Advocating for support for families of pregnant and parenting women impacted by the opioid crisis in Pennsylvania

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Introduction and Objective

• The opioid crisis continues to compromise the health and well-being of individuals, families, and communities across Pennsylvania. Families affected by the opioid crisis across the state experience grief and loss from premature death of a loved one due to overdose, increased rates of crime and violence, reduced quality of life, and increased rates of child neglect.¹

• For postpartum women, negative impacts from the opioid crisis can be even more obvious. Neonatal abstinence syndrome (NAS) can occur in newborns that were exposed to opioids or other drugs during pregnancy. NAS is a group of physiologic and neurobehavioral signs of withdrawal which can include symptoms such as poor feeding, loose stool, poor weight gain, high pitched cry, and sleep disturbances.² NAS can vary in severity from mild to requiring pharmacologic therapy and extended hospital stays.³ In fiscal year 2017, NAS was diagnosed in 48% of the 3,289 hospital births that involved maternal substance use in Pennsylvania.⁴

• While there is not yet sufficient data to determine if there are any long-term impacts of NAS on child development, growing up with a parent who suffers from a substance use disorder (SUD) is considered to be an adverse childhood experience (ACE).⁵ The accumulation of ACEs has been linked to poorer outcomes later in life.⁶

• Given this information, the perinatal period is a key opportunity for intervention for families impacted by addiction and/or opioid use disorder (OUD). However, in 2016 only 22.7% of treatment facilities in PA offered any programs for pregnant or postpartum women with SUD and only 2.8% of residential treatment programs offered beds for clients’ children.⁷

• The purpose of this project was to understand the magnitude of the opioid crisis as it impacts pregnant women and their children in Pennsylvania as well as what local avenues exist to advocate for policy and system changes to support their recovery.

Methods

Phase one: Policy Brief
A policy brief exploring the political, social, and economic impacts of the opioid crisis in Pennsylvania was prepared for the Maternity Care Coalition (MCC) using data from a literature review and policy information provided by the Regional Opioid Overdose Prevention Coalition and other MCC partners.

Phase two: Advocacy
A coalition of representatives from MCC, Public Citizens for Children and Youth, and People’s Emergency Center convened in Harrisburg to advocate together for a number of funding initiatives to be included in the 2019 state budget. The MCC priority in these meetings was funding for evidence-based home visiting services to be expanded to serve pregnant and parenting women impacted by OUD.⁸ In-person advocacy meetings were held with four state representatives and/or their legislative directors including Senator Rafferty, Senator Leach, Representative Bradford, and Representative Briggs. All four represent areas surrounding Philadelphia.

Phase three: Key Informant Interviews
Key informant interviews were conducted using a discussion guide with two local experts in maternal child health and maternal recovery from OUD. Interviews were recorded and qualitative analysis included content analysis and member checking.

Results

Phase one: Policy Brief
The policy brief was compiled for the MCC to distribute at regional collaborative meetings and in communication with elected representatives.

Phase two: Advocacy
The 2019 Pennsylvania state budget includes $4.5 million in funding to support a targeted expansion of evidence-based home visiting in areas hit hardest by the opioid crisis with a focus on families with a newborn and a parent with OUD. Recipient programs include Early Head Start, Healthy Families America, Nurse Family Partnership Program, and Parents as Teachers, which are housed within twenty separate organizations across the state, including in the southeastern region by the MCC.

Phase three: Key Informant Interviews
Key informant interviews highlighted the following barriers to recovery for pregnant and parenting women:

- The increased societal stigma associated with OUD and pregnancy,
- The lack of available recovery programs that include services for women’s children,
- The lack of parenting support for postpartum women with OUD as they transition to parenthood,
- The incarceration of pregnant and parenting women with OUD and subsequent barriers to reentry,
- The difficulty obtaining safe and affordable housing in Philadelphia.

Related opportunities for advocacy for health professionals students were also discussed.

Conclusions

• The opioid crisis affects many families across the state of Pennsylvania.
• Steps have been made to provide additional support to these families, including the $4.5 million budget allocation to expand evidence-based home visiting services to help parents in recovery from OUD transition to parenting. However, as highlighted in the key informant interviews, additional policy changes and supports are still needed.
• Families impacted by OUD need multilayered and multigenerational support. Key players to involve include obstetrics and gynecology providers, pediatrics, recovery specialists and medication assisted treatment providers, early childhood education and intervention resources, psychology and family therapy services, and housing stability resources. Patient centered medical homes are crucial for coordinating the many moving parts needed to holistically support families in recovery.
• More attention must be paid to the role that the criminal justice system plays in shaping pregnant and parenting women’s ability to access resources necessary for recovery from OUD.
• Health professionals with a knowledge of the social determinants of health are well-equipped to advocate for policy and system changes to better meet the needs of families impacted by addiction.
• Advocating for the needs of patients in Harrisburg was an eye-opening professional experience that highlighted the opportunities for health professionals to use their expertise to push for population-wide changes. There is a need for health professional support for policies developed by community based nonprofit organizations across the state.
• Going forward, two additional key informant interviews are planned that will hopefully shed light on additional opportunities to better support families affected by OUD in Pennsylvania.

Acknowledgements

I would like to thank my SI advisors, Dr. Rickie Brawer and Dr. Krys Foster, for their support in this unique experiential learning opportunity.

References

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