreb, L., Flahive, J. et al. Homelessness contributes to pregnancy complications. *Health Affairs* 2019; 38:1:139-146. (5) Gavin, A., Nurius, P., Logan-Greene, P. Mediators of adverse birth outcomes among socially disadvantaged women. *Women's Health* 2012; 21:6:634-64.