

Barriers to Recovery and the Association Between Shared Decision-Making and Retention in Care Among Perinatal Women with Opioid Use Disorder

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Background

- Opioid use disorder (OUD) remains a major public health concern, particularly among pregnant and postpartum women
- Retention in treatment is critical for reducing relapse, preventing overdose, and improving maternal and neonatal outcomes [1-3]
- Shared decision-making (SDM) is a collaborative process in which patients and providers work together to make healthcare decisions based on patient preferences and clinical evidence [4]
- SDM has been associated with improved adherence in other chronic diseases [5]
- However, limited data exist on barriers to recovery in this population and the role of SDM in treatment retention

Objectives

- Describe barriers to recovery among perinatal women with opioid use disorder (OUD)
- Evaluate the association between shared decision-making (SDM) and treatment retention

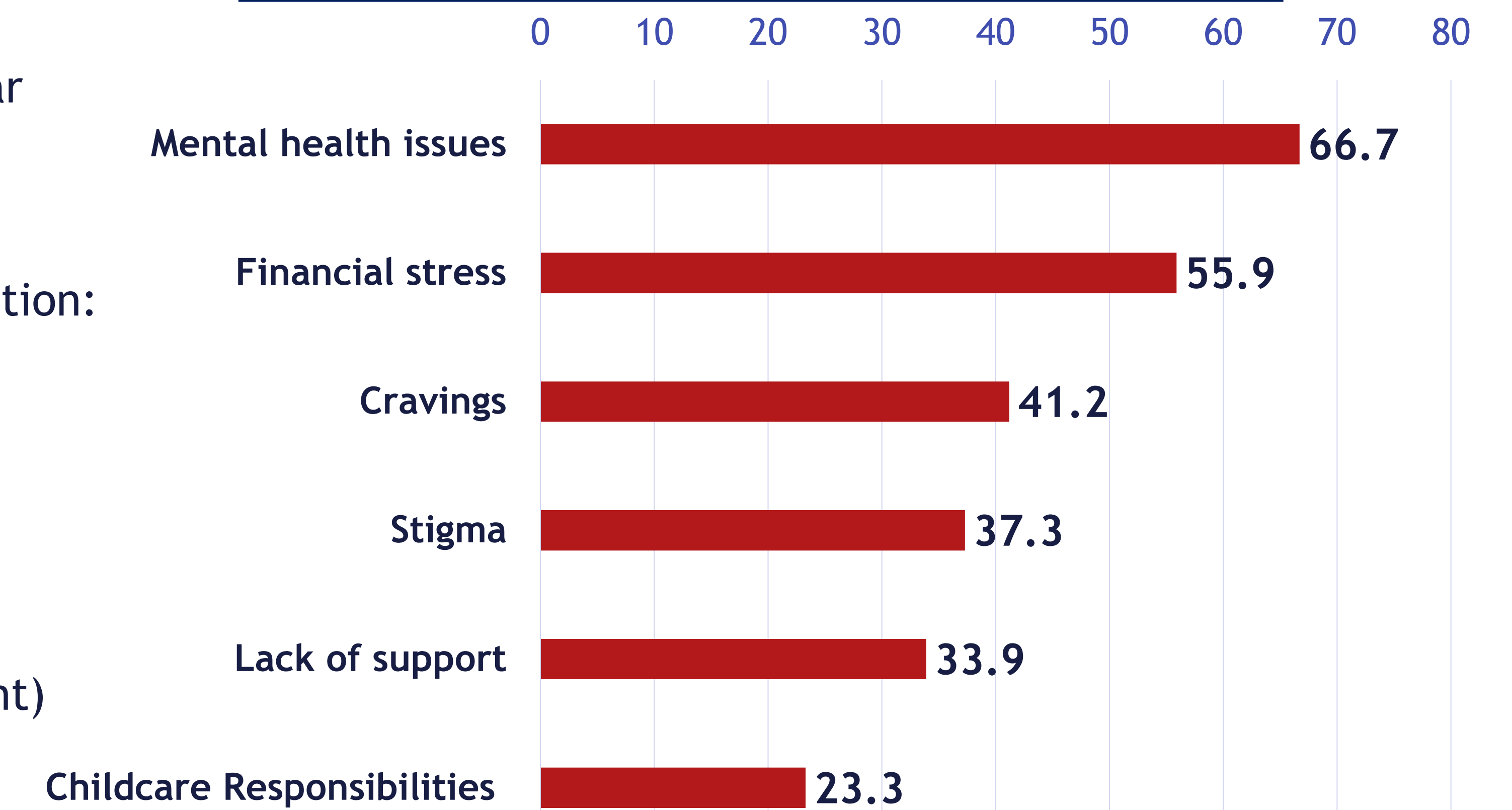
Methods

- Study Design:
 - Cross-sectional survey
- Population:
 - Pregnant, Miscarried (<24 months) and Postpartum (≤12 months), Women with OUD (PMPWOUD)
- Sample Size:
 - n = 198
- Data Collection:
 - Recruitment via:
 - Electronic health records (ICD-10 codes)
 - MyChart, email, phone, text
- Key Variables:
 - Retention in care:
 - “All the time” vs. “≤11 months”
 - Shared decision-making (SDM):
 - “Very involved” vs. “Less/not involved”
 - Barriers to recovery:
 - Multiple response item
- Analysis:
 - Descriptive statistics
 - Chi-square test: the association between SDM and retention

Results

- Sample Size: n = 198
- Retention in Care
 - 48% reported continuous retention in the past year
- Barriers to Recovery are described in Figure 1.
- Shared Decision-Making (SDM)
 - SDM significantly associated with treatment retention:
 - $\chi^2 = 6.807$, $p = 0.009$
 - Retention by SDM level:
 - Very involved: 58.4% retained
 - Less/not involved: 39% retained
 - Odds of retention:
 - OR ≈ 2.20 (higher with greater SDM involvement)

Figure 1. Barriers to Recovery among PMPWOUD (%)



Discussion

- Multiple barriers to recovery were identified with mental health issues, financial stress, and cravings most commonly reported, highlighting the complex challenges faced by PMPWOUD beyond medication access
- Interventions to address mental health problems and financial stress could be potentially very impactful
- Stigma, lack of support, and childcare responsibilities were also frequently reported, suggesting that social and structural factors may impact the ability to remain engaged in care
- Nearly half (48%) of participants reported continuous retention, indicating variability in treatment engagement within this population
- High involvement in shared decision-making was significantly associated with retention, suggesting that greater patient involvement in treatment decisions may influence engagement in care and improve care continuity

Next Steps

- Integrate SDM into clinical workflows
- Train providers in patient-centered communication
- Develop tools to facilitate SDM (decision aids, counseling frameworks)

Future Studies

- Future research should build on our findings to:
 - Develop and evaluate strategies to improve shared decision-making
 - Address barriers to recovery

Conclusion

- Barriers to recovery are multifactorial and highly prevalent
- Shared decision-making is associated with improved treatment retention, underscoring its importance in patient-centered care
- Enhancing patient involvement may be a key strategy to improving recovery outcomes

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