

COVID Pandemic Effect on Prenatal Care Utilization in Women with OUD

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Introduction

- The opioid epidemic and COVID-19 have significantly impacted pregnant patients
- Previous studies found that rates of general prenatal care were similar before and during COVID-19. Surprisingly, pregnant patients were more likely to enter prenatal care sooner since COVID-19 than before the pandemic.
- OBJECTIVE: To compare prenatal care aspects of opioid exposed pregnancies before and during the COVID-19 pandemic.

Methods

- This **retrospective, single center, cohort study** identified patients with opioid use disorder (active or in remission on maintenance therapy) presenting for delivery from January 2017 through July 2022.
- The cohort was divided based on the **start of COVID pandemic in March 2020**.
- Pregnancy information and newborn outcomes were obtained.
- **Variables** included type of provider (maternal opioid management support (MOMS) clinic, private provider, resident clinic, generalist clinic), timing of initial prenatal care, postpartum use of medications for opioid use disorder (MOUD) upon discharge (newly prescribed upon discharge, previously initiated, unknown), and timing of initial pediatric consultation.
- Pediatric consultation involved the pediatric team counseling pregnant or postpartum patients about newborn care and NAS.
- **Statistical analysis** included: Chi square and student t tests with significance levels of $p < 0.05$.

Results

- There were 396 pregnant persons included in this study. 256 (65%) delivered before COVID and 140 (35%) delivered during the pandemic.
- Maternal age, insurance type, GA at delivery, PTD rate, mode of delivery, birth weight, and NICU admission were similar between the groups.
- Prior to the COVID pandemic, prenatal care was more often initiated in the second (27.8%) or third trimester (4.8%) and occur in private (27.6%) or resident clinics (13.8%).
- During the COVID pandemic, more patients started initial prenatal care in the first trimester (63.3%) and were more likely to establish care in a specialized MOMS clinic (72.4%).
- Pediatric consultations were more often obtained prenatally (16.7%) prior to the pandemic, whereas during the pandemic pediatric consults occurred after delivery (76.4%). (Table 1)

Discussion

- During COVID more patients established prenatal care through a specialized prenatal clinic for people with opioid use disorder.
- Patients with OUD during the pandemic were more likely to initiate prenatal care in the first trimester, which is earlier than before the COVID-19 pandemic when most patients did not establish care until the second trimester.
- While overall pediatric consults were higher during COVID than before COVID, future interventions could initiate ways to increase rates of earlier pediatric prenatal consults.

Table 1. Prenatal care variables divided by the start of SARS-Cov-2 pandemic in March 2020

	Before COVID (n = 256)	During COVID (n = 140)	P value
Start of prenatal care			
First trimester	135 (53.6)	88 (63.3)	<0.05
Second trimester	70 (27.8)	32 (23.0)	<0.05
Third trimester	12 (4.8)	2 (1.4)	<0.05
No prenatal care	10 (3.9)	12 (8.5)	0.65
Unsure / sporadic	26 (10.1)	6 (4.3)	0.06
Prenatal provider			
MOMS prenatal clinic	132 (53.6)	92 (72.4)	<0.05
Private provider	68 (27.6)	22 (17.3)	0.03
Resident prenatal clinic	34 (13.8)	7 (5.5)	0.02
General OB/GYN clinic	12 (4.8)	6 (4.7)	0.94
Pediatric Consult			
Prenatally	43 (16.7)	11 (7.8)	0.01
After admission for delivery	4 (1.5)	4 (2.8)	0.38
After delivery	150 (58.6)	107 (76.4)	<0.05
No consult	55 (21.5)	18 (12.8)	0.03
MOUD on discharge after delivery			
Yes	53 (20.7)	37 (26.4)	0.16
No	31 (12.1)	6 (4.3)	0.01
Already on MOUD	157 (61.3)	96 (68.6)	0.09
Unknown	15 (5.9)	1 (0.7)	0.01

MOMS: Maternal Opioid Management Support, MOUD: Medications for Opioid Use Disorder
Data presented as N (%)

References

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2. Committee Opinion No. 711 (2017) Opioid Use and Opioid Use Disorder in Pregnancy. *Obstetrics and Gynecology*, 130, e81-e94.
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During COVID more patients had prenatal care in a **specialized prenatal clinic** and were more likely to be seen in the **first trimester** than before the COVID pandemic.

