Annotated Bibliography Set 4

**Quantitative Research study**

Schiff, D. M., Nielsen, T., Hoeppner, B. B., Terplan, M., Hansen, H., Bernson, D., ... &

Taveras, E. M. (2020). Assessment of racial and ethnic disparities in the use of

medication to treat opioid use disorder among pregnant women in Massachusetts.

JAMA network open, 3(5), e205734-e205734.

**Summary**

Schiff et al. (2020) developed a study to explore the racial disparities associated with the treatment plan for pregnant women with opioid use disorders (OUD) in the state of Massachusetts. The OUD treatment plan included the distribution of the medication, medication treatment duration, and the type of medication. The study hypothesis was that non-Hispanic white women were more likely to receive medication treatment consistent with treatment duration than Black, non-Hispanic, and Hispanic women.

**Analysis**

Schiff et al. (2020) uncovers significant racial disparities in the treatment of OUD in pregnant women. The authors executed a regression analysis on OUD pregnant women in a five-year Massachusetts public health data warehouse. Using infant birth certificates, the authors could analyze live births, deaths, and multiple birth deliveries. By examining a prescriptions log and pharmacy recipients, the authors observed the type of medications (buprenorphine or methadone treatment), patients' insurance, proscribed medication duration, race, and ethnicity of OUD pregnant women. The study found that Hispanic and non-Black Hispanics have significantly lower rates of receiving OUD treatment medical coverage than non-Hispanic white women. These findings have the potential to significantly influence policy and medical practice, underlining the urgent need to address these disparities. The study's methodology, which included a large and diverse sample of OUD pregnant women and rigorous statistical analysis, lends credibility to its findings and implications.

**Application**

The article's findings highlight the need to address these racial and health disparities towards pregnant women with a substance use disorder. Denial or not providing help to a SUD pregnant woman is the opposite definition of a medical provider's oath of no harm. This study provides supporting evidence of socioeconomic disparities in pregnant women with substance use disorder based on their race, ethnicity, insurance type, and income.

**Quantitative Research study**

Meinhofer, A., Hinde, J. M., & Ali, M. M. (2020). Substance use disorder treatment services for pregnant.

and postpartum women in residential and outpatient settings. *Journal of substance abuse treatment*, *110*, 9-17.

**Summary**

Meinhofer et al. (2020) conducted a study with the aim of examining the national time trend of pregnant and postpartum women's substance use treatment programs and geographical locations. Using the 2007 to 2018 National Survey Substance Abuse Services database, the authors observed the increasing commonness of opioid use disorder (OUD) in maternal health, but a moderate rise in the availability of treatment programs. The study also investigated the factors influencing the administration, medication treatment, and enrollment of pregnant and postpartum women, such as income, insurance type (Medicaid or private), and residency status. The study found that, due to Medicaid expansion coverage, majority of southern and Midwest states now offer SUD programs for pregnant and postpartum women, increasing from 17 % in 2007 to 23 % in 2018. Overall, this study examines PPW programs and highlights the increasing demand and the potential benefits of these programs for maternal health.

**Analysis**

Meinhofer et al. (2020) examined the annual National Survey of Substance Abuse Treatment Services (N-SSATS), including information from all public and private United States facilities. Also, the survey included information from the facilities such as administration eligibility, enrollment, medication management, type of substance uses disorders, mental health disorders, tests, ancillary services, treatment plans, and pay acceptance. The N-SSATS survey highlighted that 75% of the pregnant and postpartum women in SUD programs accept Medicaid and offer childcare, transportation, domestic violence assistance, and opioid agonist medication such as Methadone. The Analysis of this study elaborates on the necessity to provide clinical and social services for substance use disorder women during pregnancy and postpartum.

**Application**

overall, this article elaborates on the healthy progressive circumstance of providing comprehensive treatment facilities and programs for substance use disorders in pregnant and postpartum women. The information obtained in the study is useful to expand on the relationship trend of economic disparities and health disparities of maternal health and substance use disorders.

**Qualitative Research Study**

Barnett, E. R., Knight, E., Herman, R. J., Amarakaran, K., & Jankowski, M. K. (2021). Difficult binds: A

systematic review of facilitators and barriers to treatment among mothers with substance use

disorders. *Journal of Substance Abuse Treatment*, *126*, 108341.

**Summary**

Barnett et al. (2021) conducted literature research on the facilitators of obstacles to treating mothers with substance use disorder and mental health disorders in the United States and Canada. The prevalence of substance use disorders among women of reproductive age is on a concerning rise. These disorders have a profound impact on the health of the mother, the health of the infant, the family dynamic, and the community. Despite the existence of clinical evidence-based treatment, vast amount barriers prevent mothers from participating in treatment programs. The author identified these barriers as childcare, time commitment, stigma, decriminalization, criminalization, negative experiences, and lack of support.

**Analysis**

Barnett et al. (2021) formulated the literature review by systematically searching multiple online databases to observe credible articles that focus on the mothers with SUD and healthcare providers' perspectives on Substance abuse disorders' facilitators, barriers, and services. The authors reviewed, analyzed, and categorized over 4600 literature articles over two decades. Even though the literature narrative review was diverse in demographic location, income, race, and ethnicity, the most common facilitator of the mothers with SUD was the desire to become better mothers and provide a safe environment for their children, underscoring the crucial role of this factor in the treatment process.

**Application**

The findings of the study provide a personal, one-on-one perspective of the adverse effects substance use disorder has on maternal health. The study also underscores the importance of a comprehensive, personalized approach to treating mothers with substance use disorders. The articles gathered and the knowledge obtained in this study can serve as a foundation for advocating for improved substance use disorder programs for pregnant and postpartum women.

**Qualitative Research Study**

Patrick, S. W., Richards, M. R., Dupont, W. D., McNeer, E., Buntin, M. B., Martin, P. R., ... & Cooper, W.

O. (2020). Association of pregnancy and insurance status with treatment access for opioid use

disorder. *JAMA network open*, *3*(8), e2013456-e2013456.

**Summary**

Patrick et al. (2020) performed a cross-sectional study between pregnant and nonpregnant women barriers while attempting to receive access to opioid use disorder programs. The study primarily focuses on the pregnancy status of women and the women's insurance status associated with obtaining an opioid treatment clinic appointment. Opioid medication management treatments such as buprenorphine hydrochloride and methadone hydrochloride are medically effective in improving maternal health, like pre-term births and decreasing low birth weights. Supplying noon-pregnant women were granted an appointment more than pregnant women. However, both women face similar obstacles to obtaining an appointment, such as required cash payment and the clinician not accepting insurance. This study highlights an underlying adolescent viewpoint of how economically tricky it is for a mother with substance use disorder to receive clinical care.

**Analysis**

Patrick et al. (2020) developed the cross-sectional study by simulating a patient caller experiment. The simulated experiment methodology was in a secret shopper format, and the callers' direct audience was random substance use disorder clinics and providers and paints clinics from March 7, 2019, to September 5.2019. Three thousand four hundred twenty stimulated patients called the over 6324 clinics posing as nonpregnant or pregnant women to initiate first patient appointment and profile. The simulated experiment established a total of 10,871 different patient profiles from 6324 clinics. Out of the 6,324 substance use disorder clinics, only 2312 women obtained an appointment. The study highlights that opiod clinics frequently did not accept insurance. , and over 65 percent of the opioid clinic providers would only approve appointments once an establishment of a cash payment. The median out-of-pocket cost for patients agreeing to pay cash was three hundred dollars per month**.**

**Application**

The outcome of this study is of utmost importance, as it highlights the significant barriers that substance-exposed pregnant mothers face in accessing quality healthcare treatment. Economic disparities, such as high out-of-pocket costs and denied insurance acceptance, are problematic frameworks for better maternal health care for the mother and children. Incorporating the findings of this study into policy and practice is a crucial step towards addressing these disparities and ensuring equitable healthcare for women with substance use disorders. This study's findings are significant and highly relevant to the current healthcare research on economic disparities associated with pregnant women with substance use disorders.