

Mapping Medication Assisted Treatment and Behavioral Counseling Services available to pregnant women with Opioid Use Disorder in a rural Illinois Community: A case study

Introduction/Background

This project sought to identify and investigate local Medication Assisted Treatment (MAT) services providing buprenorphine and methadone distribution and behavioral health counseling and recovery services available to women with Opioid Use Disorder (OUD) in the prenatal and postpartum period in Bureau and Putnam counties in conjunction with St. Margaret's Hospital Neonatal Abstinence Syndrome (NAS) committee in Spring Valley, IL. Maternal mortality from opioid use in Illinois has increased by 175% from 2008-2017 [1]. The Illinois Perinatal Quality Collaborative (ILPQC) is a state-wide initiative aimed to identify and optimize the clinical care of women with OUD. Through partnership with this initiative, hospitals across the state in both metropolitan and rural communities are encouraged to improve outcomes for pregnant women with OUD and opioid exposed newborns. A significant goal of this initiative is to connect women to MAT and behavioral health services early in their pregnancy in order to minimize risk for maternal mortality and NAS.

Methods

Local behavioral health counseling services and MAT providers were identified through the Illinois Department of Public Health Opioid Use Treatment directory [2] and screened via phone and electronic communication for Medicaid and Managed Care Organizations (MCOs) acceptance within an 85 mile radius of Spring Valley, IL. A comprehensive resource list of the confirmed services is to be distributed at the St. Margaret's Health Emergency Department, Labor and Delivery department, and a local outpatient obstetrics clinic in Spring Valley, IL.

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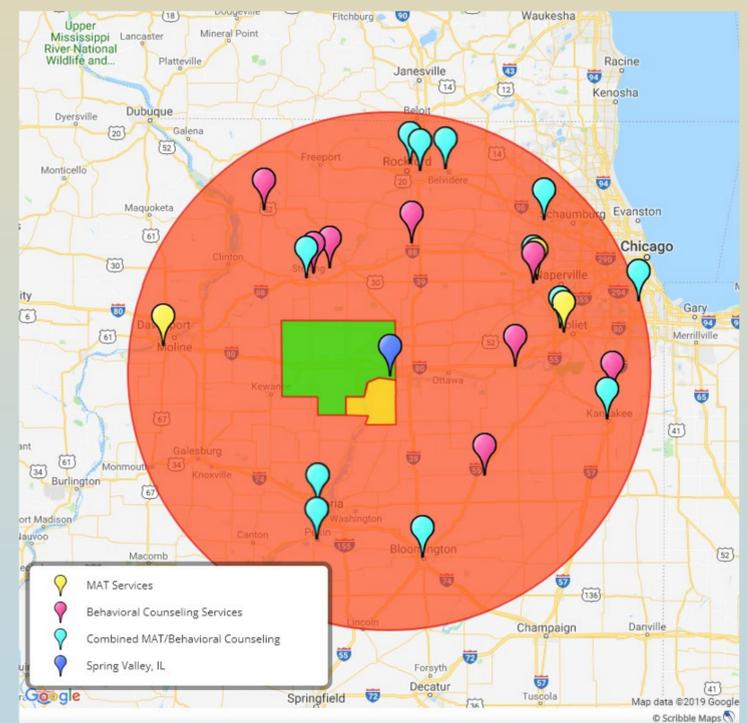


Figure 1: Map showing Bureau county (green) and Putnam county (yellow) with MAT distribution services and behavioral counseling services accepting state Medicaid and MCOs within an 85 mile radius of Spring Valley, IL highlighted by red [5].

Results

To date, 10 MAT providers and 8 behavioral health counseling service centers operate within an 85 mile radius of Spring Valley, IL with Whiteside, Lee, Kane, and Peoria counties serving as the closest providers of both MAT and behavioral services, and none within a 50 mile radius. Currently, no MAT distribution or health behavioral services are available to women on Medicaid/MCOs in Bureau or Putnam counties.

Conclusions

Limited resources are available to pregnant women with OUD in rural communities. For women dependent on Medicaid and requiring transportation, the large distances to MAT and behavioral services significantly hinder women from obtaining proper treatment and minimizing health risks in their pregnancy. The ILPQC initiative provides a model towards establishing maintenance MAT services (see Figure 2) [1]. Recent evidence has shown that rural hospitals are especially vulnerable to maternal and neonatal complications arising from management of pregnant women with OUD before, during, and after delivery [3]. Women with OUD are at an increased risk of overdose the first year after delivery, thus ensuring follow-up after hospital discharge care with support and medication services can be a matter of life and death [4]. Recruiting and training local physicians to prescribe buprenorphine as well as engaging with inpatient social work services to create group counseling services designated for pregnant women suffering from addiction could help to ensure positive outcomes for both mothers and neonates.

References

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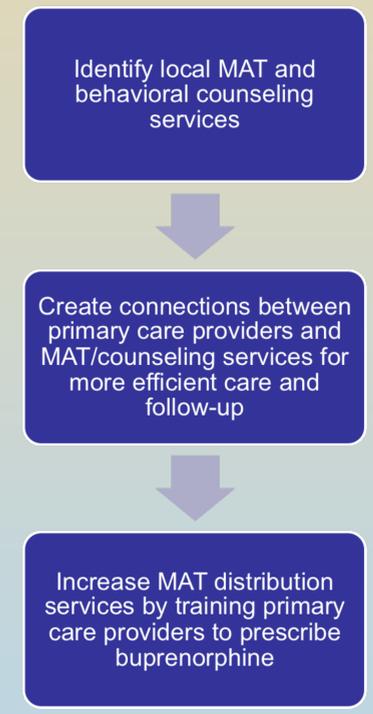


Figure 2: Flow chart of major steps per ILPQC to optimize care for women with OUD