



Understanding the Birthing Experiences of People with Substance Use Disorder at Dartmouth Hitchcock Medical Center

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Background:

- The incidence of SUD and OUD among pregnant people is rising in parallel with our nation's opioid epidemic. In New Hampshire, opioid overdose is the leading cause of maternal mortality in the year following delivery.^{1,4,5,6}
- Prior research suggests that pregnant patients who represent historically marginalized communities often have negative experiences during birth in the United States.⁷
- Pregnant patients with SUD have expressed that concerns regarding pain control, child protective services involvement, and provider stigma have led to negative interactions with the healthcare system during labor and delivery.³
- Providers caring for patients with SUD report stress in treating this patient population due to difficulties with treatment engagement, maternal defensiveness, and concerns for infant's health and safety.²
- There have been very few studies examining provider perspectives in treating pregnant people with SUD.
- In order to properly care for this patient population and improve the relationship between patients with SUD and their providers, more research is needed to specifically elucidate the factors that contribute to negative labor and delivery experiences for this patient population.

Methods:

- Mixed methods exploratory study, consisting of a combination of anonymous surveys and qualitative interviews
- Two sample populations: 1) patients with SUD who have delivered at DHMC in the past two years, and 2) providers working with patients with SUD during L&D, including nurses, midwives, lactation consultants, and physicians
- Surveys of patients with SUD using the internationally-validated Mistreatment Index used by the World Health Organization, completed via REDCap
 - Surveys also include basic demographic information to help identify disparities in patient experience
- Interviews of patients and providers via Zoom using 5 open-ended questions designed by the study team. Interviews are recorded, transcribed, de-identified, and then analyzed thematically by 2-3 research team members

Next Steps:

- Currently in the data collection portion of our research, continuing to administer surveys and conduct interviews
- We plan to compile the findings from our research into a set of formal recommendations
- By understanding the positive and negative factors that contribute to the experience of giving birth at DHMC, we hope to inform future initiatives at DHMC that will improve the quality of care for pregnant patients with SUD

Mistreatment Index:⁷

Did you experience any of the following problems or attitudes in your care during pregnancy or birth? (Please select all applicable options)

- Your private or personal information was shared without your consent
- Your physical privacy was violated, for example being uncovered or having people in the delivery room without your consent
- A healthcare provider shouted at or scolded you
- Healthcare providers withheld treatment or forced you to accept treatment that you did not want
- Healthcare providers threatened you in any other way
- Healthcare providers ignored you, refused your request for help or failed to respond to requests for help in a reasonable amount of time
- You experienced physical abuse, such as aggressive physical contact, inappropriate sexual conduct, a refusal to provide anesthesia for an episiotomy, etc.
- None of the above

Provider Interview Questions:

1. What is your role (nurse, social worker, lactation consultant, midwife, doctor, etc)?
2. How long/how often have you been working with patients with SUD?
3. Please describe your experience working with patients with SUD in Labor and Delivery.
4. What are some of the things you like about providing care to patients with SUD and their families cared for in your Labor and Delivery unit?
 - a. What are some of the challenges?
5. Based on your experience, what suggestions do you have for ways to improve care for patients with SUD during their stay at your Labor and Delivery unit?

"I've enjoyed sharing how people are trying to help this population of patients... it's telling when you work with families who have multiple layers of experiences that serve as barriers to them and not just that they have a drug problem, right? Because it is an opportunity on our unit to educate as I go about compassionate care. Otherwise we won't get better, right? We have to get better."

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