

IMPROVED OUTCOMES IN INTEGRATED PERINATAL CARE FOR SUBSTANCE USE DISORDERS

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Background

Illicit substance and alcohol use disorders (SUD) in pregnant women are a growing public health problem worldwide and have serious effects on the course of pregnancy and the developing child. Access to integrated care may improve outcomes. We evaluated outcomes before and after the implementation of integrated care services, integrating addiction medicine treatment, social services, child protection services, as well as obstetric, paediatric, and psychiatric care.

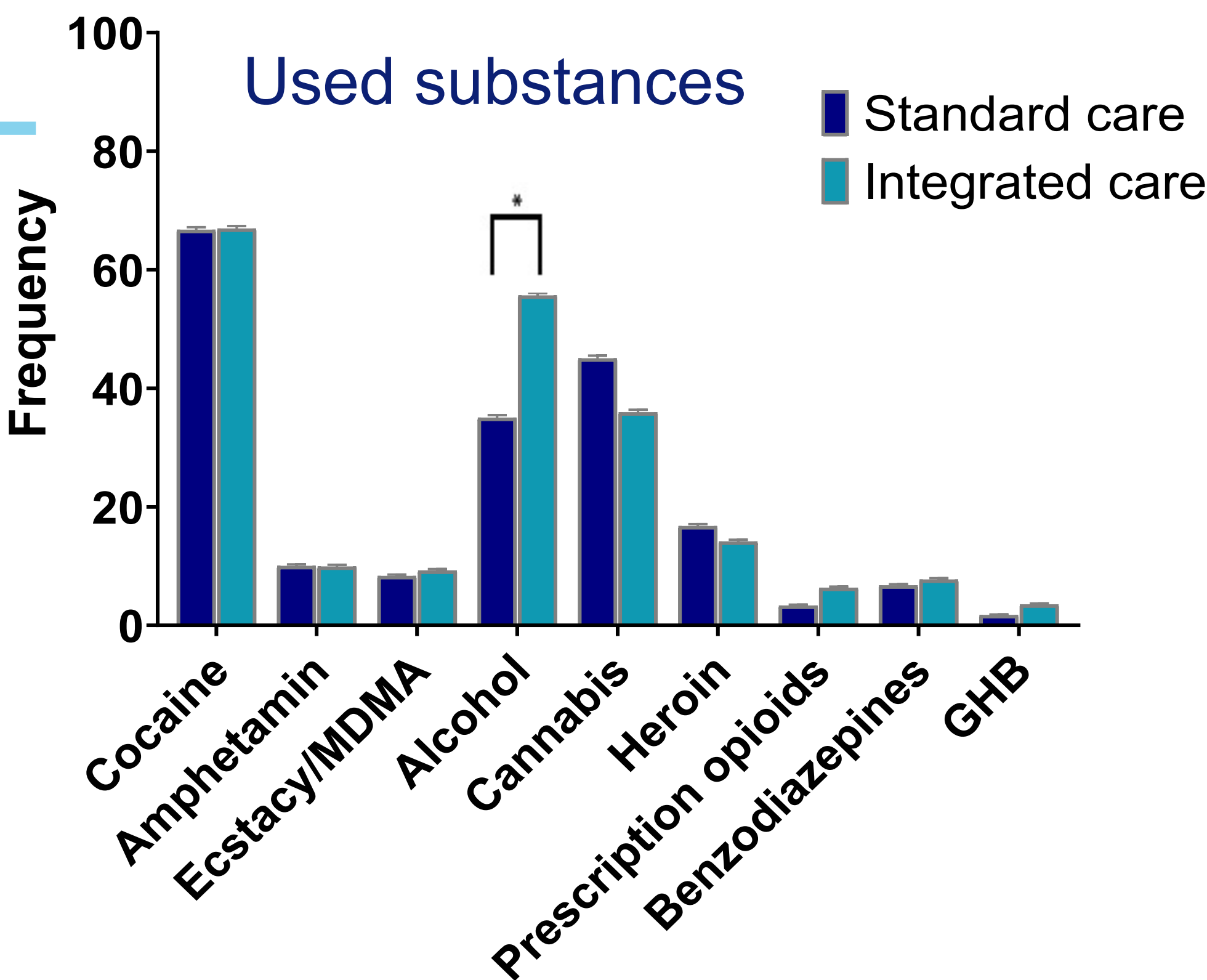
Objective

- Compare substance use and pregnancy outcomes in women with SUD receiving integrated versus standard care

Method

- Retrospective cohort study
- Illicit substance and alcohol use disorders (SUD)
- Standard care versus integrated care

Results 1/2



Results 2/2

Baseline characteristics	Total group <i>N</i> =203	Standard care <i>N</i> =60	Integrated care <i>N</i> =143	P value
Age (years; median + IQR)	31 (26-36)	31 (25-35)	31 (27-36)	0.496
Smoking	162 (80.2%)	48 (80.0%)	114 (80.3%)	0.963
Primiparous	102 (50.5%)	34 (56.7%)	68 (47.9%)	0.283
History of PTB*	19 (19.0%)	10 (38.5%)	9 (12.2%)	0.007
History of SGA	19 (19.0%)	6 (23.1%)	13 (17.6%)	0.567
History of congenital anomalies	9 (9.0%)	3 (11.5%)	6 (8.1%)	0.693
Concomitant psychiatric condition*	84 (44.2%)	15 (28.3%)	69 (50.4%)	0.006
Financial issues*	92 (47.2%)	18 (31.0%)	74 (54.0%)	0.003
Known abuse	62 (31.5%)	17 (29.8%)	45 (32.1%)	0.802
Housing issues	51 (25.5%)	11 (18.3%)	40 (28.6%)	0.157
Prostitution	23 (11.8%)	8 (13.8%)	15 (10.9%)	0.629
GA at entry into prenatal care (weeks; median + IQR)	13 (9-22)	14 (10-24)	13 (9-20)	0.238

Main outcomes	Total group <i>N</i> =203	Standard care <i>N</i> =60	Integrated care <i>N</i> =143	<i>P</i> value
No substance use at delivery	158/195 (81.0%)	40/56 (71.4%)	118/139 (84.9%)	0.042
Out-of-home care	58/186 (31.2%)	11 (19.6%)	47 (36.2%)	0.026
Preterm birth	31/199 (15.6%)	14/59 (23.7%)	17/140 (12.1%)	0.040
SGA	69/198 (34.8%)	24/59 (40.7%)	45/139 (32.4%)	0.262

Conclusions

Pregnant women with SUD receiving integrated care had higher rates of cessation of substance use during pregnancy and out-of-home care for the child and less preterm birth. Hence, integrated perinatal care is crucial for enhancing pregnancy outcomes in women with SUD.



References

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