

Opioid Maintenance Therapy Prescription by Obstetricians and Postpartum Visit Compliance

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Introduction

- Women with opioid use disorders (OUD) experience increased rates of mental health crises and relapse rates postpartum, underscoring the importance of compliance with postpartum care
- Most drug-related pregnancy-associated deaths occur in the postpartum period
- AIM: to evaluate the effect of Obstetrician prescribed OMT and 6 wk postpartum (PP) visit compliance

Methods

- This retrospective cohort study identified patients receiving OMT (defined as use of methadone or buprenorphine) from 2017 to 2020
- The primary outcome: attendance of the 6 wk PP visit.
- Prenatal care provider comparison was done between the OB prescribers and non-OB prescribers (e.g. methadone/pain clinic, PCP)
- Statistical analysis included Chi square tests, student t tests, and logistic regression modeling and was performed with significance levels of p<0.05 in R (v3.6.3)

Results

- Of 199 women receiving OMT during pregnancy, 54.8% (109) were compliant with the 6 wk PP visit and 45.2% (90) were noncompliant
- Both groups demonstrated similarity in maternal age, race, marital status, employment, detox during pregnancy, active drug use in pregnancy, gestational age at delivery, and maternal comorbidities (Table 1)
- Among the 109 women compliant with their PP care, 83% received OMT from an OB prescriber vs 40% by a non-OB prescribers (p= <0.001)
- In a regression model, postpartum OB OMT prescriber was an independent predictor of 6 wk PP visit compliance (OR 5.40; 95%CI: 2.35 – 13.36) (Table 2)
- OB OMT prescriber was not associated with adequacy of prenatal care, mode of delivery, or NICU admission

Discussion

Women with OUD are more compliant with postpartum care if their OB provider prescribes their OMT, **however less than 2%** of OBGYNs who treat Medicaid enrollees are trained and able to prescribe buprenorphine.

Access to Opioid Maintenance Therapy (OMT) **directly** from a woman's **OBSTETRIC** provider may be a predictive factor in **increasing PP visit compliance**, providing increased opportunities to **screen, support, and treat** this vulnerable population that are at a significantly elevated risk of complications.



Tables

Table 1: Patient Characteristics

	Variable	PP Compliance		p-value
		Yes*	No*	
	Age (yrs)	30.3 (4.7)	31.3 (4.9)	0.16
Race	- Caucasian	103 (56)	81 (44)	0.32
	- AA	0 (0)	3(100)	
	- Other	5 (55)	4 (44)	
	Multiparity	31 (44)	39 (56)	0.04
	Active Drug Use	22 (50)	22 (50)	0.47
OMT	- Buprenorphine	86 (64)	49 (36)	0.0004
	- Methadone	23 (36)	41 (64)	
	High Dose OMT	72 (63)	43 (37)	0.014
	Delivery GA(wks)	38 (3.1)	37 (2.6)	0.37
	Maternal Co-morbidities	26 (57)	20 (43)	0.92

*Displayed as n(%) or mean(SD)

Table 2: Predication of Postpartum Compliance

Variable	Odds Ratio	95% CI	p-value
OB OMT Provider	5.40	2.35 - 13.36	<0.001
OMT Type	2.40	0.73 - 8.46	0.16
High Dose OMT	0.59	0.18 – 1.78	0.36
Adequate PNC	0.68	0.35 – 1.32	0.26
Prenatal Care Provider Type	0.66	0.31 – 1.42	0.29
Multiparity	0.50	0.24 – 1.00	0.05

References

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