

MEDICATIONS FOR OPIOID USE DISORDER (MOUD) FOR PREGNANT AND POSTPARTUM INDIVIDUALS IN U.S. JAILS

Study Factsheet

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BACKGROUND


- Of approximately 55,000 admissions of pregnant people to jails yearly, at least **14%** have opioid use disorder (OUD).¹
- Pregnant people with OUD who are incarcerated encounter intersecting forms of discrimination.² Policies disproportionately penalize Black individuals and mandate separation from their children.³
- Incarceration during pregnancy **quadruples the risk of fatal overdose**.⁴


- The **standard of care for OUD during pregnancy** is medications for opioid use disorder (MOUD) consisting of **methadone or buprenorphine**, with numerous known maternal and fetal benefits, including increased adherence to addiction treatment and decreased risk of overdose death and preterm birth.⁵
- **Opioid withdrawal is not recommended** during pregnancy.⁵
- **MOUD should be continued postpartum**, to reduce the risk of fatal overdose, which is increased in the postpartum period.⁵
- Little is known about the availability and experiences of accessing MOUD in pregnancy in jails.


We conducted mixed-methods studies from 2019-2021 to assess the availability of and experiences trying to access MOUD in US jails. We conducted a survey of jails about their practices, and gained perspectives from pregnant and postpartum people with OUD in jail, jail administrators and clinicians, and community opioid treatment providers.

STUDIES

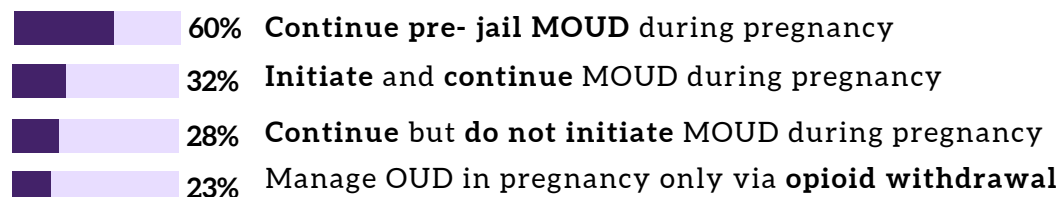
 **National Jail Survey on MOUD Availability in Pregnancy:** We surveyed the 2,885 US jails verified by the National Jails Compendium,⁶ and 836 surveys were analyzable. We asked about availability to continue pre-jail MOUD and/or to initiate MOUD in pregnancy, MOUD medication type, postpartum MOUD, medication administration logistics, and barriers to providing MOUD. Respondents were jail medical and custody leaders. [doi:10.1001/jamanetworkopen.2021.44369](https://doi.org/10.1001/jamanetworkopen.2021.44369)


 **Pregnant & Postpartum Women with OUD in Jail:** We conducted qualitative interviews with 23 pregnant and 9 postpartum women with OUD in jail from 4 different states. We developed the interview guide to capture how they experienced addiction and pregnancy care while in jail, whether the jail provided MOUD or not. We asked questions about what happened and how they experienced intake, their jail stay, and return to their community, including stigma, and autonomy or coercion in care.


 **Jail Administrators & Clinicians:** We interviewed 28 jail administrators (wardens, medical directors, etc.) and clinicians (doctors, nurses, etc.) who housed pregnant people with OUD in varying states. We asked questions about their intake practices and MOUD program for pregnant people including logistics for initiating and continuing treatment, withdrawal practices, care for postpartum people, and reentry linkage to care.

 **Opioid Treatment Providers (OTP):** 16 semi-structured interviews were conducted with OTP clinicians and administrators across US states with high maternal opioid use rates. We asked about the medical care of pregnant people with OUD, regulatory and operational contexts such as how OTPs partner with jails, OTP organizational culture and staff's perception of such culture in jail, and perceptions of their own and the jail's capacity to provide MOUD to pregnant people in and out of jail. [doi: 10.1016/j.jsat.2021.108338](https://doi.org/10.1016/j.jsat.2021.108338)

RESULTS National Jail Survey on MOUD Availability in Pregnancy




 **76%** of MOUD-providing jails **discontinue MOUD postpartum**

 Only **18%** of jails provide access to continue and initiate **both methadone and buprenorphine**, the ideal standard of care

Jail Characteristics

 **48%** Metropolitan

 **46%** Rural

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

PERSPECTIVES ON MOUD FOR PREGNANT INCARCERATED PEOPLE IN & LEAVING JAIL

People with lived experience provided input on the interview guide development.



Pregnant & Postpartum Women with OUD in Jail

All 32 participants discussed their fears for their baby's well-being, being in jail and going through withdrawal or trying to access treatment.

Interview themes regarding the lived experience of being pregnant in jail with OUD included:

- Absent counseling and **inaccurate information** about MOUD in pregnancy
- **Absent, delayed, coercive, or humiliating care** in custody, regardless of whether MOUD was provided
- **Mistreatment and stigmatizing judgement** from staff and caregivers
- **Structural barriers** to safe transitions and continuing MOUD
- The **destructive presence of Child Protective Services** for care continuity

“No, they didn't bring [MOUD] up - they didn't talk to me about any of it. They never brought up treatment. The only thing we talked about was when I told the doctor that I was getting high and I was trying to get into a program. He said, well, we don't offer none of that here ... He never offered any kind of solution.”



Jail Administrators & Clinicians

We interviewed 28 people from 23 jails. The jails were spread geographically and all but three of the jails provided MOUD in some capacity to pregnant people.

Interview themes regarding providing and implementing programs for MOUD for pregnant people in jail included:

- **Pregnancy-specific tensions** and considerations to providing care (e.g. laws prohibiting shackling pregnant patients and opportunities to engage in prenatal care)
- Concerns for the **health of the fetus** influenced their views of providing MOUD in custody
- Pregnancy-specific **knowledge deficits, stigma, and judgment** regarding pregnant people with OUD

“Yeah, [custody officers] get a little ticked off. But, you know, well, she's pregnant, why can't she just stop? Sometimes they don't understand it's an addiction. And it's not just easy... Sometimes as a supervisor, you have to explain to them that the methadone is not for them, it's for the baby. They just get upset about if they're pregnant, why do they do this?”



Opioid Treatment Providers

Nine of the sixteen participants reported having an arrangement with a carceral facility to provide care for pregnant people with OUD. Others described how their local jail offered no OUD treatment for incarcerated pregnant people

- OTPs observed **lack of knowledge of MOUD** and **discriminatory attitudes** from jail staff, judges, parole/probation, and CPS towards pregnant people with OUD
- **Developing collaborative relationships** between OTPs and jails are needed to overcome barriers to MOUD delivery to pregnant people in custody
- OTPs wanted jails to have a **coordinated reentry plan** to link pregnant people with OUD to care and services in the community after release to prevent relapse and overdose
- Pregnant people leaving jail have **additional challenges accessing addiction care upon return to the community**

“With methadone, in [our state], you have to present seven days a week the first 90 days of treatment. So, if you have a patient who is having to go to jail every couple of weeks or, you know, in and out of jail, that would definitely be disruptive to treatment, and it could be dangerous for the fetus, as well.”

CONCLUSIONS AND IMPLICATIONS

In these mixed-methods studies assessing the availability and access to MOUD in jail for pregnant people with OUD, we found that:

- The standard of care is rarely met in jails across the country, with many offering access to only one form of MOUD, or none at all.
- Our interviews with pregnant people with OUD in jail, jail administrators and clinicians, and opioid treatment providers highlighted many issues of stigma, insufficient knowledge, and barriers to care in this population, even in jails that do provide MOUD
- More work, at the educational, policy, and administrative levels, must be done to ensure necessary healthcare for pregnant people in jails

Citations:

- (1) Sufrin, C., Sutherland, L., Beal, L., Terplan, M., Latkin, C., & Clarke, J. G. 2020. Opioid Use Disorder Incidence and Treatment Among Incarcerated Pregnant People in the U.S.: Results from a National Surveillance Study. *Addiction*. doi: 10.1111/add.15030
- (2) Rebecca Rodriguez Carey (2019) "Who's Gonna Take My Baby?": Narratives of Creating Placement Plans Among Formerly Pregnant Inmates, Women & Criminal Justice, 29:6, 385-407, DOI: 10.1080/08974454.2019.1593919
- (3) Shlafer RJ, Hardeman RR, Carlson EA. Reproductive justice for incarcerated mothers and advocacy for their infants and young children. *Infant Ment Health J*. 2019 Sep;40(5):725-741. doi: 10.1002/imhj.21810. Epub 2019 Jul 19. PMID: 31323699; PMCID: PMC6973282.
- (4) Nielsen T, Bernson D, Terplan M, Wakeman SE, Yule AM, Mehta PK, Bharel M, Diop H, Taveras EM, Wilens TE, Schiff DM. Maternal and infant characteristics associated with maternal opioid overdose in the year following delivery. *Addiction*. 2020 Feb;115(2):291-301. doi: 10.1111/add.14825. Epub 2019 Nov 13. PMID: 31692133; PMCID: PMC7066531.
- (5) American College of Obstetricians and Gynecologists, Committee Opinion No. 711: Opioid Use and Opioid Use Disorder in Pregnancy. *Obstet Gynecol*. 2017 Aug;130(2):e81-e94. doi: 10.1097/AOG.0000000000002235. PMID: 28742676.
- (6) Foudray, C.M.A., Kramer, C., Rudes, D.S. et al. The Compendium of U.S. jails: creating and conducting research with the first comprehensive contact database of U.S. jails. *Health Justice* 9, 12. 2021. doi:10.1186/s40352-021-00137-7