

# Opioid Maintenance Therapy Prescription by Obstetricians and Postpartum Visit Compliance

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## Introduction

- Women with opioid use disorders (OUD) experience increased rates of mental health crises and relapse rates postpartum, underscoring the importance of compliance with postpartum care
- Most drug-related pregnancy-associated deaths occur in the postpartum period
- AIM: to evaluate the effect of Obstetrician prescribed OMT and 6 wk postpartum (PP) visit compliance

## Methods

- This retrospective cohort study identified patients receiving OMT (defined as use of methadone or buprenorphine) from 2017 to 2020
- The primary outcome: attendance of the 6 wk PP visit.
- Prenatal care provider comparison was done between the OB prescribers and non-OB prescribers (e.g. methadone/pain clinic, PCP)
- Statistical analysis included Chi square tests, student t tests, and logistic regression modeling and was performed with significance levels of p<0.05 in R (v3.6.3)

## Results

- Of 199 women receiving OMT during pregnancy, 54.8% (109) were compliant with the 6 wk PP visit and 45.2% (90) were noncompliant
- Both groups demonstrated similarity in maternal age, race, marital status, employment, detox during pregnancy, active drug use in pregnancy, gestational age at delivery, and maternal comorbidities (Table 1)
- Among the 109 women compliant with their PP care, 83% received OMT from an OB prescriber vs 40% by a non-OB prescribers (p= <0.001)
- In a regression model, postpartum OB OMT prescriber was an independent predictor of 6 wk PP visit compliance (OR 5.40; 95%CI: 2.35 – 13.36) (Table 2)
- OB OMT prescriber was not associated with adequacy of prenatal care, mode of delivery, or NICU admission

## Discussion

Women with OUD are more compliant with postpartum care if their OB provider prescribes their OMT, **however less than 2%** of OBGYNs who treat Medicaid enrollees are trained and able to prescribe buprenorphine.

Access to Opioid Maintenance Therapy (OMT) **directly** from a woman's **OBSTETRIC** provider may be a predictive factor in **increasing PP visit compliance**, providing increased opportunities to **screen, support, and treat** this vulnerable population that are at a significantly elevated risk of complications.



## Tables

Table 1: Patient Characteristics

	Variable	PP Compliance		p-value
		Yes*	No*	
	Age (yrs)	30.3 (4.7)	31.3 (4.9)	0.16
Race	- Caucasian	103 (56)	81 (44)	0.32
	- AA	0 (0)	3(100)	
	- Other	5 (55)	4 (44)	
	Multiparity	31 (44)	39 (56)	0.04
	Active Drug Use	22 (50)	22 (50)	0.47
OMT	- Buprenorphine	86 (64)	49 (36)	0.0004
	- Methadone	23 (36)	41 (64)	
	High Dose OMT	72 (63)	43 (37)	0.014
	Delivery GA(wks)	38 (3.1)	37 (2.6)	0.37
	Maternal Co-morbidities	26 (57)	20 (43)	0.92

\*Displayed as n(%) or mean(SD)

Table 2: Predication of Postpartum Compliance

Variable	Odds Ratio	95% CI	p-value
OB OMT Provider	5.40	2.35 - 13.36	<0.001
OMT Type	2.40	0.73 - 8.46	0.16
High Dose OMT	0.59	0.18 – 1.78	0.36
Adequate PNC	0.68	0.35 – 1.32	0.26
Prenatal Care Provider Type	0.66	0.31 – 1.42	0.29
Multiparity	0.50	0.24 – 1.00	0.05

## References

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