



# ARRWIP

Advocacy and Research on Reproductive Wellness of Incarcerated People

# 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



**48%** Metropolitan



**46%** Rural

**836** returned surveys were analyzable.



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



**24%** of MOUD-providing jails **continue** MOUD **postpartum**



**18%** of jails both **initiate and continue** both **methadone** and **buprenorphine**

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



## How Jails Provide MOUD

	Methadone	Buprenorphine
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.



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