"It's Been Kind of a Cycle In and Out": Breaking the Cycle of Drug Use Through the Narratives of Perinatal and Postpartum Women

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Objectives

With the quadrupling prevalence of substance use disorders during labor and delivery in the last decade and overdose rates peaking 7-12 days post-delivery, understanding the experiences of women who use drugs (WWUD) during pregnancy and postpartum is paramount.3,6 While previous research has predominately focused on narratives of WWUD regarding abstention and specific challenges, such as stigma or screening barriers, there is a limitation in qualitative studies that broaden the understanding of WWUD's experiences during the perinatal and postpartum periods.1,5 This study aims to characterize the comprehensive experiences of WWUD, focusing on those who have experienced drug overdose, to inform the development of effective mitigation programs for drug-related maternal morbidity and mortality.

Methods

Mixed-method (structured and qualitative) interviews were conducted with 23 individuals in the Dayton, Ohio, metropolitan area. Participants who were over the age of 18 and who self-reported a drug overdose or overdose-like experience within a year before the interview were eligible. Digital interviews were transcribed, and the resulting qualitative data was first coded through Taguette4 software for discussions surrounding pregnancy. Select codes were analyzed line by line to identify patterns, then thematically analyzed using iterative categorization.

Results

Among the 23 participants (mean age: 41.4 years; 48% female; 70% Non-Hispanic White), six individuals directly discussed drug use during pregnancy and postpartum. Of the six WWUDs, all struggled with drug use before the onset of pregnancy, with half experiencing overdose during pregnancy. Drug use varied, encompassing substances like heroin, opiates, cocaine, methamphetamine, and marijuana. Key themes included: (1) internal motivation for cessation of drug use during the onset of pregnancy; (2) external factors, such as traumatic experiences or stress, contributing to relapse, continuation, or exacerbation of use during perinatal and postpartum periods; (3) barriers to accessing pregnancy-friendly treatment centers; (4) isolation of substance use treatments and harm reduction from reproductive health systems and providers; (5) societal and self-stigmatization. Across all themes, there were tones of guilt, fear of child removal, and poor treatment from legal, social, and healthcare systems hindering willingness and ability to seek help. Personal resilience, along with adequate support networks, increased the possibility of abstaining from drug use during perinatal and postpartum periods.

Conclusions

Our findings lend support to the growing call for a focused multilevel intervention targeting pregnant and postpartum individuals in the wake of an escalating overdose crisis; a situation where current measures are inadequate.3,6 We identified substantial barriers, such as societal stigma, bias from healthcare providers, and systemic inequalities, all of which obstruct the path to sustained recovery. The spectrum of care must be expanded across all pregnancy stages and parenthood. This involves introducing more touchpoints to preventive measures and pathways to bridge substance use treatment, reproductive health, and social services. Implementing equitable policies and guidelines that embrace gender identity, advance racial justice, and dismantle societal prejudices are essential steps toward adequately supporting pregnant and postpartum individuals who use drugs.

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Disclosures

None