



Florida Atlantic University

Phyllis & Harvey Sandler School of Social Work, AHSR 2019

**U.S. Survey of Shared Decision Making Use for Treating
Pregnant Women Presenting with Opioid Use Disorders
(Howard, Freeman, & Clark, 2019)**

Presented by:

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Objectives:

- Identify factors associated with obstetricians' treatment recommendations for pregnant women with an opioid use disorder (PWOD).
- Determine the prevalence of physicians waived for buprenorphine.



Objectives:

- Determine the prevalence of shared decision making (SDM) use to treat PWOUD.
- Identify factors associated with its use.
- Quantify physicians' reviews and discussions with their patients of child welfare statutes regarding maternal substance use.

Background:

From 1999 through 2016, mortality rates for opioid overdose increased 507% among women, compared to 321% among men.^{2,3}

The number of pregnant women with opioid use disorder (PWOUD) quadrupled since 1999,⁴ with an increase in prevalence overall of 127% and 162% among 20- to 34-year-olds during a recent 14-year period.⁴

Background:

State-specific statutes regarding PWOUD often pose punitive measures to the mother–infant dyad, involving the child welfare and criminal justice systems.

The rate of children entering foster care due to parental substance use has increased by more than 50% in the last decade.⁵

In 2017, a staggering 19% of children who entered foster care were infants.⁶

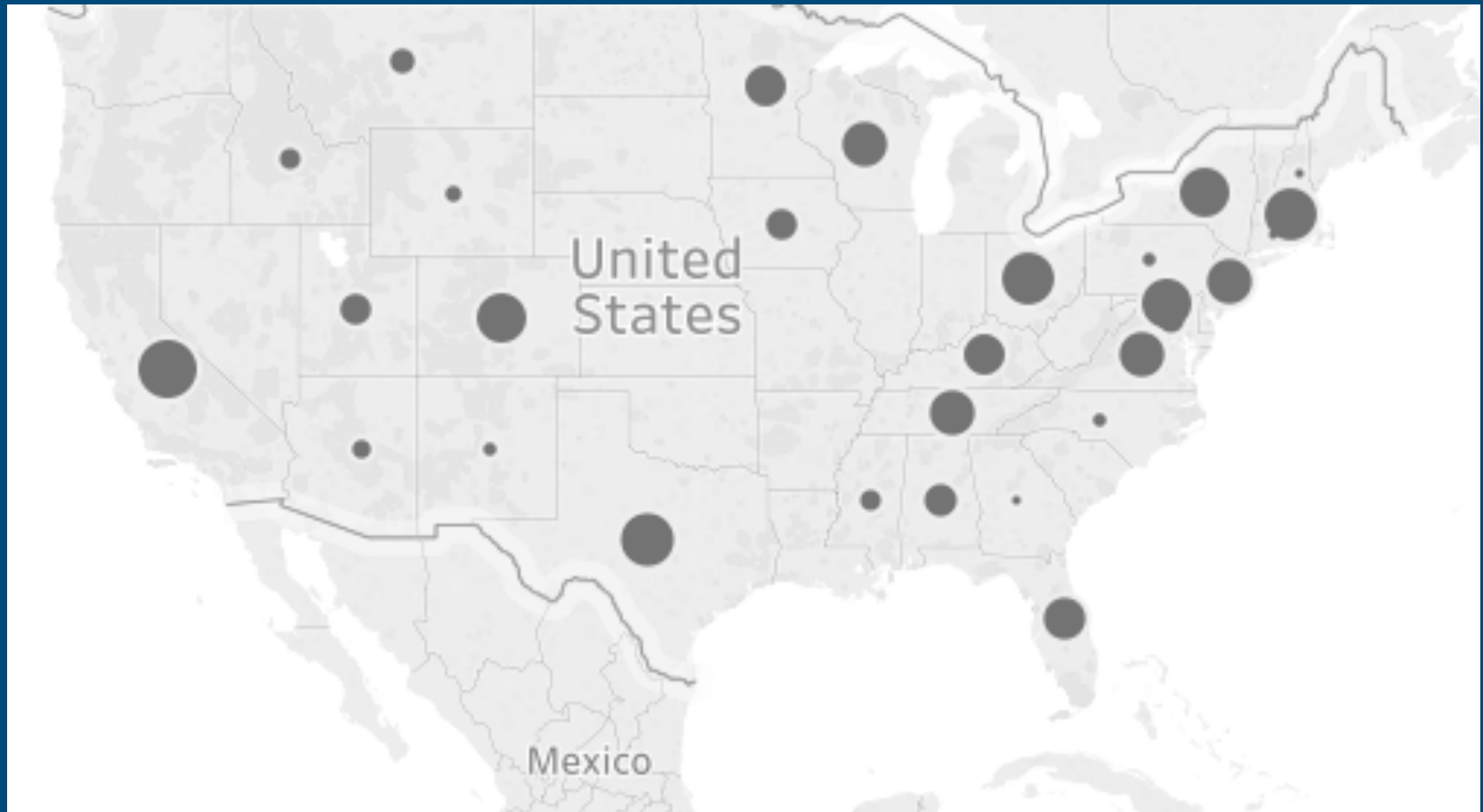
Shared decision making

- Shared decision making (SDM) assists individuals through complex health and recovery processes.
- Evidence-based practice for assisting individuals through their health and recovery processes as they relate to decision making and contentment with personal choice.

Methods:

The American College of Obstetricians and Gynecologists (ACOG) e-mailed the survey to a random sample of members, with 568 responding. Bivariate analyses to identify factors associated with each outcome were performed using Wilcoxon Rank Sum tests or Fisher's Exact tests. Variables yielding p values $< .20$ were included in initial logistic regression models; the final model included only significant ($< .05$) variables.

Location of Participants:



Participant Demographics:

Table 1.

Demographic Characteristics and Treatment Practices of Physician Respondents (n=432)

Characteristic	SDM		Total		P-Value
	n	%	n	%	
Gender:					0.2745
Male	57	57.0	100	30.1	
Female	147	63.4	232	69.9	
Location:					0.9479
Urban area	137	61.7	222	66.9	
Urban Cluster	50	61.7	81	24.4	
Rural	17	58.6	29	8.7	
Setting:					0.4180
Group practice	114	58.5	195	14.7	
University affiliated	60	66.7	90	26.9	
Other	30	61.2	49	58.4	
Time in practice (years):					
Median [Minimum, Maximum]	202	13[1,43]	433	16[1,50]	0.0004
Number PWOUD provided care in last 12 months:					0.5068
None	0	0.0	0	0.0	
1-10	136	59.7	228	67.1	
≥11	71	63.4	112	32.9	
Training in maternal substance use in last 12 months:					0.0002
Yes	131	69.7	188	56.1	
No	73	49.7	147	43.9	
Ability to prescribe buprenorphine:					0.1391
Yes	48	68.6	70	20.6	
No	159	58.9	270	79.4	
Prescribed buprenorphine to PWOUD:					0.0047
Yes	26	86.7	30	60.0	
No	10	50.0	20	40.0	

Provider Characteristics:

Characteristic	SDM		Total		P-Value
	n	%	n	%	
Referrals for PWOUD to:					
State public health	57	72.2	79	23.2	0.0191
Substance use treatment	151	66.2	228	67.1	0.0040
Peer supports/coaches	45	80.4	56	16.5	0.0011
Hospital social workers	156	61.4	254	74.7	0.7283
Behavioral Health	134	66.0	203	59.7	0.0184
Preparedness in treatment recommendations for behavioral health/substance use:					<.0001
Very prepared	92	76.7	120	35.3	
Somewhat prepared	85	55.6	153	45.0	
Not too prepared	29	48.3	60	17.6	
Not Prepared	1	14.3	7	2.1	
Use of Prescription Drug Monitoring Program for PWOUD:					0.0174
Yes	147	65.9	223	69.0	
No	52	52.0	100	31.0	
Review of CPS guidelines:					0.0006
Yes	100	71.9	139	41.6	
No	104	53.3	195	58.4	
Discussed CPS guidelines:					0.0034
Yes	137	67.2	204	60.9	
No	67	51.2	131	39.1	
Verbal screening tools for pregnant patients					<.0001
Never	16	33.33	48	14.3	
Sometimes	39	51.32	76	22.7	
Half the time	14	48.28	29	8.7	
Most of the time	66	68.04	97	28.9	
Always	69	81.18	85	25.4	
Verbal screening tools for postpartum patients					<.0001
Never	50	47.17	106	31.6	
Sometimes	69	56.56	122	36.4	
Half the time	8	50.00	16	4.8	
Most of the time	44	81.48	54	16.1	
Always	33	89.19	37	11.1	
Urine drug screens with pregnant patients					0.0839
Never	12	60.00	20	6.0	
Sometimes	101	57.39	176	52.5	
Half the time	12	54.55	22	6.6	
Most of the time	25	64.10	39	11.6	
Always	54	69.23	78	23.3	

Note. SDM is use of shared decision making most of the time or always

Results:

- Approximately 77% of respondents had provided care for a PWOD within the last year.
- A total of 14.0% had buprenorphine waivers [95% CI: 11.6% - 16.7%],
- Those waived, 47% prescribed buprenorphine to PWOD.
- The most common opioids used at patient presentation were prescription opioids, with the second most common being methadone.
- Physicians reported that at least 75% of their PWOD received government assistance for prenatal care.

Factors associated with use of SDM:

- 61% used SDM most of the time.
- More likely to have had training in substance use disorder
- Felt prepared for caring for PWOD;
- 39% reviewed child welfare statutes
- 54% discussed them with PWODs.

Conclusion:

Survey results provide evidence for patient-centered care approaches that support PWOD involvement in treatment decision-making.

The SDM model provides an empowerment framework for women to be involved in the process during their pregnancies and opioid use disorder treatments.

Future studies might assess the effectiveness of SDM dialogues with PWOD and evaluate CME training and medical curricula regarding the SDM model.

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