

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



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INTRODUCTION

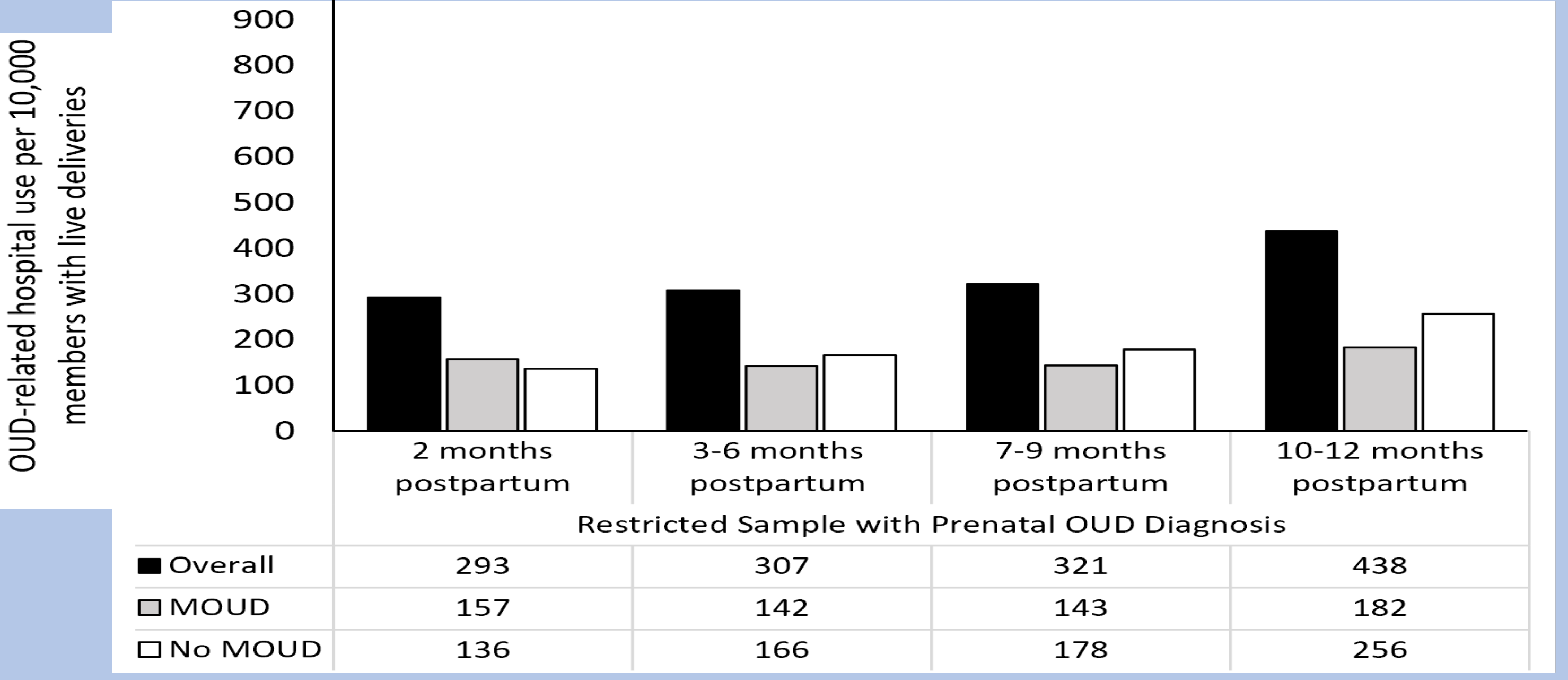
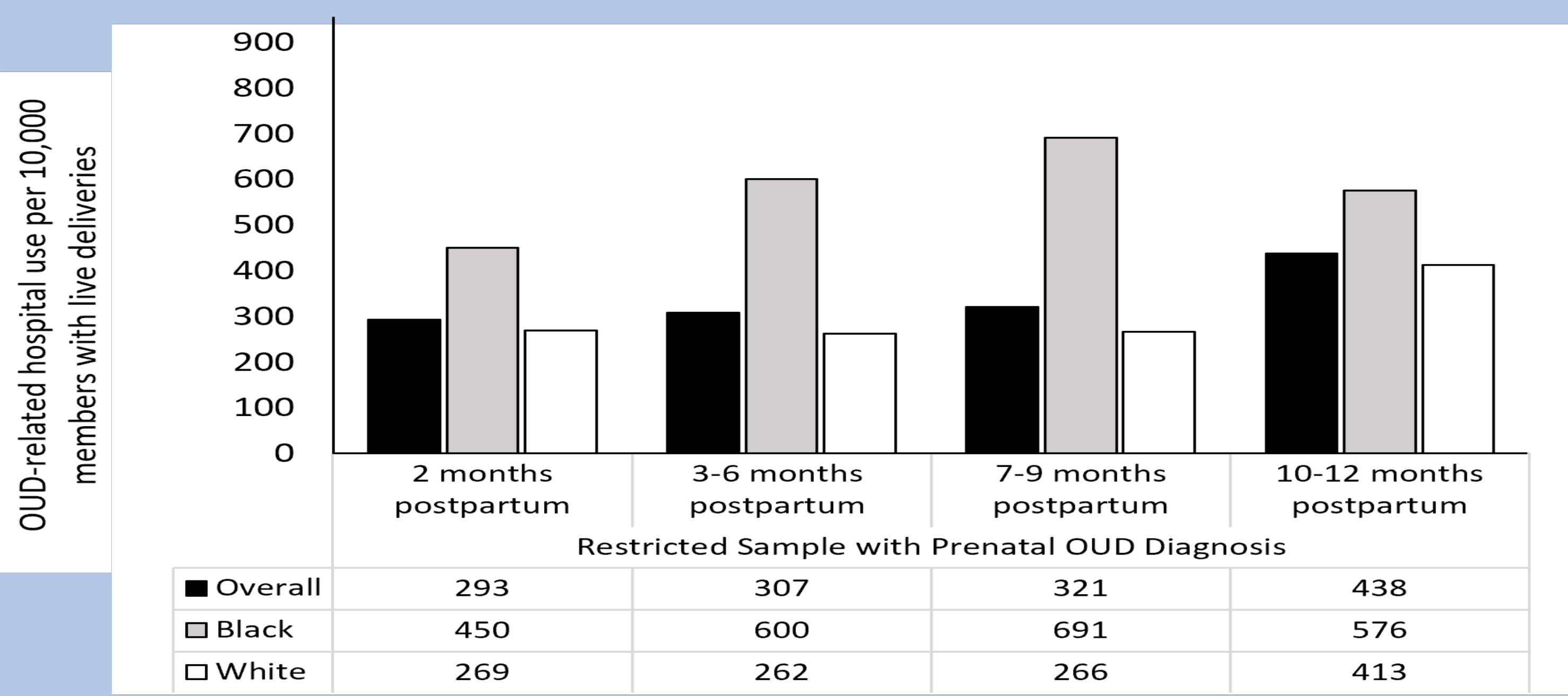
- Substance use is a leading cause of pregnancy-associated morbidity and mortality in the U.S. (1)
- The postpartum period is an extremely vulnerable time for females with opioid use disorder (OUD)
- Black individuals outpace White individuals in opioid overdose deaths (4) and unmet SUD treatment (5)
- Virginia, like other states, has witnessed a 134% increase in drug overdose deaths since 2015 (6)
- Our understanding of risk and protective factors for OUD-related morbidity and mortality through the year after delivery is limited, including in Virginia and within communities of color
- The objectives of this study were to report the prevalence of OUD related hospital use during the year postpartum among Virginia Medicaid members in the years preceding the COVID-19 pandemic and assess how prenatal OUD treatment is associated with postpartum OUD-related hospital use

METHODS

- Population-level retrospective cohort study using Virginia Medicaid claims data
- Live infant deliveries between July 2016 and June 2019
- OUD-related hospital use included overdose events, emergency department visits, and acute inpatient stays
- Key independent variables were prenatal receipt of medication for OUD (MOUD) and non-MOUD treatment components (e.g., behavioral health, care coordination)
- Descriptive and multivariate analyses were performed for all deliveries and stratified by race (non-Hispanic White, non-Hispanic Black)

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



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

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

REFERENCES

1. Gemmill et al., 2019. Am J Obstet Gynecol, 220(1): p. 115-116.
2. Ali et al., 2022. The Journal of Rural Health, 38: 70-76.
3. Gabrielson et al., 2020. Public Health, 181, 171-179.
4. Furr-Holden et al., 2021. Addiction, 116(3), 677-683.
5. Martin et al., 2021. Int Rev Psychiatry, 1-12
6. Ahmad et al., 2021. National Center for Health Statistics.

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