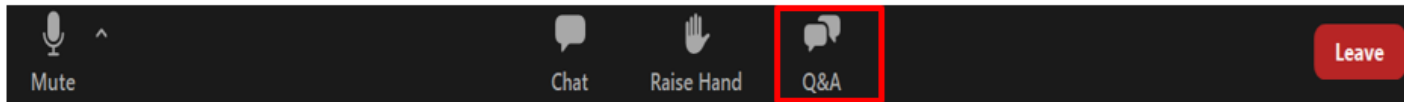


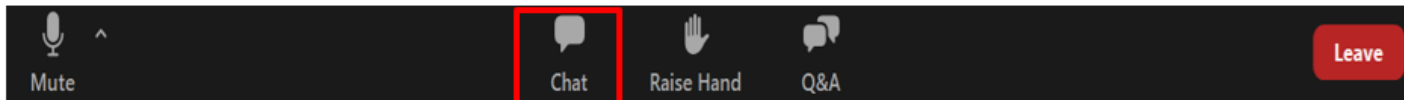
MATERNAL SUBSTANCE USE DISORDER (SUD): CONSIDERATIONS FOR RURAL COMMUNITIES

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Meet Our Expert: Sūra Edmond, MD, MBS



Sūra Edmond, MD, MBS, is a Senior Medical Advisor in the Clinical Advancement Center at JBS International. She leverages her medical expertise as part of a collaborative clinical consultation team with a deep understanding of healthcare professional training, clinical practice, workflow, and reimbursement to turn evidence into adoptable solutions and clinical healthcare tools.

Dr. Edmond is an Obstetrician/Gynecologist with more than eight years of clinical practice in private, hospital-based, and federally qualified health center settings. She is an expert in women's and maternal health, with a special interest in addressing racial and ethnic health disparities that disproportionately affect marginalized populations.

Dr. Edmond received her MD from the Brody School of Medicine at East Carolina University in Greenville, North Carolina, her MBS from Drexel University in Philadelphia, Pennsylvania, and her BS in Biological Anthropology & Anatomy from Duke University in Durham, North Carolina. She also holds certification from Harvard Business School on Reducing Racial Disparities in Healthcare.

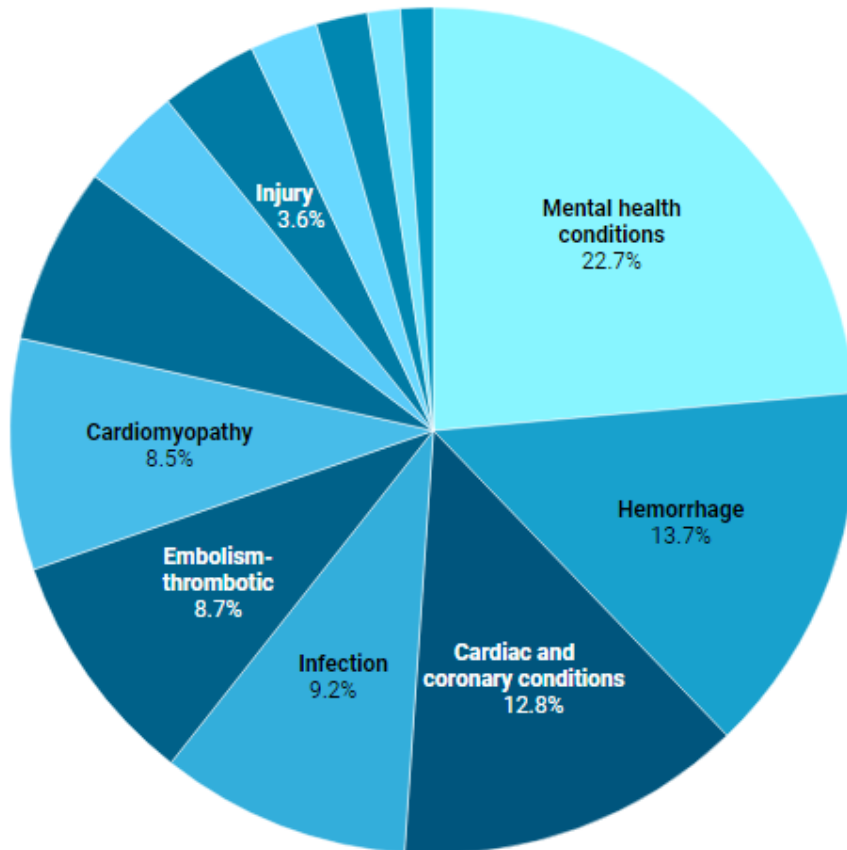
Learning Objectives

With regards to maternal SUD in rural areas, following this presentation participants will be able to:

- Recognize barriers to screening, assessment, and treatment in rural areas.
- Identify examples of how grantees can work with healthcare providers to help decrease stigma towards caring for pregnant people living with SUD in rural communities.
- Examine evidence-based practices being implemented to assist clinicians with screening, assessing, and treating pregnant people with SUD.
- Gain insight on state and federal efforts to improve care for pregnant and parenting people with SUD.

CDC Sep 2022 Data: Primary Causes of Pregnancy-Associated Deaths, 2017-2019

Mental health conditions Hemorrhage Cardiac and coronary conditions Infection
Embolism-thrombotic Cardiomyopathy Hypertensive disorders of pregnancy
Amniotic fluid embolism Injury Cerebrovascular accident Cancer
Metabolic/endocrine conditions Pulmonary conditions



- Suicide and overdose linked to SUD are responsible for about 23% of maternal deaths in the U.S. (CDC, 2022)

Data on 1,018 pregnancy-related deaths among residents of 36 states from 2017–2019 were shared with CDC through the Maternal Mortality Review Information Application

Chart: Lauren Bavis/Side Effects Public Media • Source: U.S. Centers for Disease Control and Prevention • [Get the data](#) •

Unique Barriers to SUD Engagement in Rural Areas

- **Locality:**
 - Rural residents must often travel long distances to access behavioral health and SUD treatment. (RHI Hub n.d.)
 - Lack of anonymity and confidentiality in closer-knit communities (RHI Hub n.d.)
- **Fragmented Systems of Care:**
 - Lack of centers of integration providing SUD treatment along with prenatal care (AMCHP n.d.; RHI Hub n.d.)
 - Long-term recovery in rural communities is frequently hindered by a shortage of housing and support services. (RHI Hub n.d.)
- **Workforce Limitations:**
 - Between 2010-2021, there were closures of 136 rural hospitals, including obstetric units, resulting in loss of safety net providers for those with acute SUD. (AHA, n.d-b.; AMCHP n.d.)

Unique Barriers With Perinatal SUD

- **Stigma:**
 - Shame due to violation of the social construct of women as caregiver (Nichols et al., 2021)
 - Some clinicians perceive pregnant and parenting people with SUD present an increased burden of care. (Nichols et al., 2021; Whittaker et al., 2016, p72)
 - Within American Indian/Alaska Native communities, stresses of historical loss and trauma are thought to contribute to high rates of SUD. (Herron and Venner, 2023)
 - Barriers to care for SUD in Black patients include presumed criminal behavior, and systemic racial bias resulting in disparate access to treatment. (Khatri et al., 2023)

Unique Barriers With Perinatal SUD

- **Legal Considerations:**

- In 24 states and D.C., substance use during pregnancy is considered child abuse under civil statutes. (Guttmacher, 2022; Flemming and Roth, 2022)
- Consequences for using substances during pregnancy may involve fines, losing custodial rights, involuntary commitment, or imprisonment. (Volkow, 2024)
- States that punish pregnant people for substance use have more babies born with neonatal abstinence syndrome. (Faherty et.al.,2019)
- A 2022 study found that women in states with strict substance use policies during pregnancy were less likely to receive quality or timely perinatal care. (Austin et.al., 2022)

Actionable Examples to Decrease Stigma Towards Pregnant People Living With SUD

Substance Abuse and Mental Health Services Administration (SAMHSA), 2021 advises a **gender-responsive approach** to treatment and recovery for women.

Key factors identified:

- ***Relationships and Family***: Recognizing the significance of social connections and family support
- ***Cultural Considerations***: Acknowledging cultural expectations can enhance participation and continuity in treatment programs
- ***Trauma and Violence***: Acknowledging the prevalence and historical context of trauma and violence experienced by women
- ***Co-occurring Disorders***: Addressing common patterns of mental health and substance use disorders
- ***Caregiver Responsibilities***: Considering the unique caregiving roles that some women may have

Actionable Examples to Decrease Stigma Towards Pregnant People Living With SUD

- Nyblade et al., 2019, assessed how developments over the past 5 years have contributed to knowledge on methods to reduce health-related stigma.
- **Key strategies identified:**
 - ***Provision of information:*** Teaching providers about the disease, related stigma
 - ***Skills-building activities:*** Opportunities for providers to develop the relevant skills
 - ***Contact with stigmatized group:*** Including people from stigmatized group in delivering interventions to break down stereotypes
 - ***Structural or policy change:*** Providing clinical materials, restructuring facilities

Evidence-Based and Promising Strategies to Improve Care for Pregnant and Postpartum People With SUD

- **Engaging Mothers for Positive Outcomes with Early Referrals (EMPOWER)** Baystate Franklin Medical Center, Pioneer Women's Health, and the Center for Human Development in rural Greenfield, Massachusetts (RHIHub, n.d.)
 - Community-based initiative, provides comprehensive screening, referrals, and individualized pregnancy plans for rural women with perinatal SUD
- **4P's Plus Pregnancy Support Project**, Lakefront, CA (RHIHub, n.d.)
 - Care coordination and integration model that aims to reduce substance use among pregnant Native American women and the number of newborns born with substance exposure
- **Maternal Opioid Misuse (MOM) Model** 5-year performance period 2019-2024 (RHIHub, n.d.)
 - Clinical care and essential resource integration for pregnant and postpartum Medicaid beneficiaries with opioid use disorder

Evidence-Based and Promising Strategies to Improve Care for Pregnant and Postpartum People With SUD

- **Project Nurture Center of Excellence Model** (Health Share of Oregon, n.d.)
 - Offers integrated perinatal SUD care via medications for opioid use disorder and outpatient treatment for addiction
 - Proven to reduce the number of children placed in foster care and incidence of child maltreatment, and to enhance prenatal visit attendance
- **The Care for Pregnant and Postpartum People with Substance Use Disorder AIM Patient Safety Bundle 2021** (AIM, 2021)
 - Every hospital unit should employ actionable steps, including
 - Creating trauma-informed guidelines and providing anti-racist training to help health care teams recognize and reduce biases and stigma
 - Educating staff on best practices, including notification rules for infants exposed to substances before birth

State Efforts to Improve Care for Pregnant and Parenting People With SUD



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- **Alabama Department of Mental Health (ADMH) Women's Services Federal Block Grant for pregnant and parenting females**

(ADMH, n.d.):

- SUD services are free; women can bring their children
- Alabama has 21 certified opioid treatment programs; provides buprenorphine, methadone, naltrexone



Coloradovirtuallibrary.org

- **University of Colorado Anschutz College of Nursing Recovery Coach Doula Program** (CU Nursing, n.d.):

- Provides support during pregnancy, labor, and first year after birth, including SUD/parenting education, community resource navigation

State Efforts to Improve Care for Pregnant and Parenting People With SUD

- **Illinois Department of Human Services/Division of Substance Use Prevention and Recovery (IDHS/SUPR) Service Enhancement for Pregnant and Postpartum Women with OUD (PPW-OUD)** (IDHS, n.d.)
 - Offers specialized screening, family-focused treatment, and recovery support services, including access to Doula Certified Peer Recovery Specialists up to 12 months postpartum
- **Weatherford, Texas Recovery Community Center** (Weatherford, 2024)
 - Peer specialists support recovery and parenting
 - Includes resource navigation, parenting education, housing, and childcare support



Statesymbolsusa.org



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Federal Efforts to Improve Care for Pregnant and Parenting People With SUD

- ***Comprehensive Addiction and Recovery Act (CARA)*** of 2016 (CADCA 2023):
 - Aims to enhance treatment and recovery options for pregnant and postpartum women with SUD
 - Encourages family-centered treatment programs and advocates for the use of MAT during pregnancy
- ***SUPPORT for Patients and Communities Act*** of 2018 (AHA, n.d.)
 - Improves access to addiction treatment services for pregnant women
 - Broadens availability of MAT integration into prenatal care services
- ***Unity Agenda*** of 2024 funds the [State Pilot Grant Program for Treatment for Pregnant and Postpartum Women](#) (SAMHSA 2024)
 - \$3.6 million grant dedicated to covering the full spectrum of SUD care, including novel care delivery models

Resources for Caring for Pregnant and Parenting People With SUD

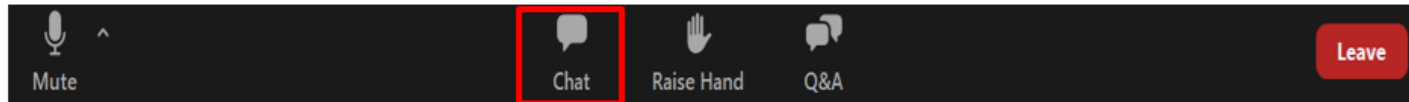
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