

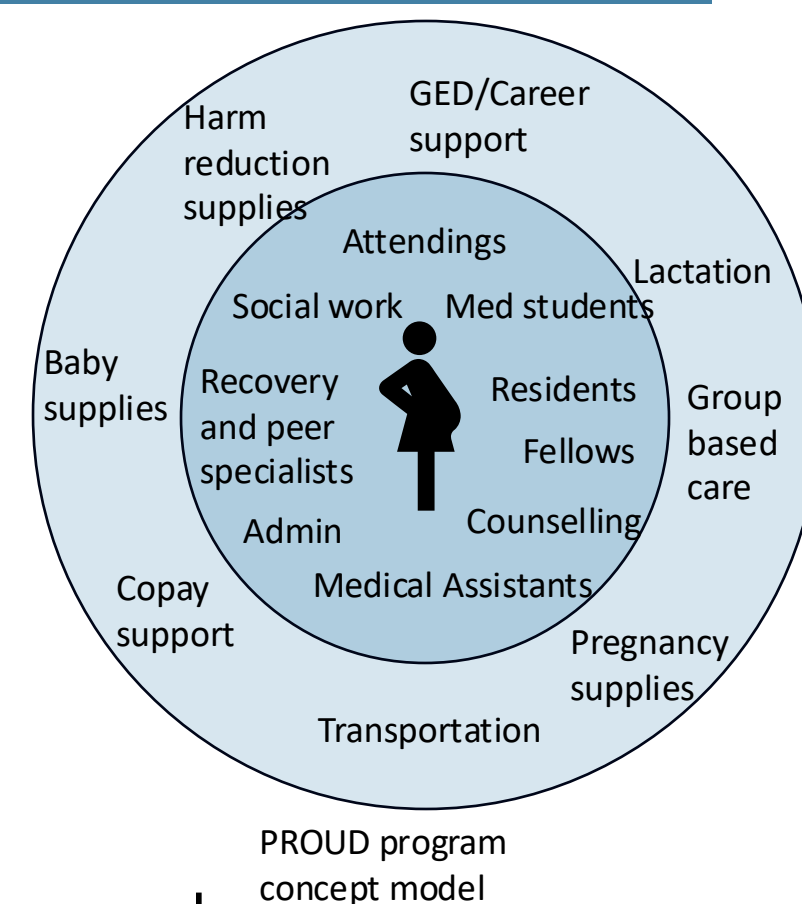
A Perinatal Opioid Use Disorder Program in the Heart of the Opioid Epidemic

INTRODUCTION

- In Philadelphia, the predominant driver of peripartum deaths is substance use disorders, playing a role in 58% of all peripartum deaths.¹ Non-Hispanic Black women account for 73% of Philadelphia's pregnancy-related deaths.¹
- Mental health diagnoses, history of OUD, documented cases with child protective services, intimate partner violence, no prenatal care, and Medicaid insurance are linked with pregnancy associated deaths.² These determinants have also been connected to decreased care utilization.^{3,4}
- These findings demonstrate the need for a robust care model for this marginalized population. The Perinatal Resources for Opioid Use Disorder (PROUD) program aims to provide **full spectrum support for the perinatal population with OUD, and their infants, with both clinical and wraparound services**. Based on evidence for group prenatal care on certain birth outcomes^{4,5,6,7}, PROUD piloted a collaborative group-based care model within the program, focusing on recovery.

METHODS

- The PROUD program provides **treatment for SUD alongside pregnancy, postpartum, pediatric, and mental health care**.
- Through grant implementation in 2023, the program also provides multiple **wrap-around services** to become a "one-stop shop" for patients.
- PROUD implemented a pilot 10-session series of **group-based prenatal and postpartum care**, utilizing community engaged research methods to evaluate feasibility of curriculum within the program, emphasizing input from those with lived experience.
- PROUD gathered data from monthly quantitative reviews tracking new referrals, return patient visits, inpatient hospitalizations, births, delivery outcomes, MOUD outcomes, retention, and service utilization. For group-based care metrics, a mixed methods approach was used through surveys and interviews.



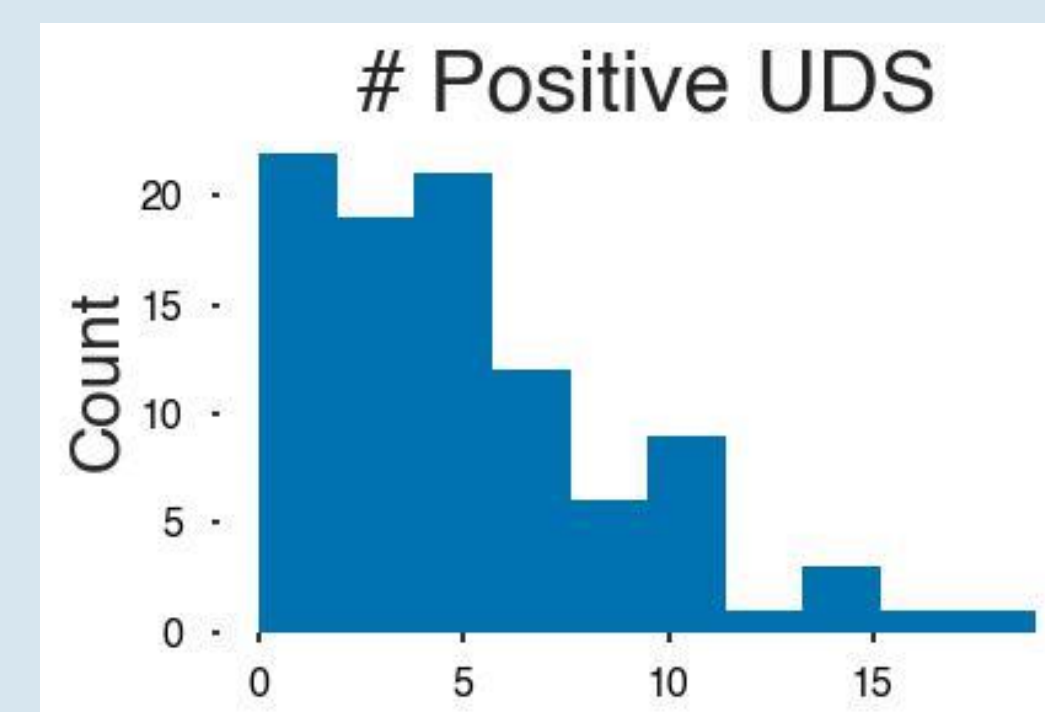
RESULTS

Mode of delivery	n	%
Vaginal, Spontaneous	51	53.7%
C-Section, Low Transverse	25	26.3%
Other	6	6.6%

Patient Race	N	%
Black or African American	57	60.0%
White	28	29.5%
Some Other Race	6	6.3%
Unknown	3	3.2%
American Indian or Alaskan Native	1	1.1%

- Obstetric and neonatal outcomes (e.g. delivery mode) were comparable to those of the surrounding community, although analyses were not powered to be formally compared due to small sample size.
- Patients continued engaging with the clinic, MAT, and prenatal care across a wide range of substance use behaviors and UDS results.
- Our support services, including transportation assistance, social work support, and flexible counseling, have led to a 29.9% increase in retention rates ($p=.033$) and a 42.6% decrease in no-show rates ($p=.042$).
- Significant reductions in neonatal abstinence syndrome rates ($p=.046$) and emergency room visits ($p=.021$) have also been observed
- The Group Care pilot revealed the utility of:
 - flexible meeting agendas** to allow for time to process surfaced trauma and emotions related to active SUD and pregnancy
 - certified recovery specialists** with peripartum training to lead groups;
 - addressing family dynamics** with extra sessions with family/partners
- Participants expectations for PROUD group care included support to be the best mom that they can be, to continue recovery in this program and for support from the group through all of the steps of birthing and parenting

APGAR	0 min	5 min
mean	7.66	8.64
std	1.68	1.30



CONCLUSION

- While quantitative results on maternal and neonatal outcomes are encouraging, more data are required to definitively establish the impacts of this model of care.
- Qualitatively, patients largely report positive experiences with their prenatal and addiction care, an area patients have historically found challenging and stigmatizing
- PROUD group-based care:** pilot session demonstrated that participants highly valued the opportunity to share experiences and learn from others navigating different stages of pregnancy, postpartum, infant development, and recovery. This mixed-group approach, in contrast to the traditional model of grouping participants by similar gestational age, fostered a dynamic exchange of perspectives.
- Overall, integrated prenatal/postpartum care with providers experienced in providing addiction-related care, along with wraparound services, shows great promise in improving both maternal and neonatal outcomes

AUTHORS & DISCLOSURES

Davi da Silva, MS; University of Pennsylvania Perelman School of Medicine; Nothing to disclose
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 Alyssa Richardson; Spellman University; nothing to disclose
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