Annotated Bibliography set 3

**Quantitative Research Study**

Nidey, N., Kair, L. R., Wilder, C., Froehlich, T. E., Weber, S., Folger, A., Marcotte, M., Tabb,

K.& Bowers, K. (2022). Substance use and utilization of prenatal and postpartum.

care. *Journal of addiction medicine*, 16(1), 84-92.

**Summary**

Nidey et al. (2022) conducted a study on the prenatal and postpartum outcomes of healthcare utilization in maternal women with substance use disorder (SUD). Reproductive-age women with substance use disorder are at greater risk of experiencing pregnancy morbidity, cardiovascular complications, low birth weight, preterm deliveries, and overdose.

The study, based on a 2016-2018 Pregnancy Risk Assessment Monitoring System (PRAMS) dataset, focused on maternal healthcare treatment and substance use among 15,131 women in eight different United States. The Collection of data from the following states are Missouri, Wisconsin, Kentucky, Kansas, West Virginia, South Dakota, North Dakota, and Montana. The study highlighted the significant role of new Medicaid eligibility during pregnancy in increasing healthcare access for women with SUD. This increased access led to positive healthcare outcomes, including a decreased chance of postpartum overdose, healthy birth weight, minimal risk of morbidity, and decreased preterm deliveries.

**Analysis**

Nidey et al. (2022) organized a research study using a cross-sectional PRAMS survey Project funded by the Centers for Disease Control and Prevention. The PRAMS’s data collected yearly through a stratified sampling approach from over 3,000 women. A stratified sampling approach highlights the differences among groups in a specific population. In this study, the authors were trying to highlight the adequate care of maternal women with SUD. Significantly 5.3 percent of individuals in the study reported active illicit substance use. Non-Hispanic Black women and Non-Hispanic White women make up over half of the 5.3 percent of women using illicit substances. The substances used among the women were the following: 92 percent marijuana, 15 percent amphetamines, 9 percent cocaine, 9 percent heroin, and 14 percent Polydrug use. In the study, the definition is the use of two or more substances.

**Application**

The study's purpose of examining the healthcare utilization of maternal SUD women identified the vast inadequate post and postpartum care. The research results concluded that vast number of SUD maternal women who received quality engagement prenatal care experienced decreased preterm rates, decreased risk of postpartum overdose, and increased birth weight. This underscores the crucial role of quality prenatal care in reducing the risk of postpartum overdose and preterm births for women with SUD. Applying this information, I can elaborate on the relationship between Maternal SUD and Medicaid eligibility status.

**Mixed Method Research Study**

Glover, C. F. (2023). Exploring the Social Determinants of Health Among Pregnant

Women with Substance Use Disorder: An In-depth Analysis of the Drug Free

Moms and Babies Project.

**Summary**

Glover's (2023) research study objective is to identify and examine the social determinants of health relative to maternal women with substance use disorders. The study's findings are significant, as they shed light on the factors that influence SUD. The data Glover derived from the urination screening results from a Drug-Free Moms and Babies (DFMB) delivery program. DFMB combines behavioral and maternal healthcare services for women with SUD during pregnancy and postpartum. The DFMB used a questionnaire survey to assess the maternal women's behavior and conducted a statistical analysis of the significance of delivery drug screening results. Overall, the study found that women who have a planned pregnancy and women with SUD who have access to prenatal care test negative for illicit substances.

**Analysis**

Glover (2023) conducted a bivariate stoical analysis on the urine samples collected during delivery and the urine samples of the maternal women during prenatal care enrollment. Bivariate is the statistical analysis of two variables to determine their correlation. For this study, the two variables are the Maternal drug screening results during prenatal enrollment and drug screening results during delivery. The project had a total of 958 participants that met the SUD criteria. Over 44 % (434) of the participants of the study evaluated positive for illicit substances during the time of delivery. The study observed that social determinants of health, such as unstable housing, Medicaid insurance coverage, unemployment, low income, negative cohabitation, and older maternal age, influence drug urine screening results.

**Application**

This research study is remarkable for its detailed structure and reveals the need to provide consistent healthcare access to pregnant women with SUD. Glover emphasizes the need for states to fund projects like DFMB, which have the potential to significantly decrease the rapidly growing rate of SUD in pregnant women. The information in this article will highlight the association effects of specific determinants and how the determinants influence maternal SUD, offering hope for the future of maternal healthcare.

**Qualitative Research Study**

Nichols, T. R., Welborn, A., Gringle, M. R., & Lee, A. (2021). Social stigma and perinatal

substance use services: Recognizing the power of the good mother ideal. Contemporary Drug Problems, 48(1), 19-37.

**Summary**

Nichols et al. (2020) conducted a research study from a North Carolina prenatal substance use services database that reports on healthcare providers' experiences, perceptions, and interactions with mothers who have Substance-exposed pregnancies (SEP). According to this article, stigma is identifying, distancing, and disempowering people with what society considers undesirable characteristics. This study area developed due to the increased number of pregnant women and the decline of North Carolina's Medicaid expansion. The author’s research highlights the complex signaling providers and SEP patients interact with during maternal treatment. Data collection in the database includes interviews, questionnaires, meeting observations, conference lectures, and health care providers' focus groups. The finding of the study revealed that stigma attributes shown by healthcare providers (SEP) significantly increased adverse pregnancy healthcare outcomes, underscoring the urgent need to address and eliminate stigma in maternal healthcare.

**Analysis**

Nichols et al. (2021) examine the North Carolina data by focusing on reading transcripts, field notes, and patient profile and memo code analysis to identify specific stigma words, such as 'addict, ''junkie, 'or 'irresponsible, 'between healthcare providers and maternal substance-exposed patients. Stigmatization practices are not boldly visual but expressed through secret patterns. Analytical research identified stigma patterns by participants' specific situations, language, social arena mapping, and relevant topic contextual issues. Observing the research, majority amounts of SEP mothers who received increased stigma situation from healthcare demographics were Black and Hispanic and noninsured white mothers. The stigmatization atmosphere for this specific demographic was poor treatment care, lack of compassion, discrimination practices, blunt judgment, and healthcare providers' support.

**Application**

The conclusion of Nichols's research of the North Carolina data explores embedded stigma on healthcare treatment, healthcare response, and outcomes for maternal substance-exposed pregnancy patients. Vast amounts of judgmental stigmas that expressed on the substance use disorders patients’ race, ethnicity, income, insurance type, and previous pregnancy. The information of this research can apply to the foundational disparities of how pregnant women with substance use disorders receive underserved care in the United States healthcare system, highlighting the need for systemic change and reform in the healthcare system.

**Qualitative Research Study**

Weber, A., Miskle, B., Lynch, A., Arndt, S., & Acion, L. (2021). Substance use in pregnancy:

identifying stigma and improving care. *Substance Abuse and Rehabilitation*, 105-121.

**Summary**

Weber et al. (2021) organized a narrative review on the observational stigma factors on pregnant women with substance use disorder (SUD)in the healthcare system. The narrative review was conducted by researching and reading multiple articles from PubMed and Google Scholar databases. Social factors that perpetuate stigma behaviors from healthcare providers are beliefs, language, income, race, and age. The authors observed that the stigma factors negatively impact the women's care by undermining the pregnant women with SUD resources needed to receive quality treatment, addiction recovery, self-efficacy, help-seeking, and belief support. The author's conclusion is that the best stigma defense against substance use in pregnant women is a screening process that respects the patient's consent and an informed trauma response of trust building between the healthcare providers and the patient.

**Analysis**

Weber et al. (2021) format their narrative review search by emphasizing specific vital words such as substance use, peripartum, pregnancy, stigma, prenatal, criminalization, and discrimination. Weber et al. (2021) focus the article on the research period between 1980 and 2021 and with pregnant women who use any type of substance, such as tobacco, alcohol, cocaine, heroin, cannabis, and opioids. The narrative research revealed the foundation of maternal substance use disorders stigma derived from involuntary drug screening. Drug screening can allow the health care provider the opportunity to educate, provide mental support, and provide adequate care for substance-exposed pregnant women and infants. However, a positive drug screen test can open doors to discrimination, sexism, discrimination, health coverage disqualification, and family separation. The narrative review underscores the crucial role of trust and compassion in the relationship between healthcare providers and substance-exposed pregnant women, emphasizing that these elements are essential for a positive pregnancy outcome.

**Application**

The overview of the narrative review acknowledges the dysfunctional relationship between the healthcare system and pregnant women with a substance use disorder and emphasizes the need for a positive resolution. Using this narrative reign, one can illustrate the multiple complex social disparities of a pregnant substance abuse woman receiving health. The author's evaluation of universal screening is a foundation on how pregnant substance-use women are underserved in the United States, but it also provides a hopeful path towards a more supportive and compassionate healthcare system.