



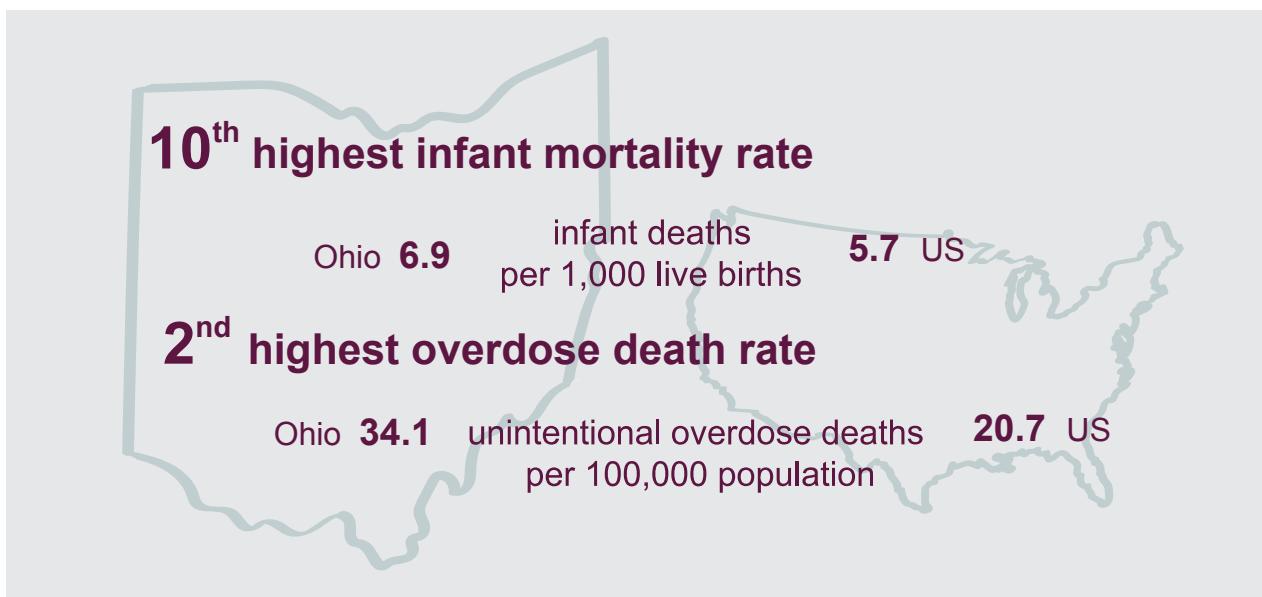
The Dual Burden of Unmet Reproductive Health Care Needs among Women with Substance Use Disorder

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Ohio is experiencing concurrent unintentional drug overdose and infant mortality crises. In 2018, Ohio had the 2nd highest unintentional overdose death and 10th highest infant mortality rates in the United States.¹ At the intersection of these public health crises are unmet reproductive health and substance use disorder care needs among women in Ohio.² We refer to this intersection as the ***dual burden*** of unmet reproductive health care and substance use disorder needs.



Based on 2018 data from Ohio Department of Health, National Institute on Drug Abuse, and National Vital Statistics Reports.

The dual burden creates an imperative for Ohio's reproductive health care providers (including those working in maternal and child health) *and* substance use disorder treatment providers to understand the characteristics and context of the intersection at which so many of their patients find themselves. In understanding the multiple dimensions of their health care needs, providers can bridge the gap and better serve their populations.

Scope of the Dual Burden

The burdens of unmet health care needs and poor outcomes fall heavily on Ohio's women of reproductive age with substance use disorders, particularly women of color.

Unintended Pregnancy

Consistent with the national level, 46% of Ohio women aged 18-44 having a live birth reported their pregnancy as unintended (2014).³ **Among women with substance use disorder (SUD), the rate of unintended pregnancy is as high as 80%.⁴**

Opioid Use Risk

Opioids were involved in 86% of Ohio's 3,700 unintentional overdose deaths in 2018, significantly higher than the national level of 69.5%.⁵ Women accounted for 32.5% of all overdose deaths in Ohio that year.⁶

Evidence suggest that **women are at higher risk of opioid use disorder (OUD)** because they are prescribed medications for chronic pain management at higher levels than men. In addition, they are at higher risk of death from opioid overdose because they are **less likely to be administered naloxone than men.**⁷

Perinatal Outcomes

Prenatal maternal opioid use increased from 1.19 per 1,000 hospital births per year in 2000 to 5.63 per 1,000 in 2009.⁸ Neonatal opioid withdrawal syndrome is higher in Ohio than nationally: 15.9 per 1,000 newborn hospitalizations versus 7.0 per 1,000 in 2016.⁹

Manifestations of Structural Racism

Black women are 3x as likely to experience an unintended pregnancy as White women; Hispanic women are 2x as likely.^{10, 11} Ohio's **infant mortality rate is 2.6x higher** for Black infants compared to White, slightly worse than the national disparity.¹² Black women in Ohio are **2.6x more likely to experience pregnancy-related death** than their White peers.¹³

While SUD diagnosis is less prevalent among Black Americans than Whites, Black women are less likely to access medication-assisted therapy during pregnancy and are **10x more likely to be reported to social services during pregnancy drug screenings** compared to other racial groups.^{14, 15}

Policy Context

Federal and state policies do not necessarily support the delivery of evidence-based care in Ohio.

Funding for reproductive health and family planning in Ohio through Title X decreased by 43% -- more than \$3 million -- between 2010 and 2015.¹⁶ That amounts to 15,000 fewer patients per year, a 24% decrease in network capacity for family planning services. While the Comprehensive Addiction and Recovery Act of 2016 expanded buprenorphine capacity by allowing nurse practitioners and physician assistants to obtain prescribing waivers, access remains limited and is highly segregated: Buprenorphine prescribing capacity is higher in majority White areas while methadone prescribing capacity is higher in majority Black and Latino areas.¹⁷

Ohio considers substance use during pregnancy to be child abuse under child welfare statutes and requires that health care professionals report suspected prenatal drug use.¹⁸ These policies have been shown to deter women from seeking treatment for substance use.¹⁹ Providers are required to encourage and facilitate drug counseling, and pregnant women are given priority access to treatment programs and are protected from discrimination in publicly funded programs.²⁰

Policies consistent with the public health principles of harm reduction and autonomy:

- Increase funding and access to comprehensive reproductive health services and education, including contraception and sexually transmitted infection testing
- Desegregate and expand medication-assisted therapy capacity and access
- Decriminalize substance use during pregnancy
- Expand substance use treatment services to women during the preconception, prenatal, and postpartum phases

Providing Evidence-Based Care

Independent of their particular area of practice, Ohio's providers can draw on a growing evidence base regarding care for women experiencing the dual burden.

Providing care that prioritizes sexual and reproductive health and decision making, for example through access to long-acting reversible contraception and prenatal care, improves reproductive health outcomes for women of reproductive age.²¹ Care that uses harm reduction strategies, such as availability of naloxone and provision of medication-assisted therapies, improve outcomes for individuals with opioid use disorders.²²

Integrated Care Models are so named because they co-locate and integrate reproductive health and substance use treatment services.²³ Such models apply a social justice lens that centers the needs and autonomy of the patients. Best practices include:

- Access to contraception in voluntary, patient-centered, non-coercive ways
- Child-care services for women receiving medication-assisted treatment
- Special SUD treatment groups for pregnant women, women with children, and families
- Couples counseling for both family planning and SUD treatment

To learn about more integrated care initiatives across the reproductive life course, access materials from the [Advancing Equity webinar series](#).

- [Session 1 | Setting the Stage and Policy Overview](#)
- [Session 2 | Pregnancy and Postpartum Care](#)
- [Session 3 | Substance Use Treatment Settings](#)
- [Session 4 | Non-clinical and Community Settings](#)

All recordings available on the [Center for HOPES YouTube Channel](#)

References

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