

Developing Dissemination Materials for Pregnant/Postpartum Individuals with Opioid Use Disorder

Background and Rationale

The opioid-use epidemic in the U.S. has been associated with a significant increase in the prevalence of pregnant persons with opioid use disorder (OUD)¹⁻³. Opioid-related overdose is now a leading cause of death in pregnant and postpartum individuals⁴⁻⁸. Medications for OUD (MOUD) are effective in preventing opioid-related overdoses in pregnant and postpartum individuals (PP), as well as improving pregnancy outcomes, but are underutilized in part due to inaccurate perceptions⁹⁻¹². This population faces stigma in healthcare settings as well¹³; it is critical that healthcare providers assist in advocating for the receipt of MOUD with their patients¹⁴⁻¹⁶. Disparities have been found in the receipt of MOUD for racial and ethnic minority patient populations compared with White, non-Hispanic individuals¹⁷⁻²⁰; similar disparities have been found in rural populations^{18,21-23}.

The National Institutes of Health (NIH) launched the Implementing a Maternal health and Pregnancy Outcomes Vision for Everyone (IMPROVE) initiative in 2019 in response to high rates of pregnancy-related complications and deaths, also called maternal morbidity and mortality, in the United States. Utilizing funding from the IMPROVE initiative, this dissemination package was developed to support the goals of IMPROVE, especially among racial and ethnic minority populations.

Creation of the Dissemination Package

Identification of Messaging Targets

The CTN0080 study, Medication treatment for Opioid use disorder in expectant Mothers (MOMs): a pragmatic randomized trial comparing extended-release and daily buprenorphine formulations²⁴, brought together experts in treatment of pregnant and postpartum individuals with opioid use disorder using collaborative care model in which there was close collaboration between OB/GYN and addiction treatment providers in 12 diverse geographic locations serving a wide range of racial and ethnic populations. All members of the CTN0080 study teams were invited to participate in the initial development of the Dissemination Package; additional individuals with specific expertise in and/or lived experience as persons from racial and ethnic minorities were invited to collaborate as well. To determine potential target messaging, this expert panel reviewed existing literature and published guidelines (e.g., SAMHSA, ACOG, ASAM, etc.) on treating this population, and contributed from their own clinical experience as well.

The expert panel compiled a list of potential messaging targets and potential formats for dissemination materials. This list was then shared with groups of researchers and collaborators with expertise in American Indian/Alaska Native (AIAN) or other racial/ethnic Minority populations (REM), Gender-specific issues, and Rural populations (NIDA CTN Special Interest Groups; SIGs). In addition, persons identifying as AIAN, REM, and/or having lived experience as pregnant/postpartum

individuals receiving treatment for OUD (PWLE-MOUD) provided review and feedback. Feedback from these groups was used to create the final list of messaging targets, as well as specific formatting, language, and cultural considerations to be used in the development of the package.

Development of Materials

The expert panel drafted a number of potential messaging tools incorporating the feedback from the CTN SIGs and provided them to the NIDA Dissemination Initiative contractors (Bizzell US) for development. This began an iterative process in which draft materials would be reviewed by the expert panel, members of the CTN SIGs, and persons as identifying as AIAN, REM, and/or PWLE-MOUD. Feedback received would be incorporated into the next round of drafts, which would again be sent out for review and feedback.

Two persons identifying as PWLE-MOUD were engaged to develop the video tools within the Dissemination Package. An educational video and three testimonial “reels” were developed, in which they shared their personal experiences with using medications as part of their treatment regimen for OUD.

Prior to developing the final draft, the NIDA contractor held roundtable discussions and a focus group with members of the Society of Teachers of Family Medicine. These discussions engaged MOUD prescribers treating a diverse client base, including AIAN populations, other racial and ethnic minority groups, and rural populations in addition to urban and non-minority clients. Feedback from these discussions was incorporated into the final drafts, which were again sent out for review by the expert panel, members of the CTN SIGs, and persons identifying as AIAN, REM, and/or PWLE-MOUD.

Finalization of Materials

After incorporating feedback on the final drafts, the Dissemination Package was sent to the NIDA Office of Science Policy and Communications for review, inclusion of required NIH language, and approval.

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