THE COMPREHENSIVE CARE OF PREGNANT WOMEN WITH OPIOID USE DISORDER (OUD): THE APPLICATION OF EVIDENCE TO NURSING PRACTICE

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Abstract

The incidence of opioid misuse rates in pregnancy has been rising at alarming rates in recent years, paralleling the opioid epidemic seen in the general population since the 1990s. This public health crisis poses a significant risk for complex medical needs in pregnant women and their fetuses and is one reason why many pregnant women do not seek necessary prenatal care. Nurses must use pregnancy's unique opportunity to address the complex health needs of women with opioid use disorder (OUD) to promote optimal maternal and fetal outcomes. The Cumulated Index to Nursing and Allied Health Literature (CINAHL) was used to complete a systematic review of literature to identify common issues and areas for improvement in obstetric nursing practice related to the care of pregnant women with OUD. Common themes identified in the literature are the need for early screening and prenatal care and lack thereof in women with OUD; the use of medication-assisted treatment to manage and lessen the harmful effects of OUD and why it is a safer option than detox; and the significance of maintaining unbiased, patient-centered care to form a trusting, non-judgmental relationship between the care team and mother to remove the stigma surrounding opioid use. Implementing these measures will provide nurses with the necessary information to support the mother's and her fetus's personalized needs and improve obstetric nursing care. The ultimate goal for these women is to reach a safe and successful delivery and further optimize health outcomes.

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The Comprehensive Care of Pregnant Women with Opioid Use Disorder (OUD): The Application of Evidence to Nursing Practice

When someone, especially a childbearing woman, suffers from Opioid Use Disorder (OUD), they face a multitude of barriers not only within themselves but in the healthcare field as well. The opioid epidemic alone has become one of the deadliest and most stigmatized crises in recent history. This places these women at an increased risk of not accessing the care they need due to facing stigma and improper care from healthcare professionals. The dramatic increase in the incidence of opioid use disorder in recent years affects women of all racial, ethnic, and socioeconomic groups. Pregnancy in women with OUD provides a critical opportunity for healthcare professionals to early identify and treat opioid use. It is imperative that nurses and providers implement the best forms of evidence-based practice to improve the care of these patients (Krans et al., 2019).

To effectively manage and treat opioid use disorder in pregnancy, several interventions to achieve comprehensive care must be implemented. Since many women fail to access prenatal care due to facing stigma, universal opioid screening must be integrated into their care to early intervene and provide treatment. The primary treatment for women with OUD is opioid-agonist pharmacotherapy, which provides a supportive treatment for OUD rather than a complete detox which would increase the incidence of relapse. Lastly, care for these women must be unbiased, patient-centered, and trauma-informed to establish rapport and create a positive environment and relationship between the mother and care team (Saia et. al, 2016; Critchfield & Hansen, 2018).

Overall, greater awareness of the care of this patient population must be generated as the numbers continue to rise. Providing comprehensive, unbiased care can significantly optimize patient outcomes through intervention, treatment, and positive interactions.

Background

Opioid Use Disorder (OUD) can be defined as a complex disease characterized by the compulsive use of opioid drugs even when the person wants to stop, or when using the drugs negatively affects the person's physical and emotional well-being. (Johns Hopkins Medicine, 2022). Opioid use in pregnancy has been rising dramatically in recent years in conjunction with the opioid epidemic occurring in the general population. From 2010 to 2017, the number of pregnant women with opioid-related diagnoses documented at the time of delivery increased by 131%. Along with this, 2019 survey data found that about 7% of women reported opioid prescription use during pregnancy with 21% of these women reporting misuse, 27% reporting the desire to stop using, and 32% reporting not receiving adequate provider counseling as to how opioid use can affect an infant. (Centers for Disease Control and Prevention, 2020). Opioid exposure during pregnancy has been linked to poor health outcomes for both mother and baby including poor fetal growth, preterm or stillbirth, birth defects, neonatal abstinence syndrome, and even maternal death. Therefore, it is crucial that women with OUD be screened early for opioid use as well as receive adequate education on the negative effects its use can have on their fetuses as well as themselves.

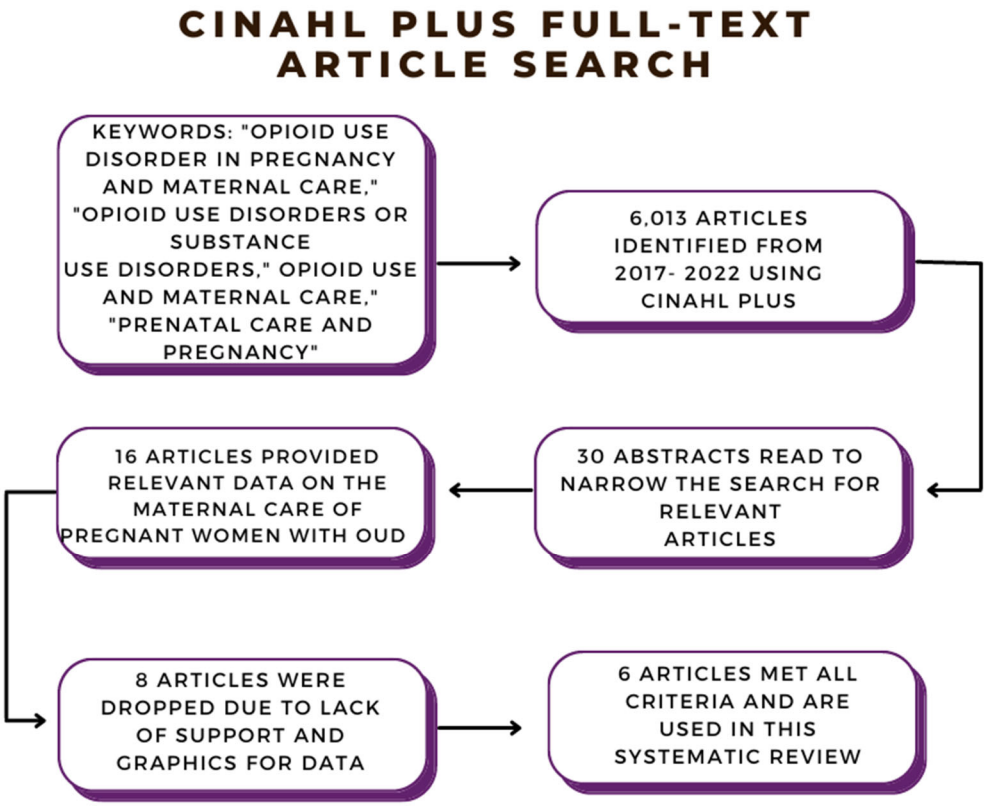
Pregnant women suffering from opioid use disorder represent a diverse patient population. Opioid use disorder affects women across every racial and ethnic background and across all socioeconomic groups. That being the case, screening and care must be universal. During pregnancy, the multidisciplinary care team, including the nurse, have an important opportunity to identify and treat to prevent further opioid use and harm.

However, to accomplish this, expansive screening must be implemented along with strong interventions and overall unbiased care toward this population.

Methods

A systematic review of the literature was conducted using the Cumulative Index of Nursing and Allied Health Literature (CINAHL) Plus Full-Text database to collect relevant, high-quality research articles to evaluate and utilize. Numerous searches were completed to find issues and areas for improvement in nursing practice related to the care of women with opioid use disorder. A Boolean search was done using the following keywords to locate research articles: “opioid use disorder in pregnancy and maternal care”, “opioid use disorder or substance use disorders”, “opioid use and maternal care”, “prenatal care and pregnancy” tapering the search to the time frame of 2017-2022 to ensure the data is relevant and reliable. Other inclusion criteria included peer-reviewed articles written by medical professionals and registered nurses as well as being written in English. The inclusion of peer-reviewed articles ensured that all information within the articles is factual and had data to support the findings. Six articles met the criteria indicated and are used in this systematic review.

Figure 1: Journal Articles Identification



Results

Six articles met the criteria of identifying common issues and areas for improvement in obstetric nursing practice related to the care of women with OUD and how these issues can be corrected in nursing care. Within the articles, three major themes were identified: universal screening for opioid use and early intervention are major factors that optimize maternal and fetal health outcomes; the use of medication-assisted treatment to manage and lessen the negative effects of OUD and why it is a safer option than detox; and the significance unbiased, patient-centered care to form a trusting, non-

judgmental relationship between the care team and mother to dismantle the stigma surrounding opioid use.

Universal Drug Screening and Early Intervention Are Major Factors That Optimize Maternal and Fetal Health Outcomes

Pregnant women with opioid use disorder (OUD) are one of the most highly stigmatized patient populations in the United States. They face a remarkable number of healthcare barriers including stigma, social and legal consequences, chronic medical conditions, psychiatric disorders, lack of housing, and trauma exposure. While care for this population is increasing in social acceptance, the stigma remains and holds strong negative consequences. These consequences include the avoidance of healthcare services - specifically prenatal care (Johnson 2019). Therefore, their pregnancy presents nurses and healthcare professionals with a crucial opportunity they may not otherwise have had to identify and treat their disorder with the implementation of universal substance screening on all pregnant women.

Screening for substance use at the start of a woman's pregnancy is critical for the identification and treatment of OUD, leading to safer patient outcomes. The American College of Obstetricians and Gynecologists (ACOG) and the Center for Disease Control and Prevention (CDC) both recommend universal screening for substance use. This includes opioid screening for all women at the start of prenatal care and periodically throughout the pregnancy using the Screening, Brief Intervention, and Referral for Treatment (SBIRT) tool. This screening method developed by the Substance Abuse and Mental Health Services Administration allows for mechanisms to already be in place to ensure that women who screen positive receive effective intervention and referral to treatment (Krans et al., 2019, Rizk et al., 2019).

Screening is the first step in the process where a healthcare professional uses a standardized tool to identify patients at risk for substance abuse. The next step is brief intervention in which the healthcare professional would engage the patient in a short unbiased conversation regarding their substance use. Lastly, referral to treatment would occur and is when a healthcare provider refers the patient to specialized treatment (Rizk et al., 2019)

The implementation of universal screening for all pregnant women works to decrease the stereotypes regarding the race, class, or physical appearance of women with OUD. The National Institute on Drug Abuse (NIDA) Quick Screen is one of the top pregnancy-validated screening tools. In a case presentation highlighting key issues during the gestational process of a woman with OUD, the SBIRT method is used. The nurse begins by screening for substance use using the NIDA Quick Screen to which the patient answers “yes” to a history of illegal substance usage. This highlights that had the nurse not implemented universal screening on this patient, they may not have voluntarily disclosed their past opioid use due to feeling stigmatized (Rizk et al., 2019).

The frequency of brief interventions varies depending on the patient's risk level for OUD. For women identified as high-risk, frequent follow-up visits and intervention using motivational interviewing techniques may work to promote a change in risky behavior. Motivational interviewing is a skill in SBIRT that works to promote self-motivation and behavior change using reflective listening and assistance in identifying patient goals. Nurses in this role should be educated on the importance of maintaining non-judgmental and supportive conversations to build trust with the patient. Training and

educational resources can be beneficial for nurses and other healthcare professionals to enhance this skill (Rizk et al., 2019).

Referral to treatment is required for patients with high-risk opioid use as they need more intense management than just brief intervention. The current mainstay treatment for these women is pharmacotherapy, also referred to as medication-assisted treatment (MAT) which allows for controlled opioid withdrawal and leads to improved maternal and neonatal outcomes to be further discussed in the next section (Rizk et al., 2019).

The Use of Medication-Assisted Treatment in Women with OUD and Why It Is a Safer Option Than Detox

For pregnant women with opioid use disorder, the most dramatic improvement in mother and fetus outcomes is achieved with the concurrent approach of prenatal care and medication-assisted treatment (MAT) (Johnson, 2019). MAT is a form of opioid agonist therapy endorsed by the American College of Obstetricians and Gynecologists (ACOG) and the American Society for Addiction Medicine using methadone or buprenorphine. The reasoning behind the use of MAT as opposed to complete opioid withdrawal is that it avoids symptomatic withdrawal through a cyclic, controlled form of detox. Opioid withdrawal ("detox") is not recommended during pregnancy and is associated with high maternal relapse rates. This allows the patient to establish a sense of control over their care leading to improved social, obstetric, and neonatal outcomes (Saia et. al, 2016; Critchfield & Hansen, 2018).

As noted by the Substance Abuse and Mental Health Services Administration (SAMHSA), quickly withdrawing from opioids during pregnancy is contraindicated, as it can lead to serious complications including preterm labor, fetal distress, and miscarriage, and is also highly associated with drug relapse which can be life-threatening and lead to a fatal overdose. Implementing MAT in pregnancies involving OUD has a likelihood of better patient outcomes and a reduced risk of relapse (Centers for Disease Control and Prevention, 2022).

The two mainstay medications used in MAT are methadone and buprenorphine. Methadone is a full opioid agonist that works on opioid receptors in the brain (the same receptors that heroin and morphine activate) to eliminate the effects of withdrawal and relieve drug cravings. It has been the standard treatment of OUD since the 1970s and is dispensed daily solely in methadone clinics. Buprenorphine is a partial opioid agonist that works on the same opioid receptors as methadone, however, it does so less strongly. It has been found to be just as effective as methadone, reducing withdrawal symptoms and drug cravings in an individual with OUD. It was approved by the FDA in 2002, making it the first medication to be prescribed by certified physicians and therefore, expanding the accessibility of treatment as it eliminates the need to visit specialized clinics (Critchfield & Hansen, 2018; NIDA 2021). While physicians will have the overall decision in which treatment is the most appropriate for their patient, having two options for treatment of OUD allow women with this disease to feel a sense of control in their pregnancy.

MAT in concurrence with prenatal care is shown to have significant positive effects in the treatment of women with OUD. Early screening and prenatal care followed by MAT place pregnant women with OUD on a trajectory toward success in pregnancy

and give them the ability to form adherence to treatment using methadone or buprenorphine. The use of methadone or buprenorphine assists the mother through a supported treatment of her disorder and allows her to establish control in her care.

How Unbiased, Trauma-Informed, Patient-Centered Care Improves Patient Satisfaction

Despite the increasing acceptance of opioid use disorder as a chronic illness, only 11% of the 24 million Americans with opioid use disorder receive treatment, and stigma remains a significant barrier to treatment. For pregnant women, this is especially true. Prior traumatic experiences from sexual, physical, or emotional abuse are common among women with opioid use disorder, with estimates ranging from 50-80%. Unfortunately, trauma can also occur within a woman's healthcare team. Pregnant women with OUD face high levels of stigmatization and judgment not only from society but also from those providing care. Regardless of the growing acceptance of this patient population, many providers and nurses continue to hold negative views of pregnant women with OUD and lack the training to support and effectively care for this growing population. Therefore, pregnancy can be a vulnerable and triggering time for these patients and obstetric nurses and providers must learn to recognize, treat, and advocate for these women without bias. Patient-centered, trauma-informed care has proven to be the most effective and beneficial way to achieve optimal patient outcomes and must be implemented by all healthcare professionals (Saia et al. 2016; Critchfield & Hansen 2018; Johnson 2019).

The ongoing stigma against these patients creates barriers that only reinforce health inequities and add to poor maternal and neonatal outcomes. To fully implement

patient-centered, trauma-informed care, nurses and providers must recognize and examine their own internal biases to alter their possible negative perceptions of these women. This can be accomplished through engagement in education and facility-based training to identify implicit bias and transform it into the ability to establish patient rapport and trust. Person-first language must also be implemented. When speaking, this is the arrangement of words to place the individual in front of their diagnosis or behavior, to not define or label a person by their disorder or illness. For example, when discussing a patient, one would address them as "a pregnant woman with opioid use disorder" rather than "a drug-using pregnant woman" (Kim et. al, 2022). By reshaping the way we speak regarding those with an addiction, we allow these patients to regain self-esteem, feel more comfortable seeking care, and overall create a positive association with this highly stigmatized group.

Pregnancy is a significantly challenging time for women as their increased vulnerability puts them at a higher incidence of being triggered by previous trauma and having intensified cravings for substances. Nurses and providers must be able to recognize signs of trauma in these women and exclude practices that could result in re-traumatization. It is crucial that healthcare professionals be educated on trauma-informed care and provide a sensitive and compassionate approach to the care of these women (Johnson 2019).

Trauma-informed care goes together with patient-centered care, which is an approach in which the health needs and desired outcomes of the individual are the driving force behind healthcare decisions. This includes respect for patient values and needs, positive communication and education, physical comfort, emotional support, and

alleviation of anxiety. Proper attention to these aspects of patient-centered care creates a safe and respectful environment and relationship between the patient and caregiver, allowing the patient to feel a sense of control in their care. Additionally, this form of care will allow women to feel involved in their plan of care which in turn will strengthen their attachment to their baby and create a positive impact on the long-term health and satisfaction of both mother and baby (Johnson 2019).

As the opioid epidemic continues to affect the United States, it is important for healthcare providers and patients to recognize that healing and long-term recovery are possible. Giving these women access to unbiased, trauma-informed, patient-centered care has the potential to create long-lasting, positive effects on family outcomes.

Discussion

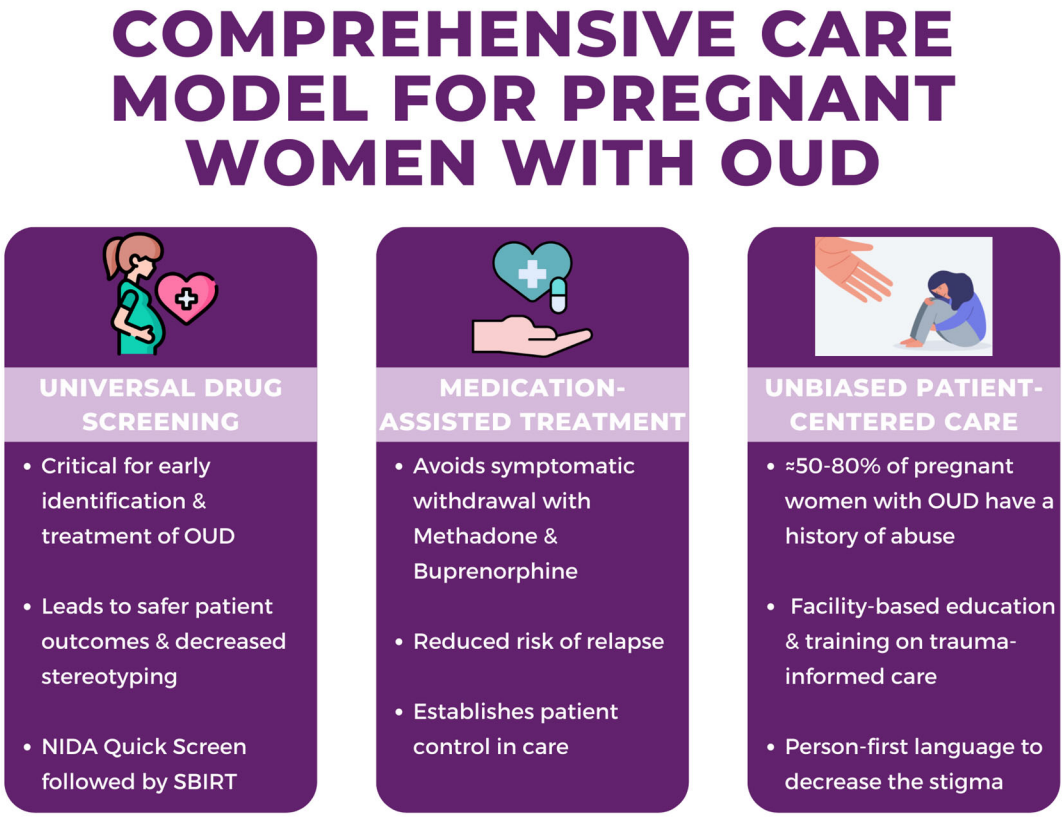
This systematic review examined six articles that listed the most prominent issues and areas for improvement in obstetric nursing practice when caring for pregnant women with OUD and explored methods for correcting them. The most common areas for improvement include a lack of early and universal opioid screening, the implementation of medication-assisted treatment in place of detox, and the high incidence of negative bias from the healthcare team against pregnant women with OUD.

Based on the results found, there is a need for expanded interventions and decreased bias in the field of obstetric nursing practice. With the incidence of patients with OUD on the rise, nurses and providers must be equipped with the necessary tools and knowledge to properly care for these patients. This will come from the implementation of concrete interventions put in place by hospitals that will ensure patient well-being and safety and allow for early identification and treatment. This care must be a multifaceted, comprehensive approach as behavioral interventions, psychosocial support, and medication administration have been shown to improve maternal and neonatal outcomes. Solidifying the interventions of early screening using SBIRT, medication-assisted treatment, and unbiased patient-centered care will enhance the gestational process of pregnant women with OUD and allow them to feel comfortable and confident in their care. Pregnancy is a vulnerable time for women, especially for those suffering from OUD. Therefore, it is essential for these women to feel involved in their care by making this care universally patient-centered, as well as caring for them without bias.

Conclusion

With the continuous increase of opioid use in pregnancy, it is essential that healthcare professionals be informed and educated on the interventions and care this patient population requires. It is known that opioid exposure in pregnancy creates poor health outcomes for both mother and baby, which is why the care for these patients must be implemented quickly and thoroughly. Early screening and intervention, medication-assisted treatment, and unbiased patient-centered care are all components of the comprehensive care these women deserve to receive. Prenatal opioid screening and immediate intervention establish a concrete plan of care and are critical for patient success. Medication-assisted treatment using opioid-agonist pharmacotherapy is the recommended and preferred treatment as it assists the mother through supported treatment of OUD. It allows her to maintain a sense of control throughout the pregnancy, which transfers to the importance of patient-centered care. Implementing pharmacotherapy and early opioid screening creates an approach where the health needs and outcomes of the patient are the prime reasoning behind healthcare decisions - patient-centered care. Along with those interventions, the stigma surrounding opioid use in pregnancy must be broken. There is a need for facility-based training and education for healthcare professionals to recognize their own biases and work to correct them. This will allow patients to feel comfortable in their care, regain self-esteem, and create a positive patient-care team relationship. Implementation of these interventions is necessary to create a needed change in the care of pregnant women with OUD and establish safer and more satisfied patient outcomes. Figure 2 below outlines the ideal model for the comprehensive care of pregnant women with OUD.

Figure 2: Comprehensive Care Model



References

Centers for Disease Control and Prevention. (2022, November 28). *About Opioid Use During Pregnancy*. Centers for Disease Control and Prevention. Retrieved February 3, 2023, from https://www.cdc.gov/pregnancy/opioids/basics.html#:~:text=Health%20Outcomes%20From%20Exposure%20During%20Pregnancy&text=For%20mothers%2C%20OUD%20has%20been,abstinence%20syndrome%20(see%20below).

Critchfield, A. S., & Hansen, W. F. (2018). The opioid crisis: Prenatal and postnatal care. Contemporary OB/GYN, 63(3), 10–31.

Johnson, E. (2019). Models of care for opioid dependent pregnant women. Seminars in Perinatology, 43(3), 132–140. https://doi-org.corvette.salemstate.edu/10.1053/j.semperi.2019.01.002

Kim, J. D. F.-B., Busse, M. D. F.-B., Kantrowitz-Gordon, I. C. F., & Altman, M. R. C. (2022). Health Care Experiences During Pregnancy and Parenting with an Opioid Use Disorder. *MCN: The American Journal of Maternal Child Nursing*, *47*(2), 100–106. https://doi-org.corvette.salemstate.edu/10.1097/NMC.0000000000000805

Krans, E. E. M. Ms., Campopiano, M., MD, Cleveland, L. M. P. R., Goodman, D. D. C., Kilday, D. M. R., Kendig, S. J. M., Leffert, L. R., MD, Main, E. K., MD, Mitchell, K. T. M. L., O'Gurek, D. T. M. F., D'Oria, R. M. R., McDaniel, D. M. L., Terplan, M. M. M., Krans, E. E., Campopiano, M., Cleveland, L. M., Goodman, D., Kilday, D., Kendig, S., & Leffert, L. R. (2019). National Partnership for Maternal Safety:

Consensus Bundle on Obstetric Care for Women With Opioid Use Disorder. Obstetrics & Gynecology, 134(2), 365–375. https://doi-org.corvette.salemstate.edu/10.1097/AOG.0000000000003381

Opioid Use Disorder. Johns Hopkins Medicine. (n.d.). Retrieved February 3, 2023, from https://www.hopkinsmedicine.org/health/conditions-and-diseases/opioid-use-disorder

Rizk, A. H., Simonsen, S. E., Roberts, L., Taylor, S. L., Lemoine, J. B., & Smid, M. (2019). Maternity Care for Pregnant Women with Opioid Use Disorder: A Review. Journal of Midwifery & Women's Health, 64(5), 532–544. https://doi-org.corvette.salemstate.edu/10.1111/jmwh.13019

Saia, K. A., Schiff, D., Wachman, E. M., Mehta, P., Vilkins, A., Sia, M., Price, J., Samura, T., DeAngelis, J., Jackson, C. V., Emmer, S. F., Shaw, D., & Bagley, S. (2016). Caring for Pregnant Women with Opioid Use Disorder in the USA: Expanding and Improving Treatment. *Current obstetrics and gynecology reports*, *5*(3), 257–263. https://doi.org/10.1007/s13669-016-0168-9

U.S. Department of Health and Human Services. (2021, April 13). *How Do Medications to Treat Opioid Use Disorder Work?* National Institutes of Health. Retrieved February 3, 2023, from https://nida.nih.gov/publications/research-reports/medications-to-treat-opioid-addiction/how-do-medications-to-treat-opioid-addiction-

work#:~:text=Methadone%20is%20a%20synthetic%20opioid,and%20opioid%20pain%20medications%20activate.