**Opioid Use Disorder Treatment for Pregnant and Postpartum People in U.S. Jails**

**Background**

Among the nearly 55,000 admissions of pregnant people to jails each year, approximately 14% have opioid use disorder (OUD).

- Incarceration during pregnancy is associated with a 4x greater risk of postpartum overdose.
- 10% of pregnancy and postnatal deaths are opioid-related.

The standard of care for opioid use disorder is medications for opioid use disorder (MOUD) and avoiding withdrawal due to maternal and fetal benefits.

**Methods**

In the largest study of jails, surveys were sent to 2,885 jails in the U.S. between August - November 2019. Respondents were asked about MOUD practices in pregnancy, including:

- Availability of MOUD, and which medications (methadone or buprenorphine), for initiation* or continuation**
- How MOUD is provided by jails
- Withdrawal practices
- Barriers to providing MOUD

**Characteristics of Jails**

- 836 returned surveys were analyzable.
- 48% Metropolitan
- 46% Rural

The most common health care service delivery types at these jails were: private correctional health care company (46%), community health care clinic or nonprofit (27%), or directly through the jail (18%).

**Pregnancy Testing Policies**

- 63% Tested only at clinician or patient request
- 23% All tested at intake
- 8% All tested within two weeks but not at intake
- 6% No testing under any circumstances

**Results**

- 60% of jails continue MOUD in pregnancy, with or without initiation
- 32% initiate and continue MOUD in pregnancy
- 28% continue but do not initiate MOUD in pregnancy
- 23% report withdrawal as the only management in pregnancy

**How Jails Provide MOUD**

<table>
<thead>
<tr>
<th>Method</th>
<th>Methadone</th>
<th>Buprenorphine</th>
</tr>
</thead>
<tbody>
<tr>
<td>On-Site Dispensing</td>
<td>4%</td>
<td>68%</td>
</tr>
<tr>
<td>Transportation to Community Site for Dosing</td>
<td>52%</td>
<td>25%</td>
</tr>
<tr>
<td>Medication Brought to Jail by OTP*</td>
<td>16%</td>
<td>14%</td>
</tr>
<tr>
<td>Medication Sent to Jail for Jail Staff to Administer</td>
<td>53%</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>13%</td>
<td>13%</td>
</tr>
</tbody>
</table>

*OTP: Opioid Treatment Provider

**Recommended Barriers to Providing MOUD**

- Concerns that the patient will divert MOUD (55%)
- Financial cost of providing MOUD (52%)
- Drug Enforcement Administration prescribing regulations (38%)

**Recommendations**

While most jails in this study continue MOUD in pregnancy, a substantial proportion do not provide pregnant and postpartum individuals full access to MOUD, signaling opportunities to improve care.

**Enhance Provider & Staff Training**

Ensure providers and staff deliver non-coercive, trauma-informed care and are aware of the importance of MOUD for pregnant and postpartum people.

**Comprehensive Intake**

Screen each individual for pregnancy and OUD on arrival.

**Making MOUD Available for Pregnant & Postpartum People**

Expand jails' capacities to initiate and continue both methadone and buprenorphine for pregnant and postpartum people. This includes partnering with community providers who can address the distinct needs of pregnant and parenting people.


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Advocacy and Research on Reproductive Wellness of Incarcerated People

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