Disparities in opioid use disorder related hospital use among postpartum Virginia Medicaid members

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INTRODUCTION

- Substance use is a leading cause of pregnancy-associated morbidity and mortality in the U.S. (1)
- The postpartum period is an extremely vulnerable time for females with opioid use disorder (OUD)
- Black individuals outpace White individuals in opioid overdose deaths (4) and unmet SUD treatment (5)
- Virginia, like other states, has witnessed a 134% increase in drug overdose deaths since 2015 (6)

RESULTS

- N=96,649 deliveries (n=34,283 by Black; n=52,520 by White Non-Hispanic birthing people)
  - 2.5% had evidence of OUD
  - 0.8% Black, 4% White with OUD
- Postpartum OUD-related hospital use occurred in 10.7% of deliveries with OUD
  - More commonly for deliveries by Black (16.5%) than White (9.7%) Non-Hispanic birthing parents
  - Infrequent for individuals receiving MOUD within 30-days prior to the postpartum event
- Prenatal OUD treatment, including MOUD, was not associated with decreased odds of postpartum OUD-related hospital use in the race-stratified models

DELIVERIES BY BLACK, NON-HISPANIC BIRTHING PARENTS WITH OUD DEMONSTRATED 11 TIMES THE ODDS OF POSTPARTUM OUD-RELATED HOSPITAL USE COMPARED TO THEIR NON-OUD COUNTERPARTS. THIS CONTRASTS 2X ODDS FOR DELIVERIES BY WHITE, NON-HISPANIC BIRTHING PARENTS WITH OUD VS. WHITE PARENTS WITHOUT OUD

CONCLUSION

- Postpartum individuals with OUD are at high risk for mortality and morbidity, especially Black individuals not receiving MOUD after delivery
- There continues to be an urgent need to effectively address the systemic and structural drivers of racial disparities in transitions of OUD care through the one-year postpartum period
- More work is needed to elucidate bias-free, person-centered approaches to increase OUD treatment utilization beyond the pregnancy window, to encompass the entire postpartum period and beyond
- Prioritizing approaches to increase MOUD utilization, especially during pregnancy and postpartum, is of utmost importance

REFERENCES


FUNDING

NIDA award No. K23 DA053507 from the National Institute of Drug Abuse supports Dr. Caitlin E. Martin. The Substance Use Disorder Prevention that Promotes Opioid Use Recovery and Treatment Act from the Virginia Department of Medical Assistance Services and The Thomas F. and Kate Miller Jeffress Memorial Trust supports Dr. Caitlin Martin, Dr. Peter Cunningham and Xue Zhao.