Understanding the Whole Patient: Social Drivers of Health and Perinatal Substance Use

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Disclosures

- I am a paid consultant and equity holder in Origyn Solutions Inc. for intellectual property (two patents) unrelated to this work.

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Learning objectives

1. Recognize key social drivers that influence substance use during pregnancy.
2. Understand the impact of stigma and structural barriers on care engagement for pregnant individuals with substance use.
3. Explore patient-centered approaches to support pregnant individuals navigating substance use and social challenges.
4. Identify opportunities for interdisciplinary collaboration to improve maternal and infant outcomes.

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Substance Use Epidemic: A Public Health Crisis

- 40.3 million people (16.5 % of US population) had a substance use disorder (SUD) in 2020
  - 94 % did not receive any treatment
- COVID-19 worsened the overdose crisis
- 2021 opioid deaths: 80,000 (tenfold increase since 1999)
- Stimulant-related fatalities: 32,537

Substance Abuse and Mental Health Services Administration [SAMHSA], 2021
Hedegaard et al., 2021; National Institute on Drug Abuse, 2021

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Past Month Substance Use Among Pregnant Women

SAMHSA 2019

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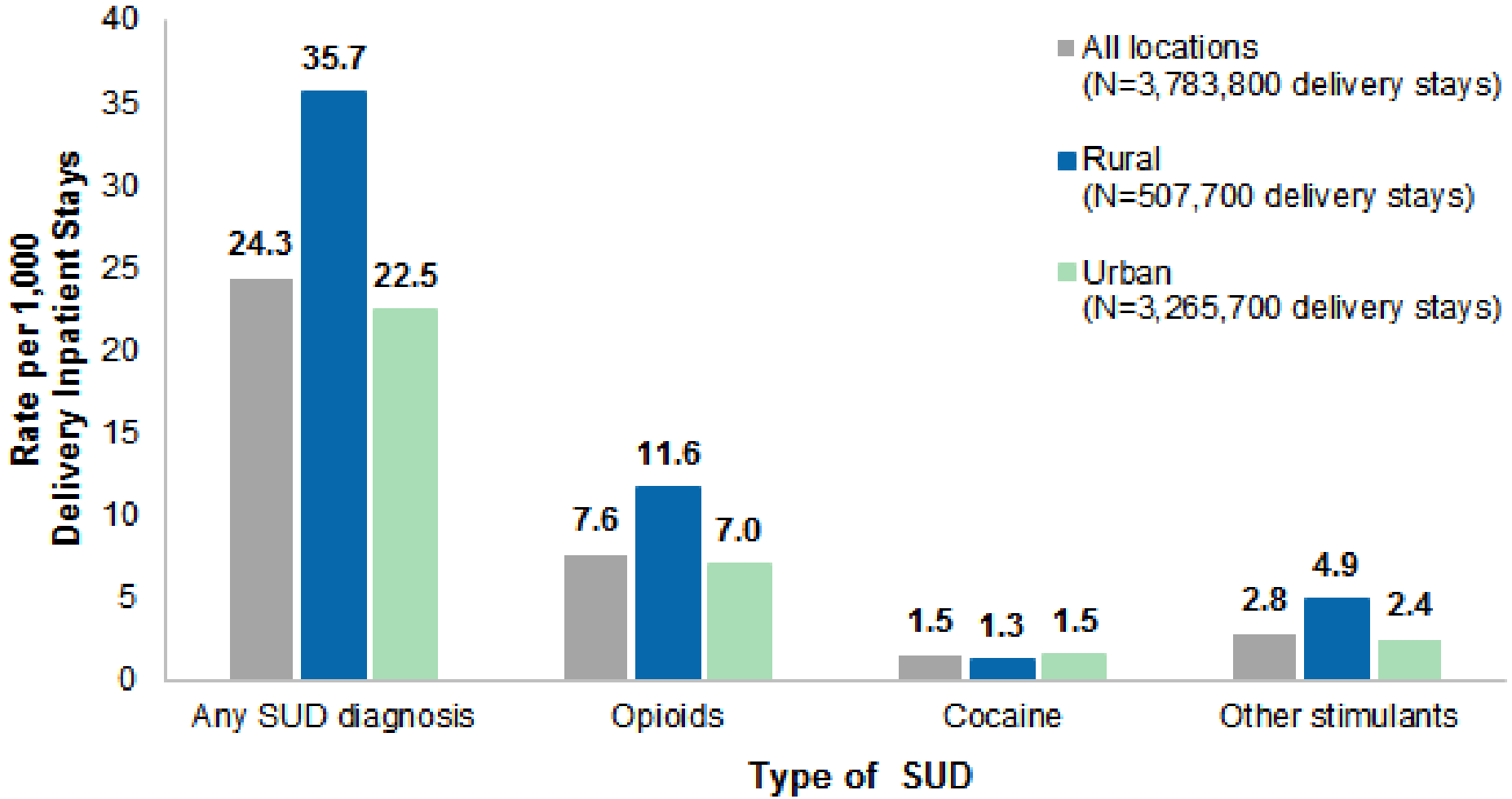
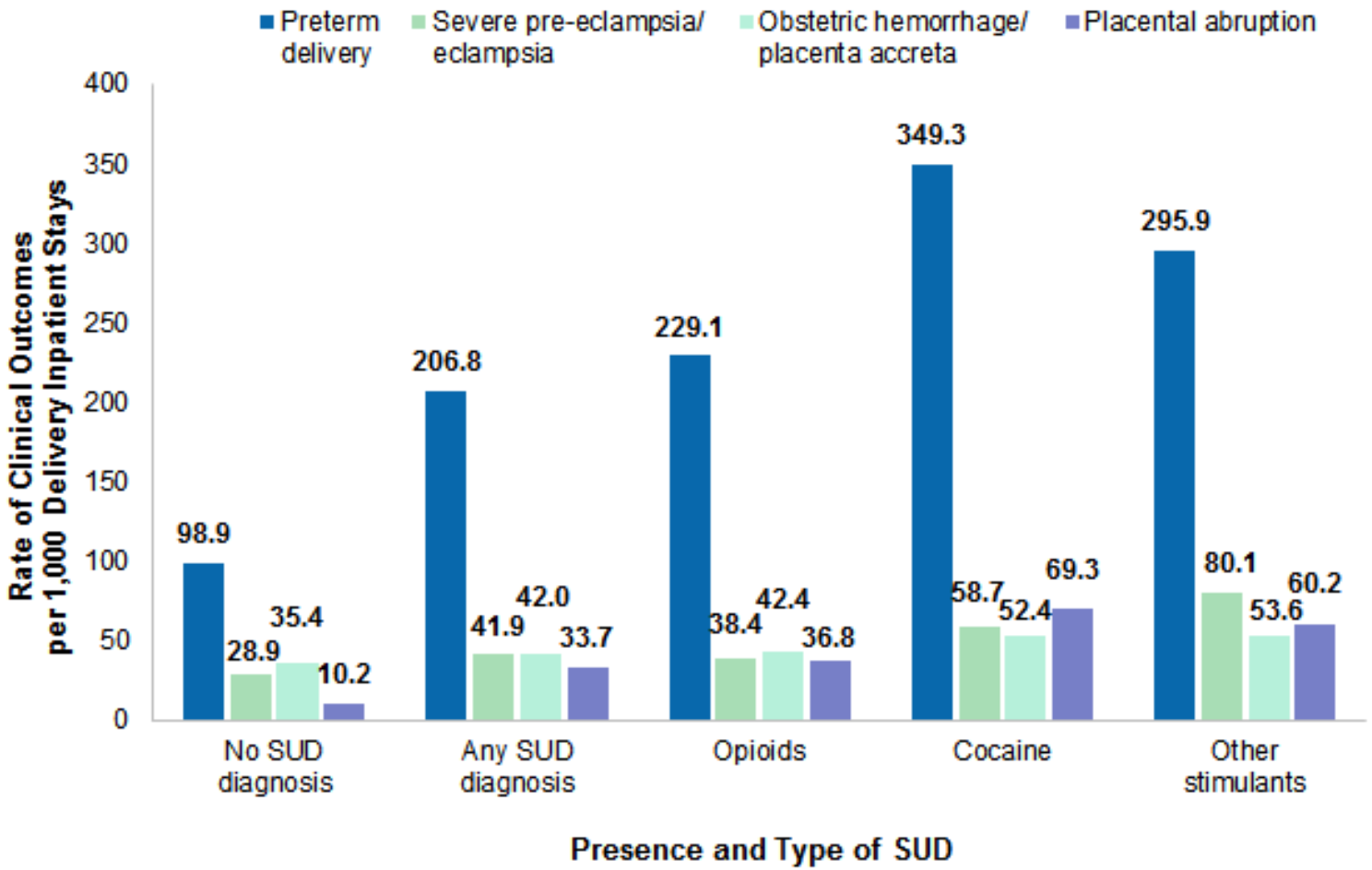
Substance use in pregnancy



Statistical Brief #254. Healthcare Cost and Utilization Project (HCUP). October 2019. Agency for Healthcare Research and Quality, Rockville, MD. www.hcup-us.ahrq.gov/reports/statbriefs/sb254-Delivery-Hospitalizations-Substance-Use-Clinical-Outcomes-2016.jsp.

Maternal Morbidity with SUD



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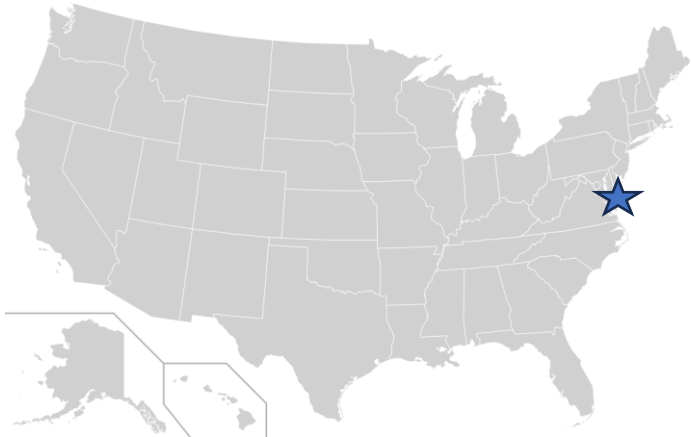
Statistical Brief #254. Healthcare Cost and Utilization Project (HCUP). October 2019. Agency for Healthcare Research and Quality, Rockville, MD. www.hcup-us.ahrq.gov/reports/statbriefs/sb254-Delivery-Hospitalizations-Substance-Use-Clinical-Outcomes-2016.jsp.

Leading Cause of Maternal Mortality

- Maryland
  - Accounted for 28% of pregnancy-associated deaths from 2011-2020, (114 maternal deaths)
  - 2nd leading cause of M&M in Maryland in 2022 (1st PPH)



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WHY DO PEOPLE USE DRUGS?

Medical Treatment:
To manage pain or treat health conditions.

Recreational Enjoyment:
Experiencing pleasure or altered states.

Stress Coping:
Temporary escape from anxiety or emotional distress.

Peer Influence:
Social pressure to fit in.

Performance Enhancement:
Boost athletic or cognitive abilities.

Curiosity and Experimentation:
Trying substances to explore new sensations.

AddictionResource
brought to you by our treatment providers

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Pandemic-related stress

During the 1st year of the COVID-19 pandemic, global prevalence of anxiety and depression increased by 25% (World Health Organization).

Major factors for the increase were

- social isolation resulting from the pandemic
- constraints on people's ability to work
- inability to seek support from loved ones
- minimal engagement in with communities

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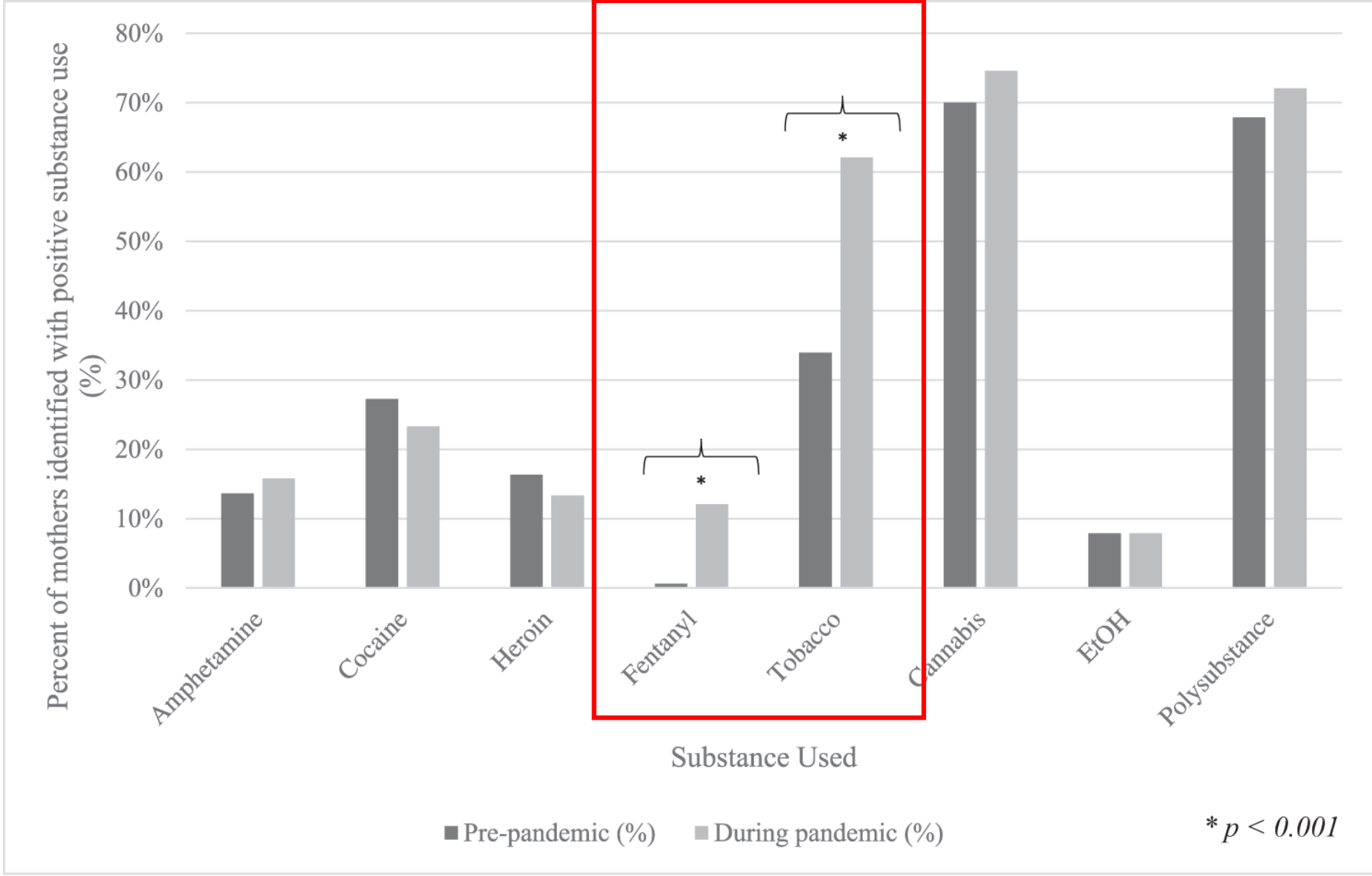
Mental Health and COVID-19: Early evidence of the pandemic's impact: Scientific brief, 2 March 2022.
Accessed at https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-Mental_health-2022.1 on July 12, 2022.



Pandemic-related SUD in pregnancy

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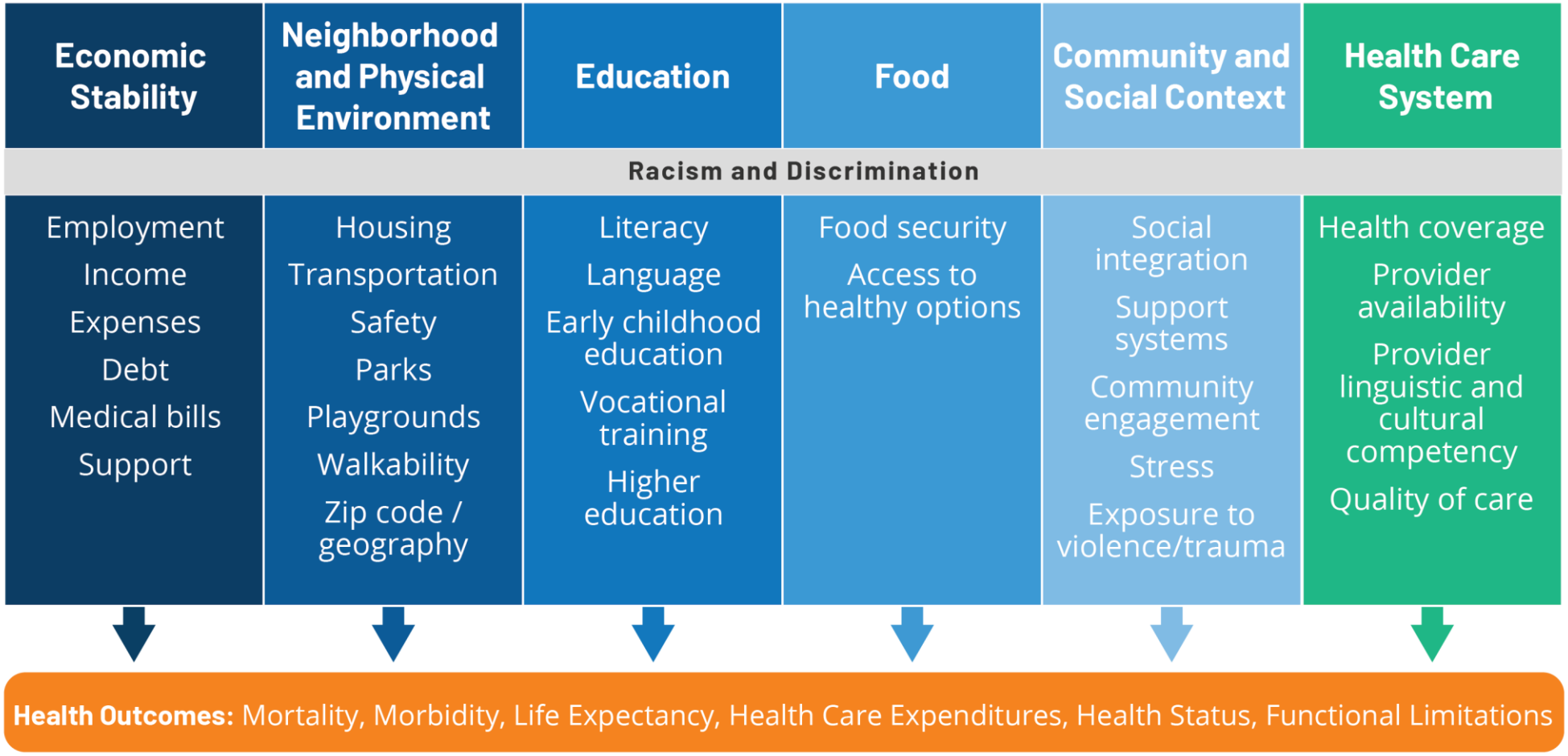
Social Drivers of Health

Social and Economic Factors Drive Health Outcomes



Social Drivers of Substance Use During Pregnancy

- Social drivers such as poverty, housing insecurity, racism, and access to care impact substance use risk
- Chronic stress from social adversity can lead to biological changes affecting pregnancy
- Disparities in maternal outcomes are pronounced among marginalized populations
- Environmental stressors contribute to substance use and poor outcomes

- Reference: Girardi et al., Int J Equity Health (2023)

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SDOH and OUD

- Investigate association between social drivers of health (SDOH) and the risk of maternal morbidity in patients with opioid use disorder (OUD) during pregnancy

- A retrospective chart review of pregnant patients with OUD who delivered at our university between 2017-2023

Under review. Quackenbush J, Gourevitch R, Townsel et al. O&G.

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SDOH and OUD

- Severe maternal morbidity (SMM) was determined using 22 CDC indicators.
- **Seven social determinants**: insurance vulnerability, single marital status, unemployment, financial instability, transportation unreliability, lack of support person and history of incarceration.

Under review. Quackenbush J, Gourevitch R, Townsel et al. O&G.

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Demographic	n=644
Maternal Characteristics	
Age at delivery, years (n=642)	30.4 ± 5.0
Race	
Black	332 (51.6%)
White	288 (44.7%)
Other/Mixed	24 (3.7%)
Hispanic or Latino ethnicity	18 (2.8%)
BMI (kg/m^2) (n=600)	32.3 ± 10.8
Gravida	4.7 ± 2.9
Para	2.2 ± 1.6
History of Diabetes	90 (14.0%)
History of hypertension	215 (33.4%)
History of mood disorder	399 (62.0%)
Substance use	
Positive oxycodone screening	38 (5.9%)
Positive opiates screening	54 (8.4%)
Positive fentanyl screening	46 (7.1%)
OUD medications prescribed	295 (45.8%)
Methadone	161 (54.6%)
Buprenorphine	130 (44.1%)
Prenatal Care (n=435)	
Number of prenatal visits	6.1 ± 4.0

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Number of prenatal visits	6.1 ± 4.0
Neonatal Outcomes	
Birth weight, grams (n=626)	2704.8 ± 776.3
1 minute APGAR score (n=620)	7.3 ± 2.2
5 minute APGAR score (n=623)	8.3 ± 1.7
NICU admission	346 (53.7%)
NAS requiring medication	267 (41.5%)
Delivery Characteristics	
Gestational age at delivery, weeks	36.7 ± 3.5
Length of stay, days	4.8 ± 5.9
ICU admission	11 (1.7%)

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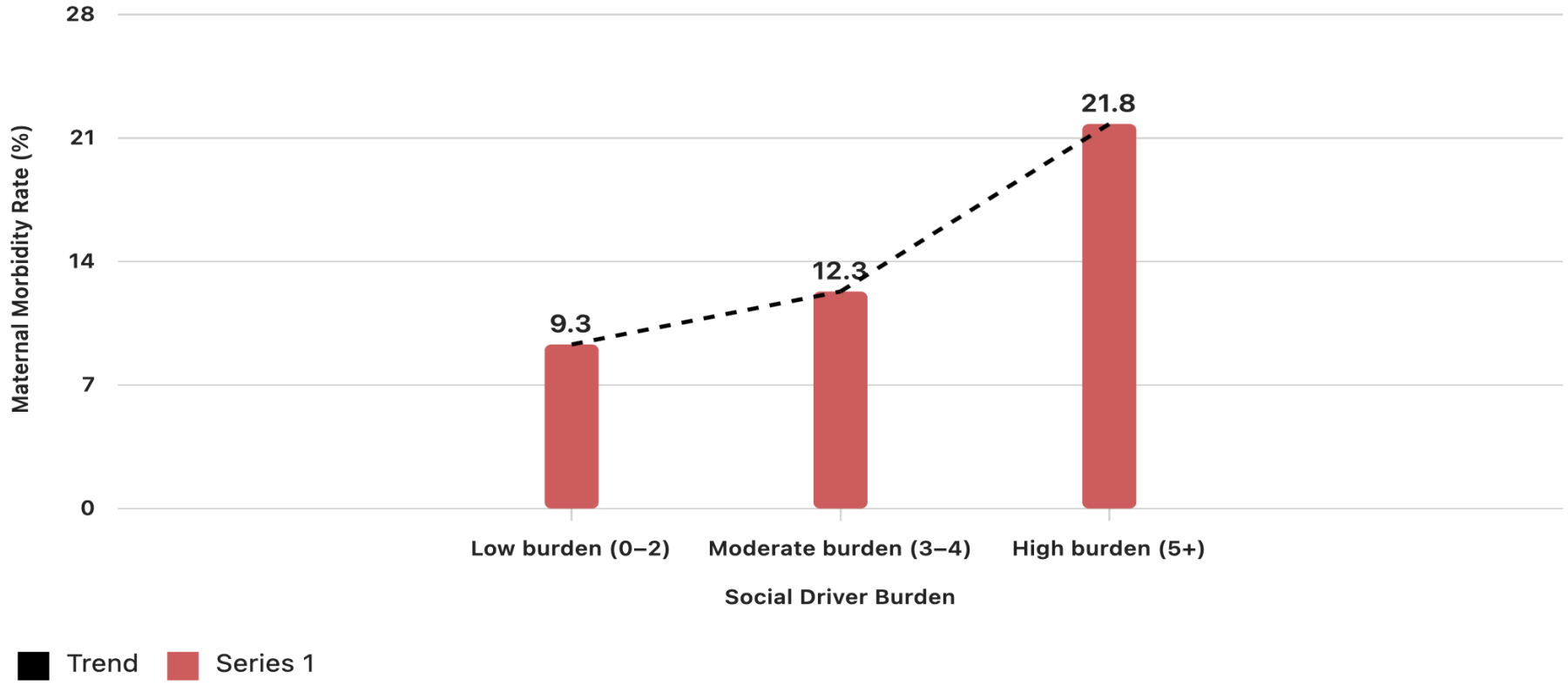
Social Determinants of Health	
Insurance Type (n=642)	
MA MCO/ Medicaid	567 (88.3%)
Commercial	20 (3.1%)
Other	55 (8.6%)
Marital status	
Single	511 (79.3%)
Married	102 (15.8%)
Other	31 (4.8%)
Employment status (n=643)	
Not employed	434 (67.5%)
Full time	79 (12.3%)
Part time/ Other	130 (20.2%)
Financial Stability (n=189)	
WIC/SNAP/TCA/Unstable	85 (45%)
Stable	104 (55%)
Transportation (n=167)	
Unreliable	29 (17.4%)
Reliable	138 (82.6%)
Social Support at delivery (n=557)	
No support person	530 (95.2%)
Social support person	27 (4.8%)
Incarceration	
Incarcerated	19 (2.9%)
Not incarcerated	625 (97%)

Under review. Quackenbush J, Gourevitch R, Townsel et al. O&G.

SDH and OUD

- Tested dose-response by SDOH burden: low (0-2), moderate (3-4), and high (5+).



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SDOH and SUDs in Pregnancy

In an analysis of reproductive aged women (15-49yo) 2016-2019:

- Pregnancy status **was not associated** with substance use or treatment seeking.

Past-month substance use **was associated** with

- high educational attainment, an **annual income <$20,000**, a history of **criminality**, low religiosity, and having health insurance.

Past-month treatment-seeking behavior **was associated** with

- older age, an annual income >$20,000, a history of criminality, and greater religiosity.

Horan H et al. Social Determinants Associated with Substance Use and Treatment Seeking in Females of Reproductive Age in the United States. J Womens Health . 2024 May;33(5):584-593. Epub 2024 Mar 27. PMID: 38533906.

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Stigma and Structural Barriers to Care Engagement

- Stigma operates at individual, interpersonal, and institutional levels.
- Fear of child welfare involvement and criminalization deters care-seeking.
- Language and provider attitudes affect patient trust and engagement.
- Intersectionality amplifies stigma for people of color and those with SUD.

Weber et al., Substance Abuse and Rehabilitation (2021)

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The Seven Types of Stigma

TYPE 1	TYPE 2	TYPE 3	TYPE 4	TYPE 5	TYPE 6	TYPE 7
Public Stigma This happens when the public endorses negative stereotypes and prejudices, resulting in discrimination against people with mental health conditions.	**Self Stigma** Self-stigma happens when a person with mental illness or substance-use disorder internalizes public stigma.	**Perceived Stigma** Perceived stigma is the belief that others have negative beliefs about people with mental illness.	**Label Avoidance** This is when a person chooses not to seek mental health treatment to avoid being assigned a stigmatizing label. Label avoidance is one of the most harmful forms of stigma.	**Stigma by Association** Stigma by association occurs when the effects of stigma are extended to someone linked to a person with mental health difficulties. This type of stigma is also known as "courtesy stigma" and "associative stigma."	**Structural Stigma** Institutional policies or other societal structures that result in decreased opportunities for people with mental illness are considered structural stigma.	**Health Practitioner Stigma** This takes place any time a health professional allows stereotypes and prejudices about mental illness to negatively affect a patient's care.

Effects of Stigma

Increased morbidity

Reduced access to care

Poor quality of life

Delayed diagnosis

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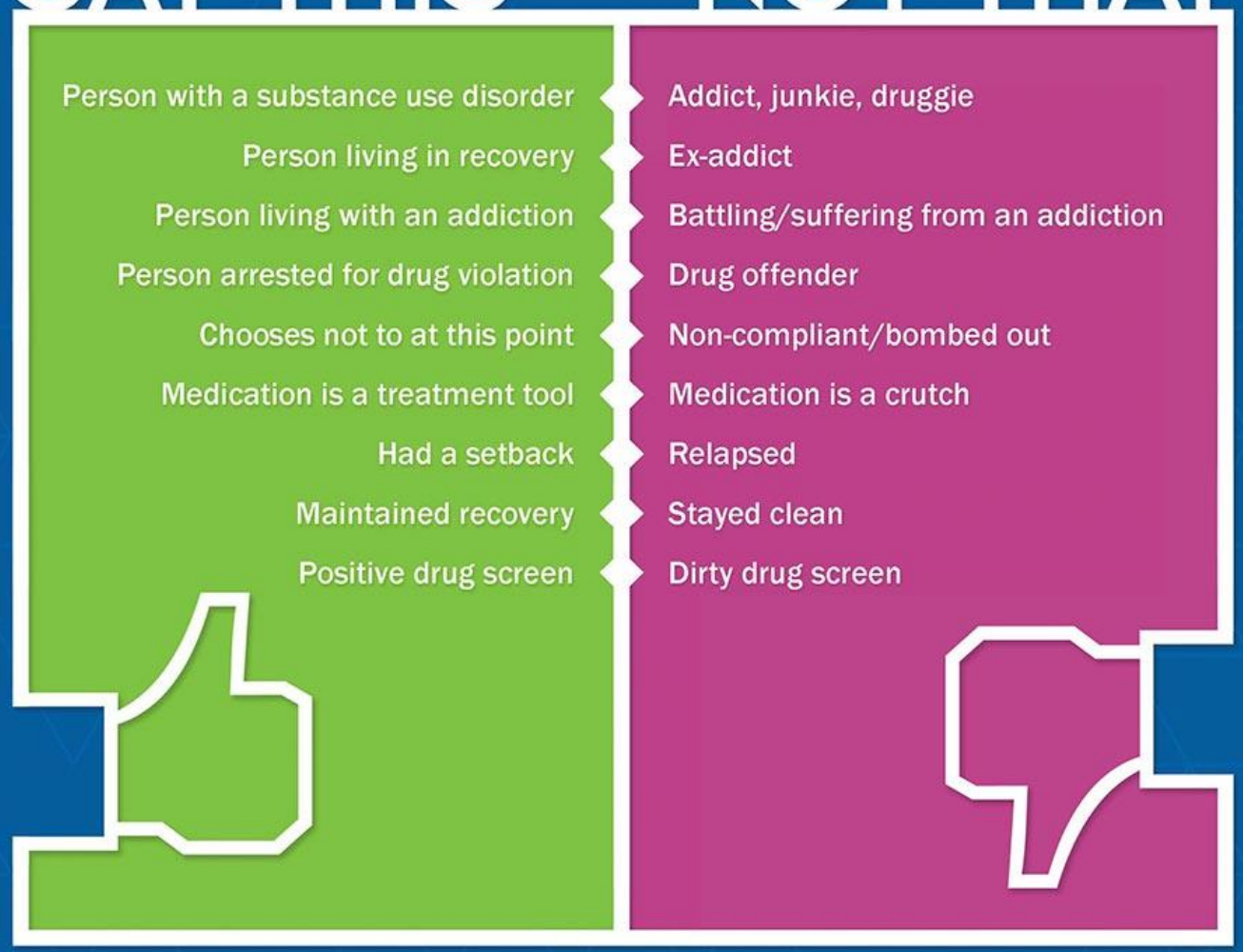
Our Words and Actions Matter

Be….

- Kind
- Respectful
- Supportive
- Caring
- Empathetic



What We Say Matters

Person-First Language Guide

Addict, Addiction, Dirty	→	A Person with a Substance Use Disorder
Former Addict, Getting Clean	→	A Person in Recovery
Clean, Sober	→	Substance Free
Treatment is the Goal	→	Treatment is One Path to Recovery
Opioid Replacment, Opioid Management	→	Medication Assisted Treatment
Relapse	→	Recurrance, Return to Substance Use

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Patient-Centered Approaches to Support Pregnant Individuals

- Trauma-informed, family-centered care improves engagement and outcomes.
- Models include harm reduction, peer support, and integrated behavioral health.
- Role of doulas, peer navigators, and community health workers is critical.
- Centering lived experience drives equity in care delivery.

- Silverman & Benyo, CHCS (2024)

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Harm Reduction is Compassionate Care

- Incorporates a spectrum of strategies
- Meets people “where they are” but doesn’t leave them there
- Applies evidence-based interventions to reduce negative consequences:
  - **Medication for opioid use disorder (MOUD)**
  - Naloxone rescue kits
  - Syringe exchange programs
  - PrEP (Pre-exposure prophylaxis for HIV)
  - HEP C testing /HIV testing & education on prevention/treatment
- Works to elicit **ANY POSITIVE CHANGE** based on individual patient’s need, circumstance, and readiness to change

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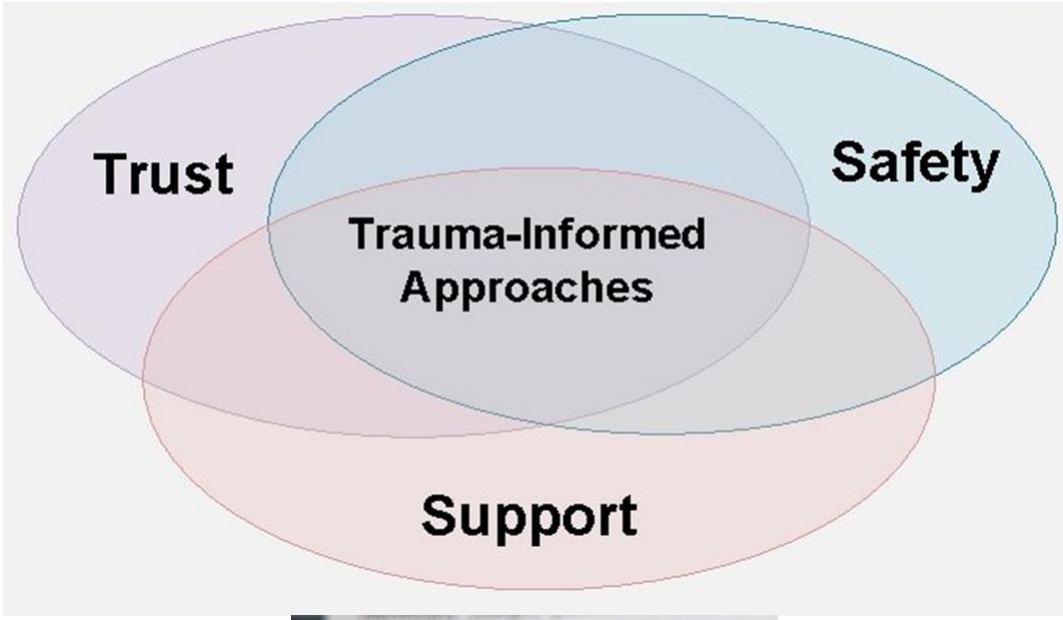
Trauma-Informed Care



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Mental Health and SUDs

80% of women with SUD have a lifetime history of trauma

Substance Use

30-60% of women with PTSD have SUD

Trauma SDOH

PTSD

Depression Anxiety

PTSD and depression 60% overlap

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Try this….not that

- Instead of…
  - “Why is this person acting like that?”
- Try…..
  - “What happened to this individual to make them respond in this way?”

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The Four R's of Trauma-Informed Care

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Core Principles of Trauma Informed Care

- Understand Trauma is prevalent
- Create Safety
- Cultural Humility and Responsiveness
- Trustworthiness and Dependability
- Collaboration and Empowerment
- Compassion & Empathy
- Self-care to prevent burn-out

Sperlich 2017.

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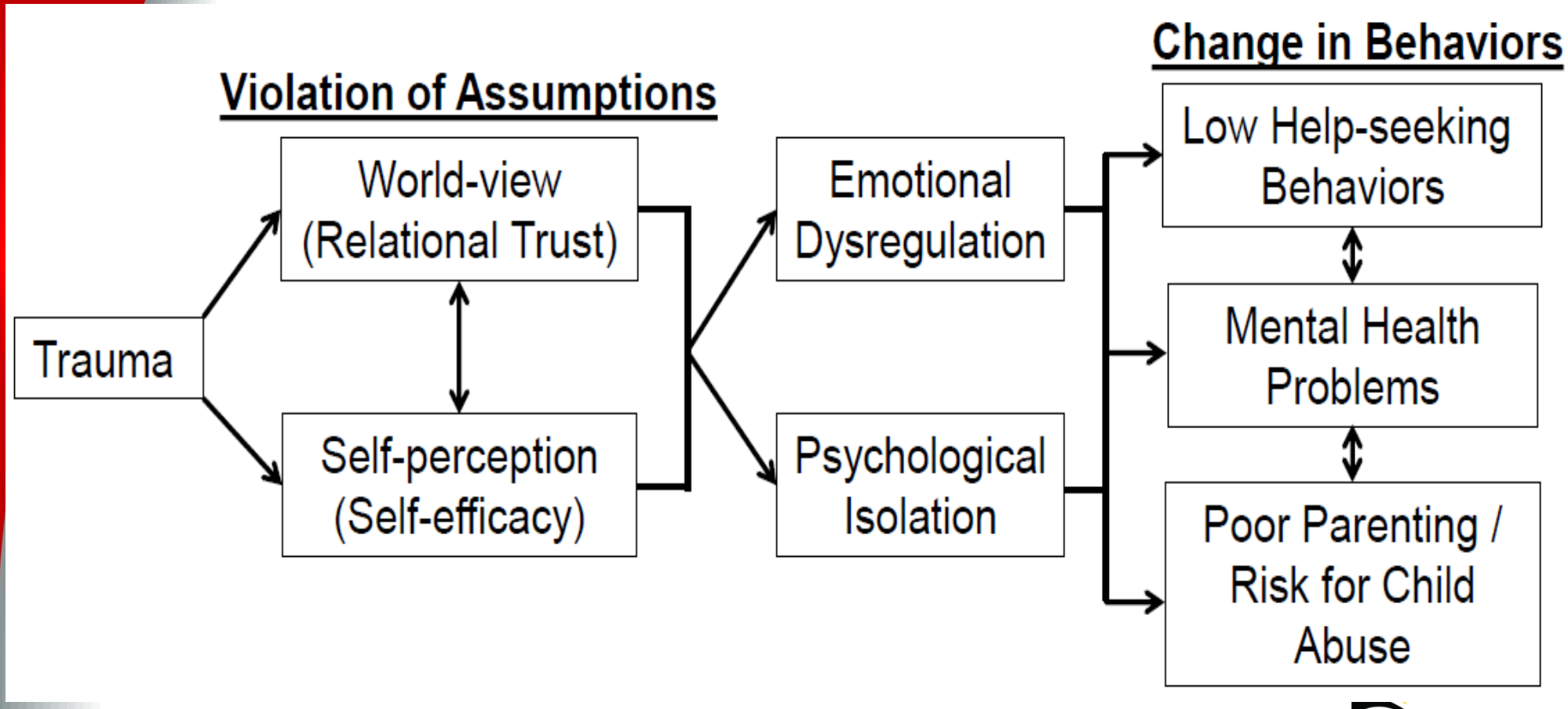
Trauma changes trust, functioning, and help seeking



Conceptual Framework on trauma and help-seeking
Based on Edna Foa, Mardi Horowitz, John Bowlby &
Liang, Goodman, Tummala-Narra, & Weintraub

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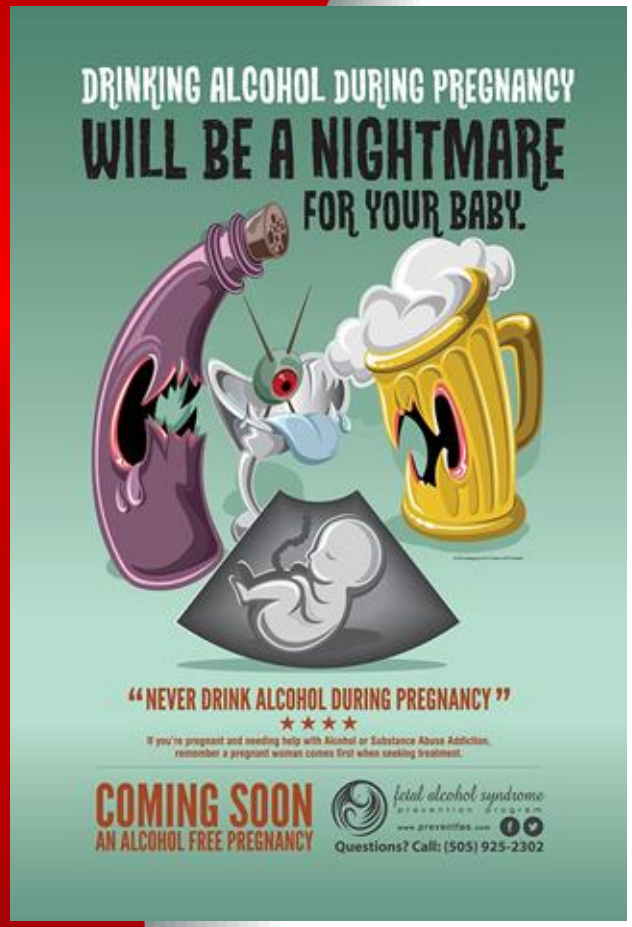
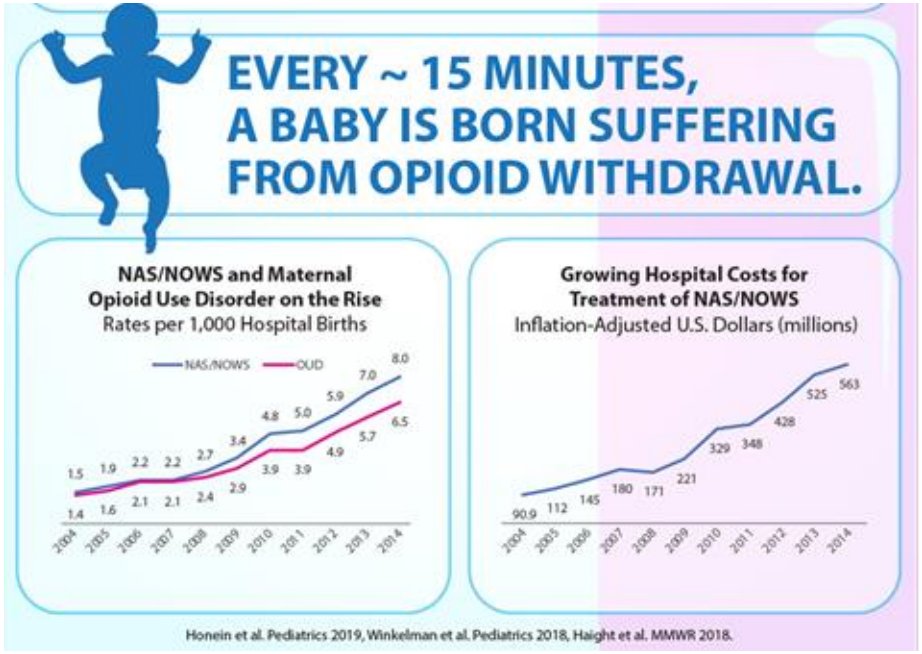
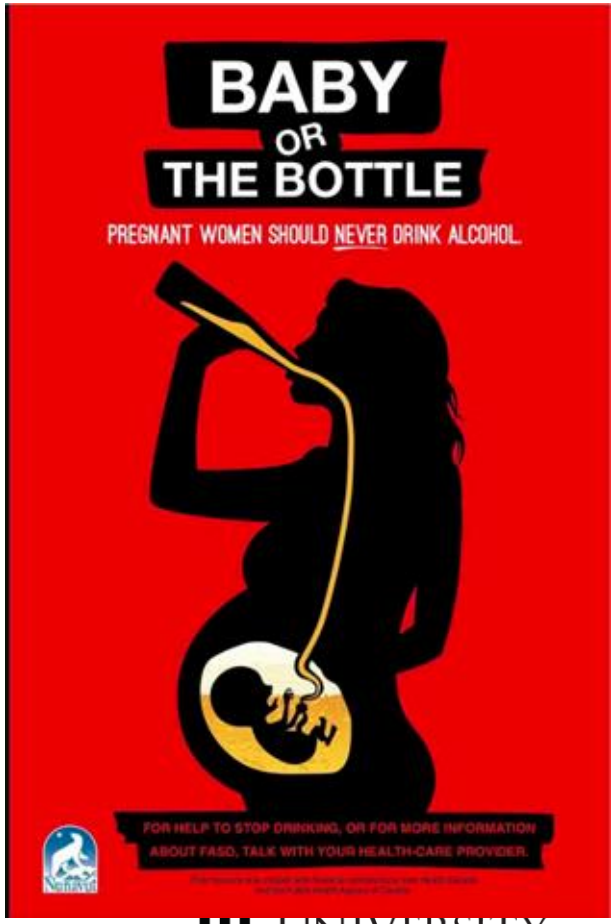
Stigma and TIC







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Interdisciplinary Collaboration to Improve Outcomes

- Integrated care teams are essential: OB/GYN, addiction psychiatry, neonatology, social work.
- Collaboration with legal systems, housing services, and behavioral health improves continuity.
- Interdisciplinary clinics show promise but face implementation challenges.
- Case studies highlight successful models and lessons learned.

McKinney et al., Int J Mental Health Addiction (2023)

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Perinatal Substance Use Clinics

- **SUPPORT** - Substance Abuse in Pregnancy and Parenting Outpatient Recovery and Treatment
- **PFF:** Partnering for the Future Clinic

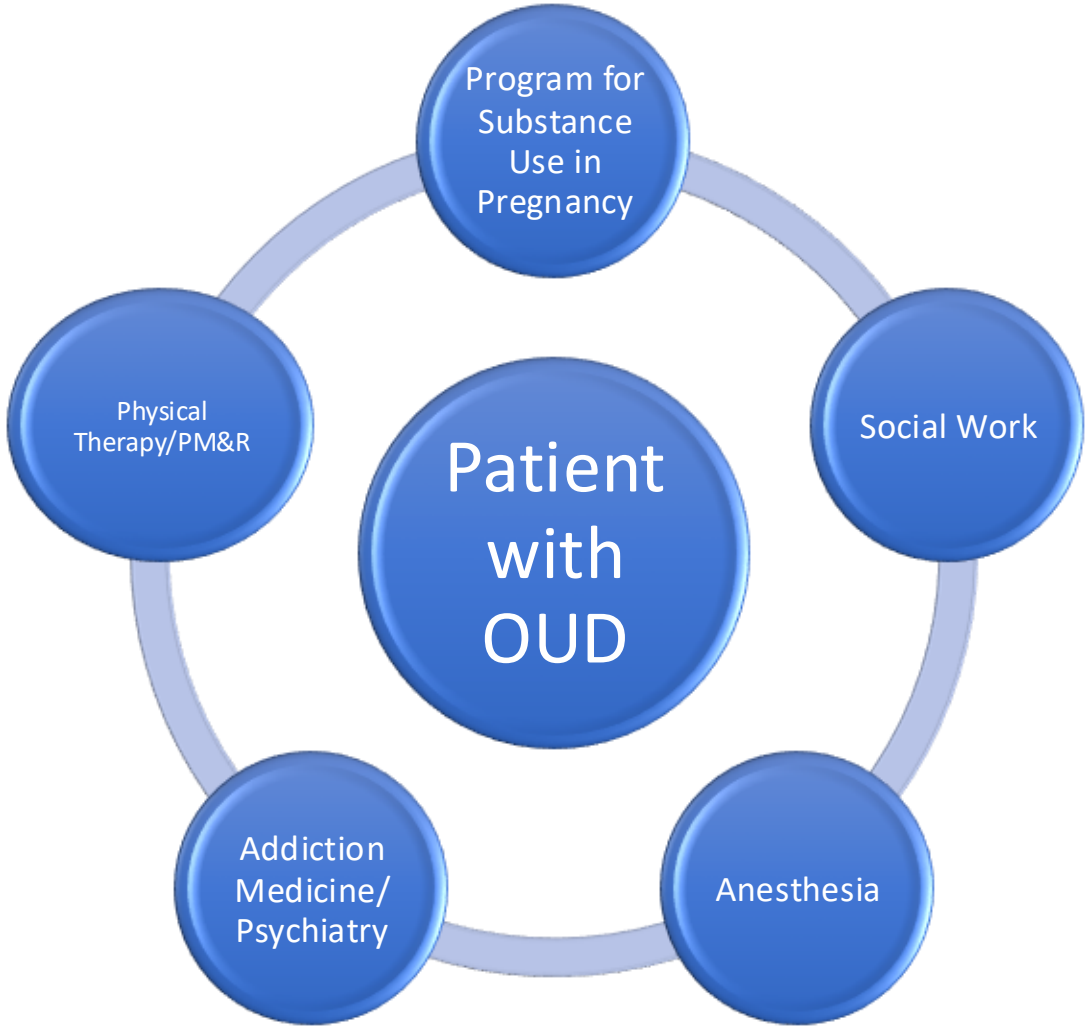
- Services provided include:
  - Medication for opioid use disorder (MOUD)
  - Peer recovery support services
  - Childbirth preparation
  - Parenthood planning

- OUD most prevalent SUD managed

Townsel C et al. Partnering for the future clinic: A multidisciplinary perinatal substance use program. Gen Hosp Psychiatry. 2023 Nov-Dec;85:220-228. PMID:

Collaborative Care

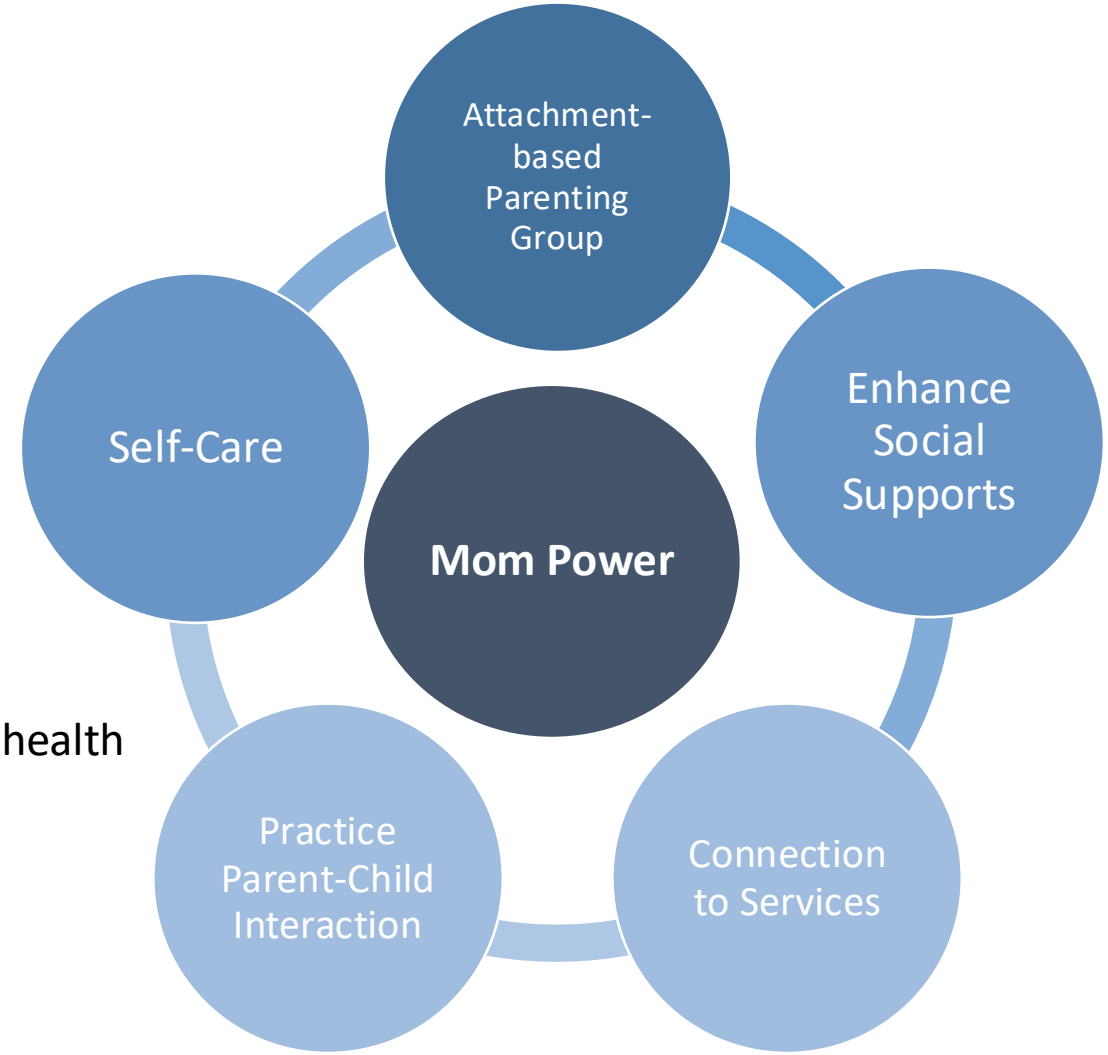
Education



Doula support

Mom Power Group Intervention

13 week manualized attachment-based, trauma-informed, parenting and mental health intervention



Trust

Help-Seeking

Emotion-regulation

Coping Skills

Emotional Attunement

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Treatment Goals

- Incorporate patient's goals when developing a treatment plan:
  - Current interest in treatment
  - Work, community, justice supports
  - Understand risk/benefits of approaches
  - Agrees to clinic contract, safety precautions
  - Adherence
  - Availability of wrap-around care

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Conclusions

1. Social drivers of health influence substance use during pregnancy and perinatal outcomes
2. Stigma and other structural barriers impede patient engagement
3. Patient-centered approaches to support pregnant individuals navigating substance use and social challenges, such as trauma-informed care are critical
4. Interdisciplinary collaboration to improve maternal and infant outcomes is promising strategy

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Questions?

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