

Strengthening Access to Perinatal and Reproductive Healthcare for People with a Substance Use Disorder: Preliminary Data from the PeRCHH model Intervention with the Recovery Community

Feld, H., Knudsen, H., Fallin-Bennett, A.



BACKGROUND

Pregnant and pregnancy-capable people with substance use disorder (SUD) have numerous health disparities and have high rates of maternal mortality. Many of these risks could be mitigated by improving access to healthcare.

Currently people with SUD tend to:

- Seek late or no prenatal or postpartum care
- Have high rates of unintended pregnancies (>75%)
- Not seek treatment (where most interventions take place), 91% of reproductive age women with problematic SUD did not receive treatment in the prior year.

Perinatal and Reproductive Champion of Health and Harm Reduction (PeRCHH): We partnered with the recovery community to create and pilot a model to improve empowerment and strengthen access to healthcare

- Harm reduction: Pregnancy tests, emergency contraception, and prenatal vitamins
- Train/enable peer recovery coaches to include reproductive health/wellbeing as part of recovery capital (promotes long term recovery)
- Describe organizational level implementation data and explore baseline relationships in participant level data

METHODS

Cross-sectional descriptive study:

- Organizational(Recovery Community Center where PeRCHH was implemented): Uptake of harm reduction items, number of referrals made/ services provided and proportion of participants who were linked to perinatal or reproductive healthcare
- Individual/participants: Describe reproductive health data, empowerment related to seeking healthcare, recovery capital (BARQ-10), and explore the relationships between these data.

RESULTS

Organizational Outcomes

Social needs identified: 47
 61% Transportation
 46% Unstable Housing
 29% Social Support & Food Insecurity
 Referrals for social needs: 58
 Coaching sessions: 147
 Linked to healthcare: 5, **18%**

Reproductive Health Data

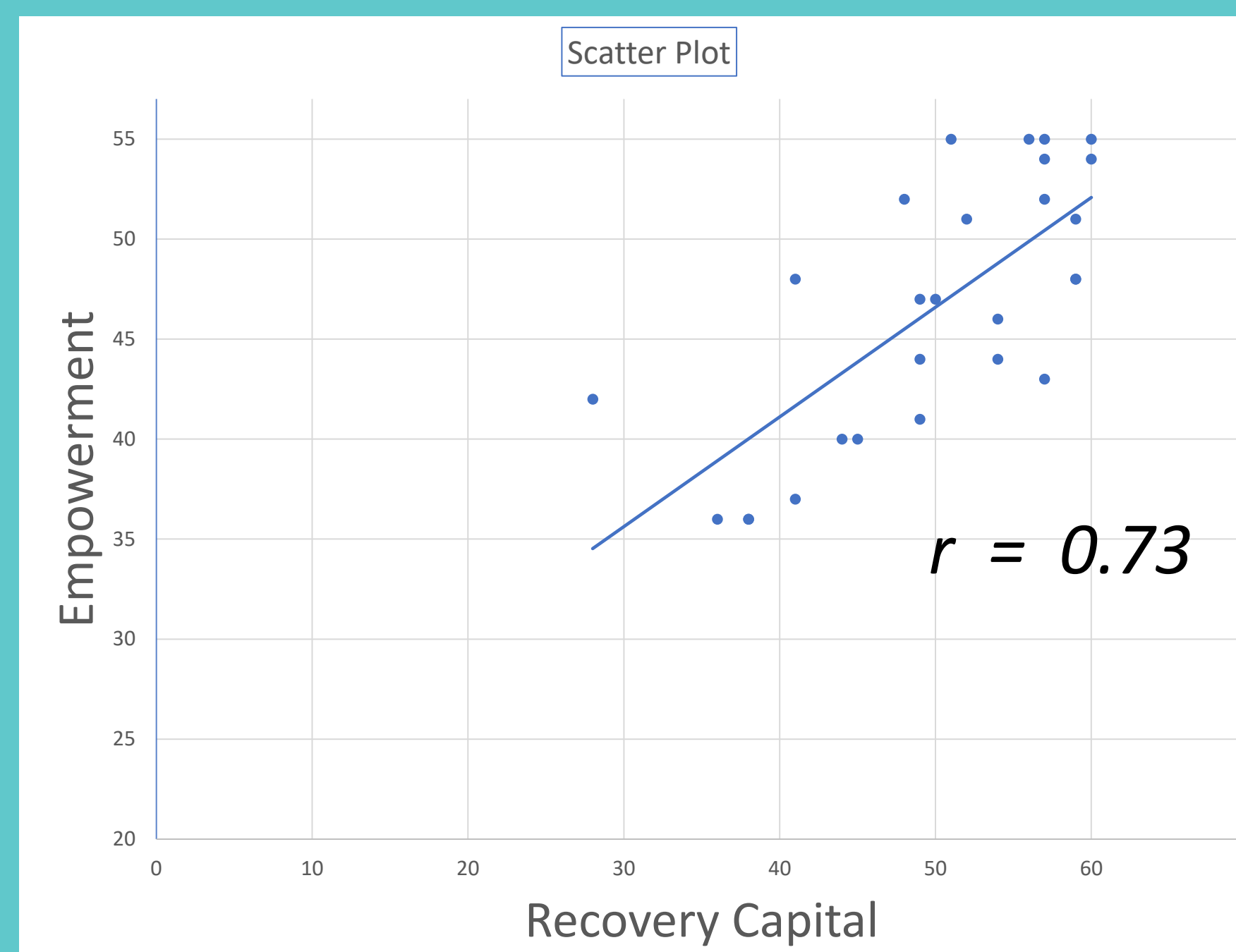
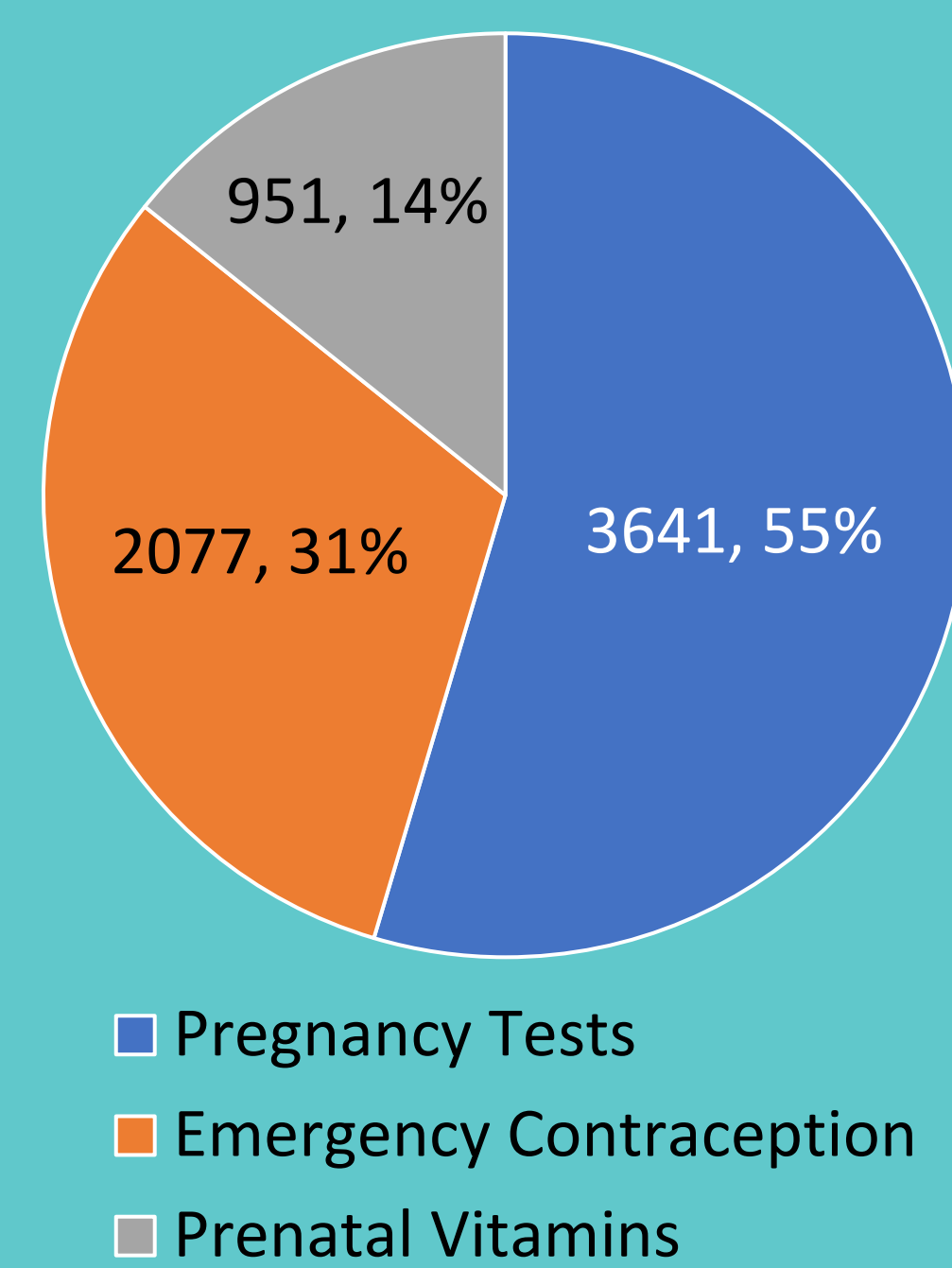
Pregnancies (n=28)
 131 total pregnancies (range1-15)
81% unintended
 5 currently pregnant
 3 had tubal ligation

Pregnancy Capable (n=20)
 15% using contraception
 30% would like to become pregnant
 55% Not using contraception

Barriers to Recovery Capital and Empowerment (n=29)

Item	Mean/Total	Lowest Scored
Recovery Capital	50/60	Energy to complete the tasks Pride in the community (feel a part of)
Empowerment - Pregnant	37/55	Judged or stigmatized (seeking healthcare) Safety Autonomy (pregnancy- power to control if/when)
- Pregnancy Capable	49/55	Safety Supportive people in their lives Confidence in their level of SRH knowledge

Uptake of Harm Reduction Items



DISCUSSION/CONCLUSION

Perinatal and reproductive empowerment demonstrated a strong positive correlation to recovery capital in preliminary data. Peer recovery coaching prior to PeRCHH implementation focused on building recovery capital and linkage was largely focused on treatment. PeRCHH provides a promising pathway and a novel public health approach to reduce harm and improve equitable access to healthcare for pregnant or pregnancy capable people with SUD.