Q&A: How opioid treatment can keep newborns out of foster care

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Association of Medications for Opioid Use Disorder (MOUD) During Pregnancy With Adjusted Probability of Infant Discharge Home With Their Biological Mother and Effect Modification of Race and MOUD Receipt. Credit: JAMA Health Forum (2024). DOI: 10.1001/jamahealthforum.2024.1768

Opioid-exposed newborns were 41% more likely to be discharged home from the hospital with their biological mother when the mothers receive medication for opioid use disorder (OUD) during pregnancy, according
to a study published by *JAMA Health Forum* on July 12.

The study—lead by researchers from Emory University's Rollins School of Public Health and Vanderbilt University—analyzed the outcomes for all of the reported opioid-exposed infants born at Vanderbilt University Medical Center in Nashville, Tennessee between March 1, 2018 and January 1, 2022, who were a gestational age of at least 35 weeks and without critical illness.

Stephen Patrick, MD, the study's senior author and chair of the Department of Health Policy and Management at Rollins, highlights the significance of this research and the existing barriers that need to be addressed to ensure future newborns have an equitable opportunity to return home with their biological mothers.

**What inspired this study and what did it show?**

Infants are the fastest growing group in the U.S. foster system today of any group of children and most of that is due to parental substance use. So, we wanted to understand if women who received treatment for opioid use disorder during pregnancy treatment were more likely to leave the hospital with their child as opposed to that child being placed in foster care or with a family member.

We found that engaging in treatment is associated with a reduction in the risk of having your baby end up in foster care. This is significant for several health and non-health outcomes are important to families. And one of the big motivators for pregnant women who engage in treatment, is they are worried about losing access to their children. These findings showed it helps.

**What is the public health benefit of addressing this**
The opioid crisis has just continued to expand. More than a hundred thousand people died in the last year from an overdose and among them are women who are pregnant. In fact, overdose within a year of delivery is a leading cause of maternal mortality.

So, there are the health and the public health complications of the opioid crisis. But then there are all these ripple effects, one of which is the child welfare system. One of the challenges is the systems related to health, public health, and human services are all siloed, but people experience all those systems collectively. This paper, for example, took a public health problem, analyzed a possible medical intervention, and linked that to the human services outcome of foster care placement. As we think about having healthy populations, so much of what makes people healthy occurs outside the health care system and in addressing social determinants of health. The more we can harmonize those systems, the better.

What are the health benefits of providing opioid treatment to pregnant women?

We know that use of medications for abuse disorder provide lots of benefits to mom and baby. Moms are less likely to die of an overdose, less likely to relapse, and less likely to get infections like HIV and hepatitis C from injection. The infant is more likely to be born at term, less likely to be born low birth weight.

Is there any risk to the infant for mothers receiving this medication?

There is some risk of drug withdrawal for the infant, but this is time
limited and treatable. And in the immediate period of time after birth, one of the things we're trading off are late- or full-term infants who are pretty healthy but have drug withdrawal for babies that are born really preterm because their moms couldn't get into treatment and those babies are too immature to have drug withdrawal. This is oftentimes missed from the conversation. When we get people treatment, especially pregnant people, it is a win for both mom and baby.

**Why should the general public care if children are kept out of the foster care system?**

As a pediatrician, my focus is on the baby and doing what's best for the baby, and being removed from your parents is an adverse child experience. In Tennessee for example, one third of children placed in foster care went to three different homes in that year. Yet we've still seen this rapid increase in infants being placed into foster care. We need to recalibrate things a little bit and look at how we can do better moving forward. There is this foregone conclusion that these children end up in foster care, when instead we could be better caring for their families before it gets to that point.

There are also issues of equity. We know that non-Hispanic Black families are overrepresented among infants placed in the U.S. foster care system. We know that Black women are more likely to be drug tested and even with similar drug use compared to white women, they're 10 times more likely to be referred to the child welfare system. If their child is placed into foster care looking at national data, they're less likely to be reunified with their child. The same issues occur among American and Alaskan native populations who were overrepresented in the U.S. foster care system by about threefold.

**More information:** Alexandra Muhar et al, Use of Medications for
Provided by Emory University


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