



I-PPOSS

Idaho Pregnant and Perinatal Opioid Support System

A GROWING PROBLEM

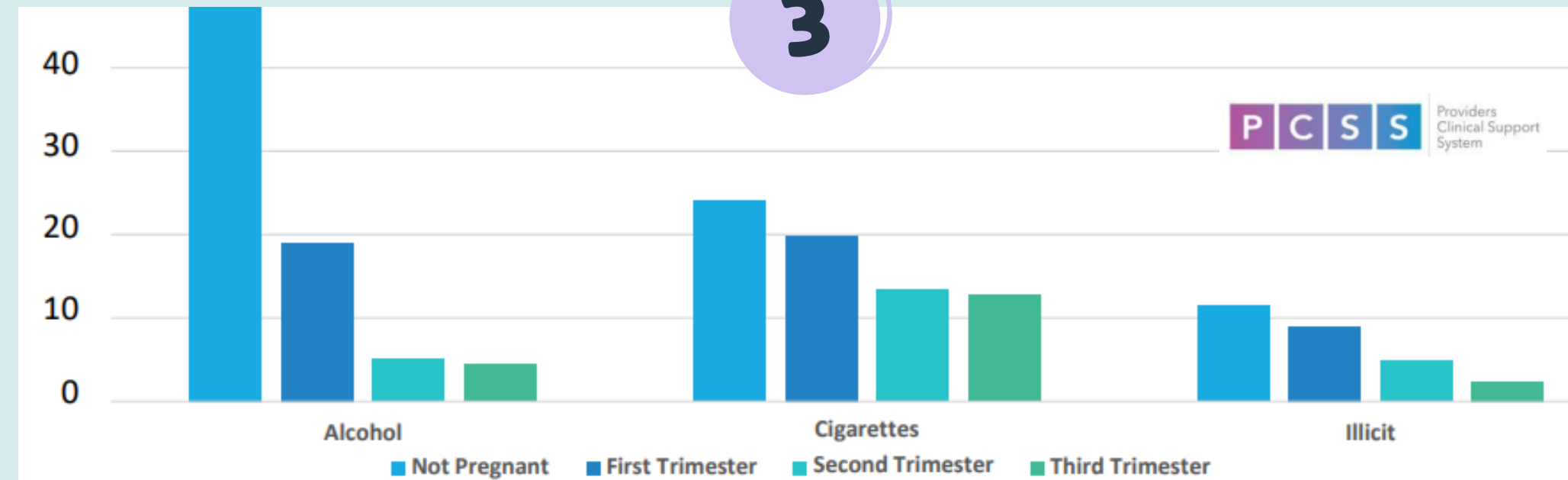
OAD/SUD in Pregnancy - You Can Help!

1 SUD in Pregnancy:

- The US neonatal abstinence syndrome (NAS) diagnosis rose ~300% from 2004 to 2020.
- The estimated maternal opioid-related diagnosis rate per 1000 deliveries rose from 3.5 to 8.2.

2 Cost:

- Opioid Use Disorder (OUD) in pregnancy is associated with preterm delivery, low birth weight, and need for ICU care.
- In 2020, a hospital stay for a newborn with NAS was \$7,800 compared with \$1,100 for other newborns.
- The length of stay is nearly 7x longer than that of other newborns.



Decreasing trend of substance use during pregnancy demonstrates motivation to improve health!

4 Healthcare Challenges:

- In one study, ~73% of pregnant women feared being identified with Substance Use Disorder (SUD) in healthcare.
- A study of pregnant women identified with SUD and a treatment need found only ~12.8% received treatment.
 - Treatment reduces opioid craving and repeated fetal withdrawal which is harmful to the baby.
 - Treatment reduces the likelihood of complications with fetal development, labor, and delivery.

5 Whole Care Challenges:

- State systems are highly fragmented. No agency has taken on responsibility for addressing the full range of needs of pregnant or postpartum women with SUDs.
 - In addition to healthcare services, this range of needs includes food, housing, and transportation.
- Many SUD treatment facilities do not offer special programs for pregnant women or beds for their children.

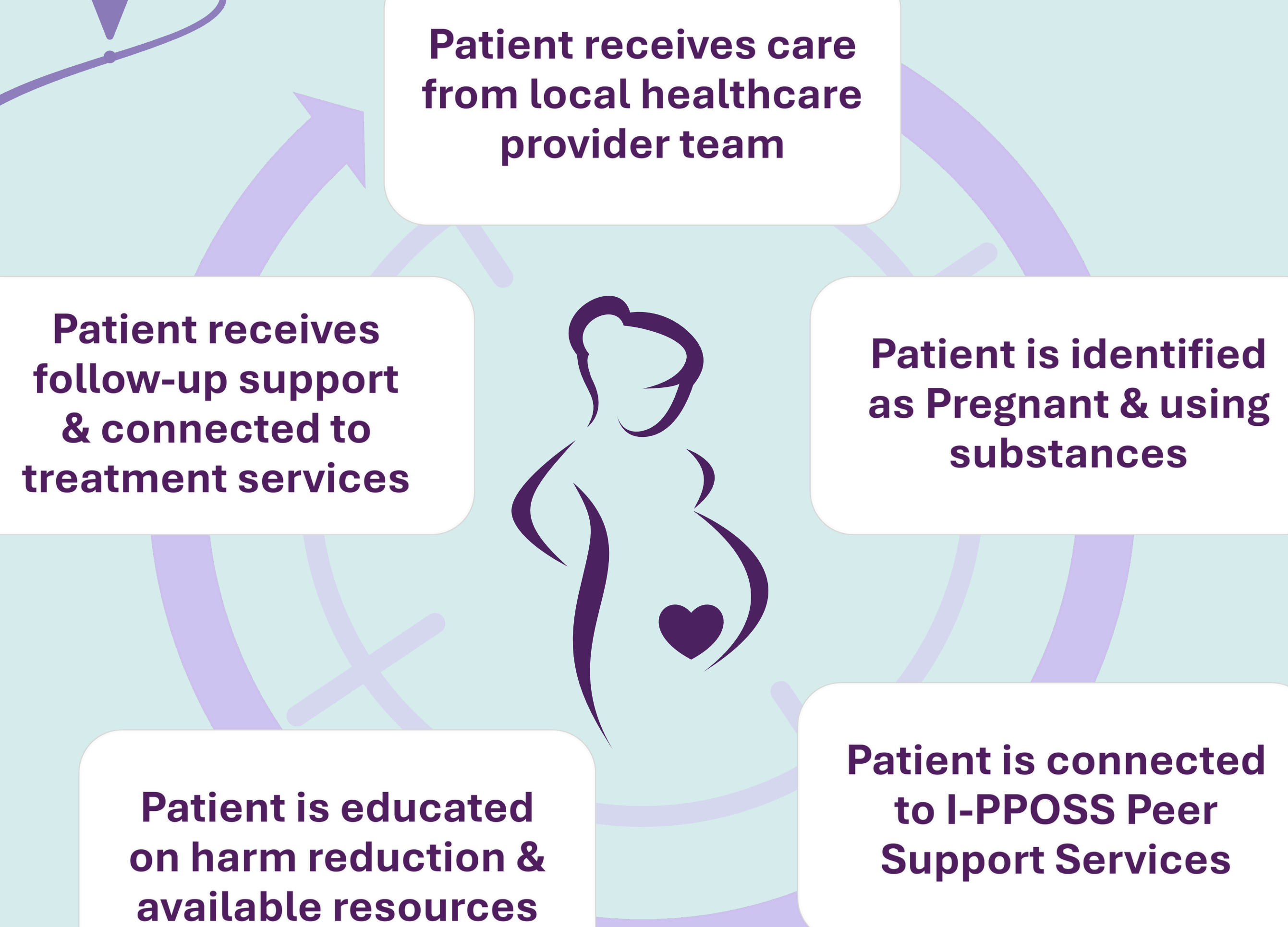
6 Access to Care Obstacles:

- As of 2020, much of Idaho is considered a healthcare "Maternity Care Desert."
- Relatively few pregnant women with SUD seek treatment due to barriers such as the fear of losing custody of their newborns as a result of reporting their substance use to Child Protective Services (CPS).
- Stigma, judgment, and misconceptions about the role of medication-assisted therapy (MAT) during pregnancy and breastfeeding remain significant barriers to accessing care for pregnant women with SUD.

I-PPOSS Project Key Initiatives:

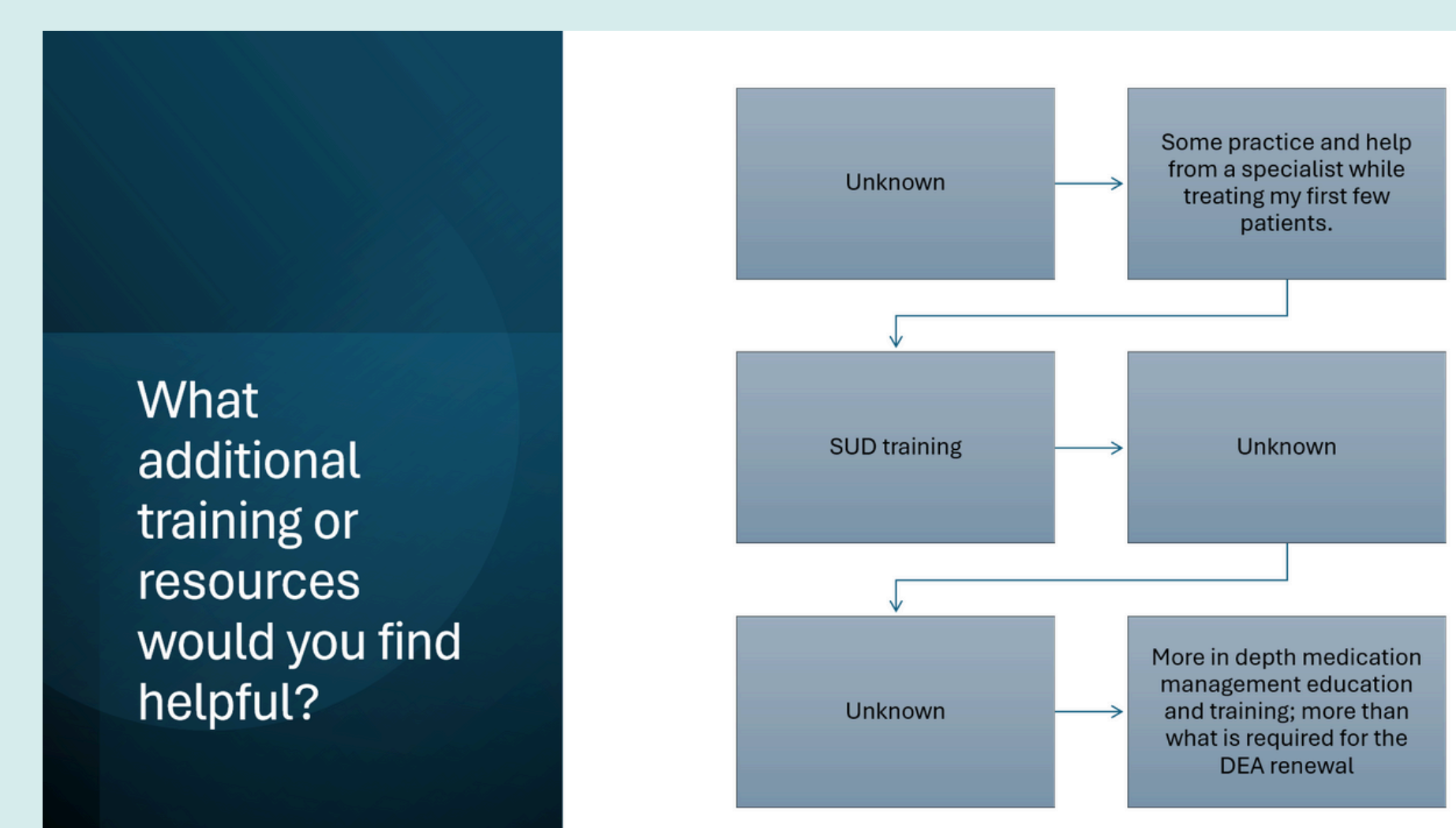
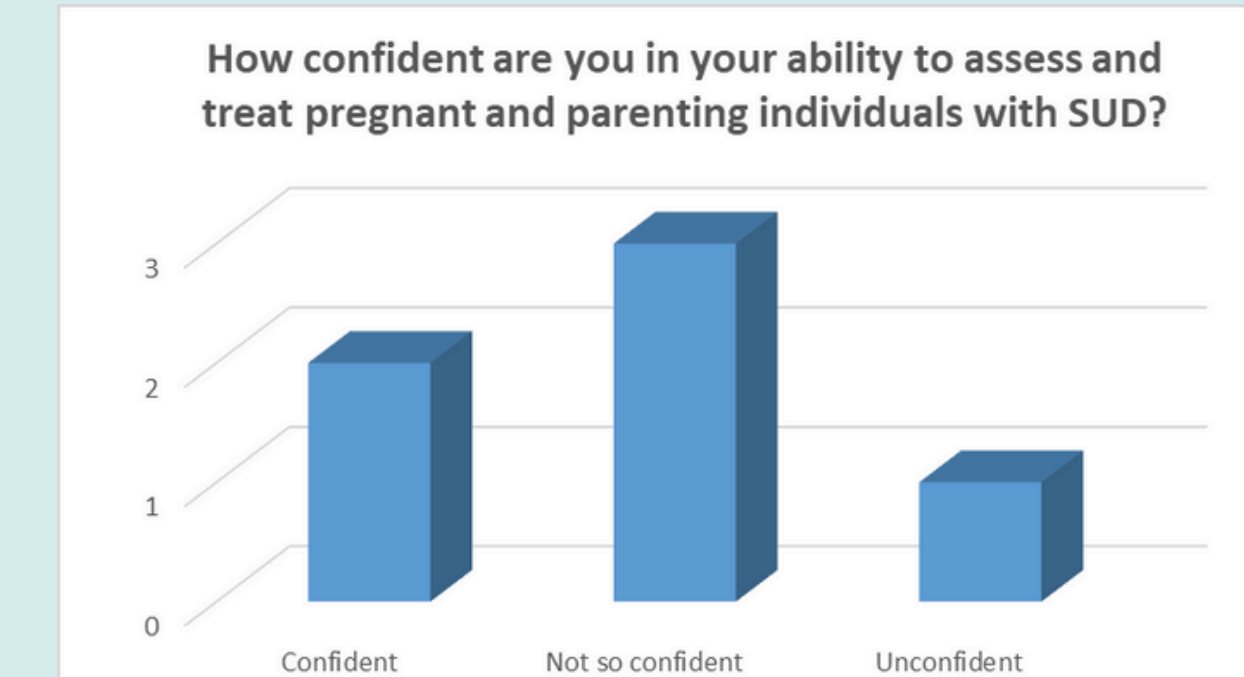
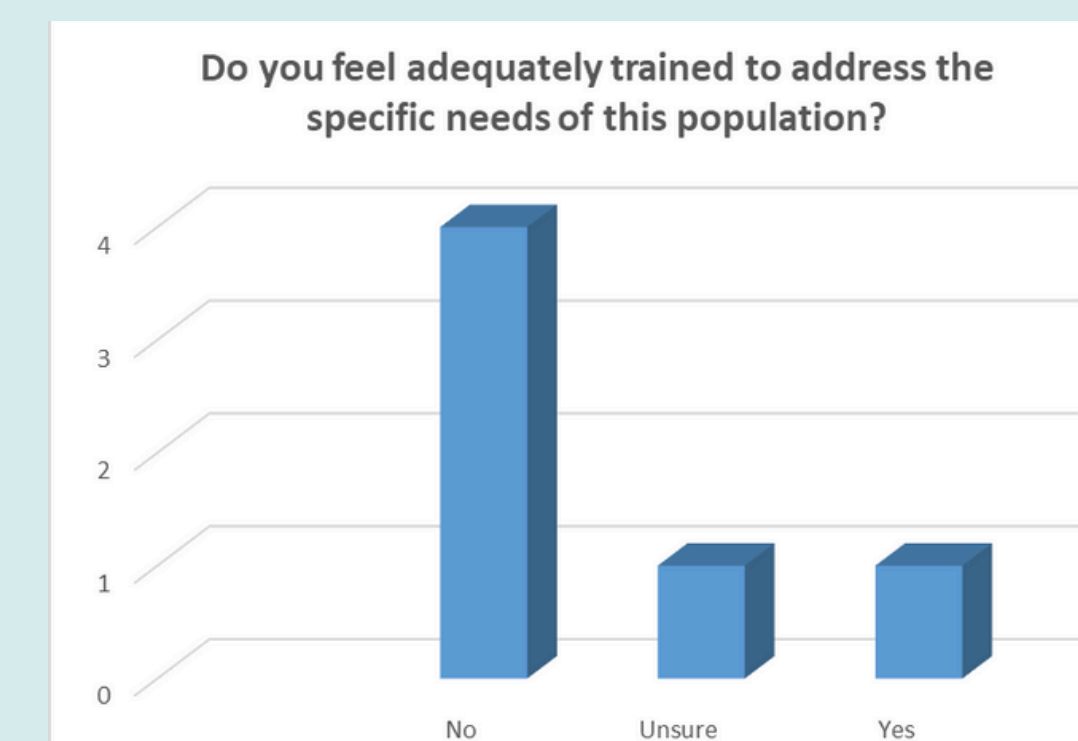
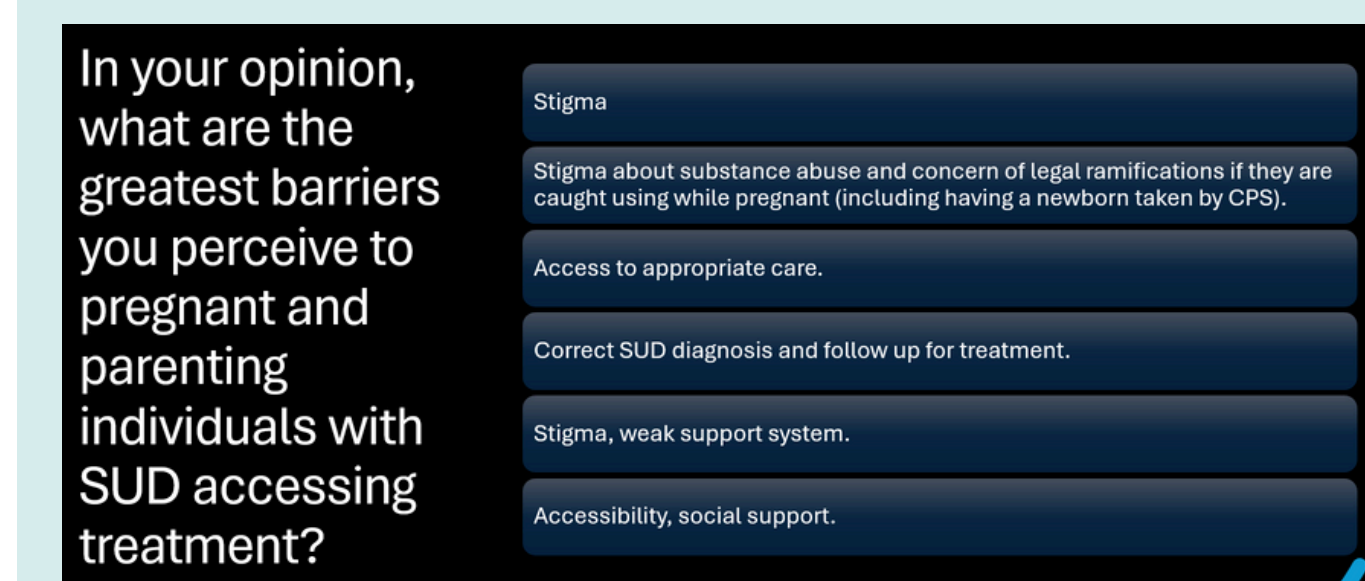
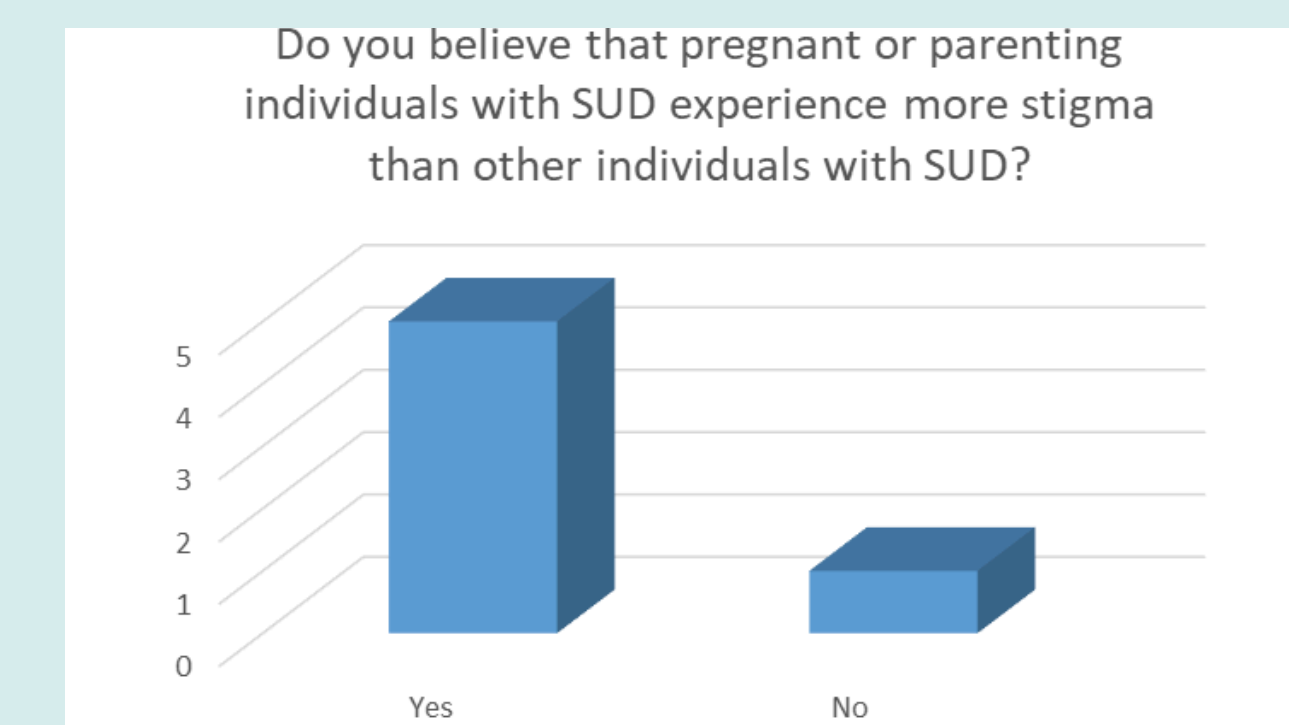
- Develop a Peer Support consultation service for rural and frontier primary care sites across the state.
- Create a rural primary care/critical access learning collaborative focused on perinatal OUD/SUD.
- Provide bridge funding to increase housing security in Perinatal/Early Parenting Mothers with substance use within our consortium member catchment areas.
- Pilot care coordination huddle for perinatal OUD/SUD cases between clinical providers, social services, and local law enforcement agencies.

I-PPOSS Patient Pathway:



2024 PROVIDER SURVEY

The greatest barriers to treatment for SUD in pregnant and parenting individuals, as indicated by Idaho Providers:



Please

Join the Cause!

- Progress is being made through new approaches; improving access to well-coordinated care for pregnant and postpartum women.
- With funding from the I-PPOSS grant, Cornerstone Whole Healthcare is working with interested parties to create a new model in Idaho through several key initiatives.



What can you do:

Help us create a better model of care for pregnant & postpartum women with SUD.

Contact Us: IPPOSS@C-WHO.org



Current Consortium Members:



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