Multidisciplinary Treatment for Pregnant Persons with Opioid Use Disorder

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The increasing prevalence of opioid use disorder (OUD) during pregnancy in the United States has contributed to increased morbidity and mortality for pregnant persons and their neonate. First-line treatment for pregnant persons with OUD is opioid agonist treatment (OAT); however, a common contributor of opioid abuse is past trauma and co-occurring mental health disorders: 50-80% of women with OUD have experienced trauma and 45% of women with OUD have a co-occurring mental health disorder. Multidisciplinary treatment (MDT) teams that include a variety of professionals, including mental health, may address the root cause of OUD. Preliminary evidence suggests MDT services may improve perinatal outcomes for pregnant persons with OUD as well as their neonate.

BACKGROUND

PURPOSE

To conduct a systematic review of the literature to establish whether MDT services improve perinatal outcomes for pregnant persons with OUD.

METHODS

DATABASES

PubMed, CINAHL, Embase, Grey Literature Report, and Open Grey

KEYWORDS

Maternal health services, interprofessional relations, opioid related disorders, harm reduction, pregnancy complications

ARTICLE SELECTION CRITERIA

Inclusion

Original research or systematic review

MDT consists of ≥3 providers from different disciplinary backgrounds

>50% sample includes pregnant persons with OUD

Maternal and/or infant outcomes reported

Exclusion

Non-research evidence (e.g., expert opinions, editorials, case reports)

<50% sample exclusively used substances other than opioids

Non-English

Non-human species

RESULTS

Records identified through database searching (n=488)

Records after duplicates removed (n=154)

Records screened for title and abstract (n=154)

Full-text articles assessed for eligibility (n=39)

Full-text articles excluded (n=30)

Records excluded (n=124)

Included studies (n=13)

Pregnancy outcomes: parity, gestational age, birth weight, substance use

Infant outcomes: gestational age, birth weight, substance use

Author [year]

Newcastle-Ottawa Quality Assessment Scale

AMQ Standards

Selection bias

Completeness

Outcome

Soled et al. [2019] Good

Phelan et al. [2018] Good

Dougherty et al. [2018] Good

Jorde et al. [2018] Good

Loder et al. [2018] Good

Morgan et al. [2018] Good

Dougherty et al. [2017] Good

Maeda et al. [2016] Good

Wright et al. [2015] Good

Ruff et al. [2014] Good

Kroenke et al. [2014] Good

Jorde et al. [2013] Good

IMPROVED PREGNANT PERSON OUTCOMES

Evidence suggests MDT may decrease the rate of drug use and increase the rate of sustained recovery.

Pregnant persons receiving MDT treatment report increased living conditions and improved life satisfaction.

IMPROVED NEONATAL OUTCOMES

Evidence suggests MDT may increase participation in and adherence to antenatal care which has a positive effect on gestational age and birthweight (decreasing preterm births and need for hospital interventions).

Increased antenatal care is also associated with a decreased incidence in neonatal abstinence syndrome and neonatal intensive care unit admittance.

IMPROVED DYNAD OUTCOMES

The rate of infants discharged with the postpartum individual increases when MDT is employed.

Subsequently, this leads to a decreased involvement of child protection services.

Evidence suggests a MDT approach may improve bonding in the early postpartum period.

CONCLUSIONS

Although reported outcomes and MDT teams varied between studies, evidence suggests a MDT approach generally yields better patient and neonatal outcomes than OAT.

Recommendations for future research:

Determine which MDT services are most effective in improving childbearing outcomes.

Use of consistent outcome variables in MDT studies (to enable synthesis of outcomes) including:

Childbearing person: adherence to prenatal care and relapse rate, and duration of hospital stay

Infant: gestational age, birth weight, and number of hospital interventions.

IMPROVED PREGNANT PERSON OUTCOMES

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DISCUSSION

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