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### Formative Research about Shared Decision Making in the Treatment of Opioid Use Disorder in Pregnant Women

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## BACKGROUND

- Shared Decision Making (SDM) is an evidence-based practice that involves a discussion between a health care professional and patient to reach a mutual agreed upon treatment plan. (1)
- A recent nationally-representative study indicates that only 39% of physicians use SDM for 50% or fewer Pregnant Women with Opioid Use Disorders (PWOUD).(2)
- Little is known about factors that affect SDM among PWOUD. This research project aimed to address this knowledge gap.

## **OBJECTIVES**

- 1. To identify content related to Medication Assisted Treatment (MAT) for inclusion in a patient education tool
- 2. To identify barriers and facilitators to SDM in the treatment of PWOUD
- 3. To evaluate the receptivity of clinicians and doulas on the use of a decision counseling tool for SDM about MAT

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## **METHODS**

- We performed a preliminary review of the literature in September 2021.
- Based on the review findings, we developed an educational brochure for use in SDM with PWOUD (3,4,5).
- The brochure was revised based on feedback from physicians and professional doulas (Figure 1).
- We also adapted an existing tool, the Jefferson Decision Counseling Guide © for facilitating SDM with PWOUD (Figure 2).
- Subsequently, we recruited clinicians and doulas (n=19) who care for PWOUD and conducted semi-structured interviews to obtain their perspectives on the educational brochure and the SDM process using the Jefferson Decision Counseling Guide ©.
- Additionally, we asked participants about factors affecting the use of SDM in the care of PWOUD.
- An interdisciplinary coding team performed a thematic analysis of the interview data using Nvivo software.

	Decision Counseling Session Results			
re 2. sion	The display below indicates your preference on a scale of 0% to 100% (0% really don't want to have MAT to 100% = I really want to have MAT.			
nseling				
erson		vant to have MAT	Unsure	I want to have N
sion nseling	0%	25%	50%	75%
le©)	Your prefer	ence score is 62%.		
	Please ente	er an action plan base	d on this result.	

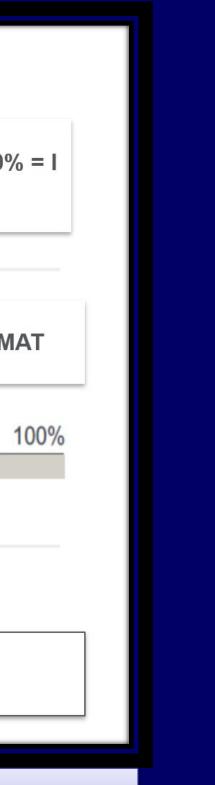
## ACKNOWLEDGEMENT

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- Several challenges and opportunities for implementing SDM in the care of PWOUD exist.

### Figure 1. Revised Version of a Tri Folding Brochure

Figure 3. Emergent Themes on using Shared Decision Making to Support Treatment **Decisions for PWOUD** 

- Institutional Policies and Preferences Time constraints
- Difficulty Switching Between Medications for Opioid Use Disorders
- Difficulty with Care Coordination and Continuity of Care
- **Opioid Use Disorders** • Clinician bias

## CONCLUSION

- This study provides valuable insights into the diverse settings and potential applications of an educational tool describing treatment options for PWOUD.
- There are several barriers and facilitators of SDM about initiating MAT for PWOUD which should be considered by stakeholders.
- Clinician and professional doulas are interested in using the Jefferson Decision Counseling Guide for SDM with PWOUD.

## **SUMMARY OF FINDINGS**

Emergent themes related to the brochure include: 1) Suggested uses and settings of use, 2) Content revisions, and 3) Perceptions about the tool. • Emergent themes on using SDM to support treatment decisions for PWOUD include: 1) Barriers, 2) Facilitators of SDM, and 3) Perceptions about the Decision Counseling Tool (Figure 3). • Patient advocates and navigators did not typically discuss medication options with patients because it's beyond their purview. • Future studies should explore the feasibility of pharmacists counseling on options of pharmacotherapy for opioid use disorder because of their expertise with drugs.



### **Barriers**

Patient is high or actively withdrawing at the emergency room.

Challenges of Pregnant Women with

### **Facilitators**

- Peer workers, patient navigators, and other trained personnel
- Follow-up appointments or giving patients more time
- Engaging Family and Friends
- Convenience and Comfort of Performing **Decision Counseling**

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5) S. B. Brogly, K. E. Saia, M. M. Werler, E. Regan, and S. Hernández-Díaz, "Prenatal Treatment and Outcomes of Women With Opioid Use Disorder," Obstetrics & Gynecology, vol. 132, no. 4, 2018.

### **Risks of Treatment Benefits of Treatment** A safe and effective way of treating opioid use disorder in pregnancy It can help... to avoid withdrawal symptoms to reduce craving to reduce the recurrence of opioid up to build a stable social environment inability to sleep to stabilize the environment for the baby during pregnanc to increase the chances of carrying to term and having babies with high birth weight $\langle \langle 1 | 1 \rangle \rangle$ 2. No Treatment Can I Take Buprenorphine or Methadone While Breastfeeding? If you decide not to receive treatment there is a possibility of... enorphine and methadone are safe while breastfeeding. pregnancy complication preterm delivery ----prenorphine and methadone are having a baby with low birth weight ooth great in reducing opioid use in or physical/behavioral disabilitie contracting hepatitis or HIV and pregnancy. passing it to your baby What Is NOWS? a higher chance that your baby will have NOWS natal Opioid Withdrawal Syndrom miscarriage <u>NOWS</u>: a collection of symptoms recurrence of opioid use associated with withdrawal ir accidental overdose **Perceptions about the Decision Counseling Tool** • Perceived benefits of the tool • Perceptions about numerical score Suggested use of a template or tool that compels physician to perform decision counselling Suggested settings and target audience

Decision points

## REFERENCES

2) Howard HG, Freeman K. U.S. Survey of factors associated with adherence to standard of care in treating pregnant women with opioid use disorder. Journal of Psychosomatic Obstetrics & Gynecology. 2020;41(1):74-81.