

Study finds gap in care for pregnant people with opioid use disorder in US jails

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Credit: M.E. Newman, Johns Hopkins Medicine

In a large survey study looking at the availability of medications for opioid use disorder (MOUD) for pregnant and postpartum people in United States jails, Johns Hopkins Medicine researchers found that a substantial number of facilities fail to consistently provide standard MOUD to this group. While most jails that participated in the study continued pre-incarceration MOUD for pregnant individuals, less than

one-third initiated the treatment in that group, and many discontinued medications after pregnancy.

The findings, say the researchers, suggest that many incarcerated pregnant and postpartum people with [opioid use disorder](#) do not receive standard of care treatment, and endure the symptoms and consequences of withdrawal. The study was published January 20, 2022, in the journal *JAMA Network Open*.

"We need standardization of care and systems of oversight for our nation's jails to make sure pregnant individuals, especially those with opioid use disorder, are getting standard of care treatment and access to the care they're constitutionally required to have," says lead researcher Carolyn Sufrin, M.D., Ph.D., associate professor of gynecology and obstetrics at the Johns Hopkins University School of Medicine.

According to the Centers for Disease Control and Prevention, the drugs methadone and buprenorphine are established standards of care for MOUD in [pregnancy](#). Studies show that maternal and fetal benefits of MOUD include improved engagement with both addiction treatment and prenatal care, more in-hospital delivery, and decreased risk of overdose death, HIV, hepatitis, preterm birth and low birth weight. Consistent with the American College of Obstetricians and Gynecologists, medically supervised withdrawal is not recommended in pregnancy, and it's associated with increased rates of return to opioid use, which can lead to fetal and maternal risks.

For this study, the researchers sent out a survey to 2,885 jails from August to November 2019, using the National Jails Compendium—a database of U.S. jails. The survey consisted of 49 questions about availability of methadone and/or buprenorphine for pregnant people in [jail](#), withdrawal practices, MOUD dosing logistics and MOUD after pregnancy.

Of the 2,885 surveys sent, 1,139 (40%) were returned, and 836 (29%) were considered to contain enough information to be analyzed. Overall, 504 (60%) jails reported MOUD was available for continuation of treatment during pregnancy. Two hundred sixty-seven (32%) jails initiated and continued MOUD for pregnant people, whereas 237 (28%) only continued treatment that had been started before incarceration. One hundred ninety (23%) jails reported withdrawal as the only option during pregnancy. Among medication-providing jails, only 24% continued medication postpartum.

Methadone was more common at jails that only continued, but did not initiate treatment, whereas buprenorphine was more common at jails that initiated and continued treatment. Two hundred sixty-two jails (52% of MOUD-available jails) provided access to both medications for either continuation or continuation and initiation of [treatment](#). The best practice of providing access to continuing and initiating both methadone and buprenorphine in pregnancy was available at only 152 (18%) of study jails.

Provision of MOUD in pregnancy was less common in smaller, rural jails and jails not in the northeastern United States, which mirrors trends in the national availability of MOUD. Facilities in metro settings of the Northeast that routinely test newly incarcerated people for pregnancy, had higher odds of providing MOUD in pregnancy.

As a next step, Sufrin says the research team hopes to develop a resource kit that will enable jails of different capacities, environments, and sizes to provide access to comprehensive, compassionate services for this group. "We are working on developing tools to help jails provide the care they should be providing," says Sufrin. "It won't be a one-size-fits-all tool because there are probably more than 3,000 jails in the U.S., but they will be able to adapt services to their own needs."

Other researchers who contributed to the study are Camille Kramer, Sarah Olson and Kristin Voegtline from the Johns Hopkins University School of Medicine; Carl Latkin from the Johns Hopkins Bloomberg School of Public Health; Mishka Terplan from Friends Research Institute; and Kevin Fiscella from the University of Rochester School of Medicine and Dentistry.

More information: Carolyn Sufrin et al, Availability of Medications for the Treatment of Opioid Use Disorder Among Pregnant and Postpartum Individuals in US Jails, *JAMA Network Open* (2022). [DOI: 10.1001/jamanetworkopen.2021.44369](https://doi.org/10.1001/jamanetworkopen.2021.44369)

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