Exploring patient experiences with substance use screening and care during pregnancy to improve engagement in perinatal substance use treatment

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Background

- Approximately 8-11% of pregnant women have substance use disorders (SUD)
- Patients are motivated to engage in SUD treatment during pregnancy, which improves maternal/neonatal outcomes
- Although interview-based screening tools that have been validated in pregnancy, they are not universally used
- Urine toxicology has been shown to have frequent false positives, known racial bias, and significant legal and social impact on mothers including criminal prosecution

Objectives

1. Conduct qualitative interviews to evaluate factors that facilitated linkage to SUD care
2. Center substance use, an axis of marginalization often unaccounted for, to improve care for folks struggling with SUD

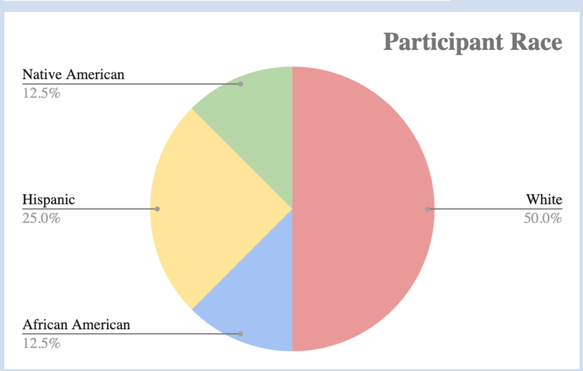
Methods

- Patients with a history of substance use during pregnancy were offered the opportunity to provide feedback on their experience using semi-structured qualitative interview
- Participants engaged in an individual 30-minute interviews
- Interviews were recorded and transcribed using AI software
- Recordings were reviewed and compared against call transcripts
- A total of 8 patient interviews were completed and all participants were compensated, $30 each

Demographic Data

- Participants were asked about their age and race, the number of children they had, whether they had custody of their children, and their current SUD treatment regimen
- All participants had a history of opioid use disorder, and half of the participants had a concurrent history of methamphetamine use disorder

Figure 1. Racial Breakdown of Participants



Demographic Data

Figure 2. Age Breakdown of Participants

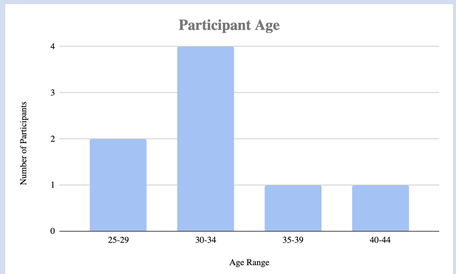


Figure 3. Current SUD Treatment Regimen of Participants

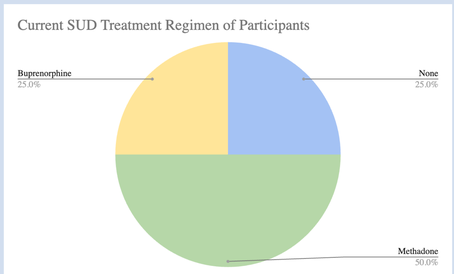
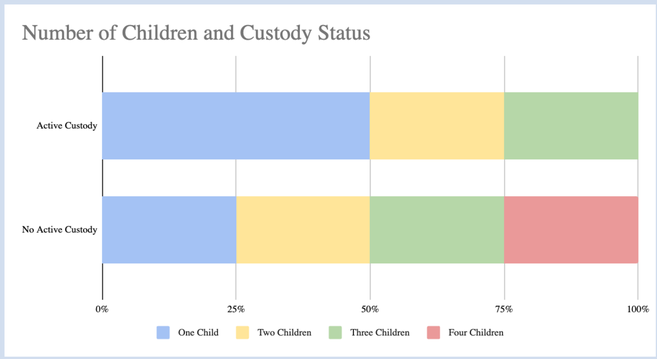


Figure 4. Number of Children of Participants and Custody Status



Qualitative Findings

1). Patients expressed initial nervousness about disclosing SUD but were reassured by non-judgmental screening via interview

"He never made me feel judged and never acted as if [substance use in pregnancy] was unheard of. He let me know that things happen and it's a disease that people need help getting treated for, so the best thing I can do is look for that help."

2). Patients appreciated that providers explained benefits of medications for opioid use disorder (MOUD) and explored all possible treatment options

"He said that there's available treatments. There's a lot of ways I can go about getting on medication to treat the opioid use disorder. He referred me to an in-hospital detox. That didn't work very well. We tried buprenorphine. Basically, we tried everything that I had available to me, resource-wise, to try to get sober."

"He gave me all of the information like how it is safe to breastfeed when you're on methadone and basically saying methadone is technically safe when you are pregnant and it's not going to affect my baby long term."

3). Providers who made patients uncomfortable were not well-educated about SUD, were judgmental, and did not attempt to connect patients with care

"I felt like they weren't very educated on it. They were judgmental about it…They didn't offer me any resources."

Qualitative Findings

"They don't want to be nice anymore after they see that on your chart. They don't want to be helpful. They're not gentle, like in their touch. It's obvious across the board. You can tell they read your chart by the way that they talk to you or treat you. Even if they say all the right polite words, it's still the look on their face. You can just see it. It's hard to hide."

"I tell her how I'm feeling, and she tells me that it is side effects of substance withdrawal. I told her, 'No, that's not what I'm feeling. I feel excruciating pain from my waist to my hip area and in between. That's where my pain is. It's not withdrawal pain.' She was like 'From my experience what you're telling me is withdrawal from substances.' I'm like, 'Well, I'm not withdrawing from my buprenorphine.' She was like, 'It's withdrawal from other street substances.' It was just very offensive."

4). Patients had differing opinions on urine toxicology, but majority found conversations about substance use more respectful than toxicology

"[Urine toxicology] makes you feel like your being judged because, instead of asking my perspective on my situation or how I felt or if I wanted to get care, they just assumed that I was set in my ways and that I was just another drug addict."

"She wanted me to do urine analysis at every appointment, which made me uncomfortable…It made me feel like I couldn't come to her if I needed help...I told her I had used when I first found out but that I had since been clean, so to constantly do urine analysis made me think "Why would I tell you the truth if you're just going to make me feel like I'm guilty of something?" Obviously, they're going to have to contact CWS because I told them that there was substance use in the beginning, but I don't want something like that to be on paper for CWS to use against me.

5). Patients experienced negative interactions with Child Welfare Services (CWS) and felt that CWS often prioritized adoption over reunification, leading to a fear of CWS involvement in subsequent pregnancies

"I felt that they were not as helpful as they said they were going to be. The social worker basically stated that her main priority was to find an adoptable home for the child rather than reunify."

"It was hard going through the system with CWS with the second kid because they actually ended up removing my first child from me when they took the second one. They came to do a house visit, and then they showed up with the police. They just took him. I got him back and when the case was closing the judge admitted that there was no real reason for them to have taken my older son, but they already had him, so they just kept him. It was just a traumatizing experience for everybody involved in it. So, I was in avoidance mode with the third one."

Conclusions

- Patients demonstrated clear preferences regarding approach to SUD screening and management during pregnancy
- Participants emphasized the desire for non-judgmental screening through interview
- They appreciated clear counseling regarding MOUD options and expectation setting about the potential involvement of CWS
- Addressing the needs of patients with SUD during pregnancy can improve prenatal care provided to this marginalized population and potentially better link patients to SUD care