

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.



Methadone or **Buprenorphine** (aka Suboxone or Subutex) is the recommended treatment for OUD in pregnancy.



Opioid withdrawal is not recommended during pregnancy due to risk of harm, including increased risk of relapse and overdose.

Adding to these pregnancy risks, **getting released from** jail increases the chance of relapse and overdose.

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

*Initiation: starting MOUD in jail **Continuation: continuing MOUD that individual was receiving before jail

Characteristics of Jails



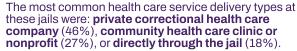
Metropolitan

returned surveys were analyzable.



46%







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



of jails continue MOUD in pregnancy, with or without initiation

initiate and continue MOUD in pregnancy

continue but do not initiate MOUD in pregnancy

report withdrawal as the only management in pregnancy

Because MOUD is not consistently available for pregnant and postpartum people in custody, they are forced to undergo withdrawal, which can be **deadly**.



24%

of MOUD-providing jails continue MOUD postpartum



of jails both initiate and continue both methadone and **buprenorphine**

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How Jails

)	Methado

Puproporphino

Provide MOUD	Methadone	Виргеногрине
On-Site Dispensing	4%	68%
Transportation to Community Site for Dosing	52%	25%
Medication Brought to Jail by OTP*	16%	14%
Medication Sent to Jail for Jail Staff to Administer	53%	4%
Other	13%	13%

*OTP: Opioid Treatment Provider



Reported Barriers to Providing MOUD*

Jails reported their top three barriers to providing MOUD in custody. The most commonly reported barriers were:

*Data reported separately



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.



Make 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.



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.



Providing MOUD to pregnant people in jails is an important strategy for optimizing maternal and infant health.





Citation: Sufrin C, Kramer CT, Terplan M, et al. Availability of Medications for the Treatment of Opioid Use Disorder Among Pregnant and Postpartum Individuals in US Jails. JAMA Netw Open. 2022;5(1):e2144369. doi:10.1001/jamanetworkopen.2021.44369