

## THE POWER TO DECIDE Olivia Fahey, Zoha Jameel, Tyra Newsome, Amy Voss, Kelsey Wallace

# ADStract

Our objective is to educate pregnant women with opioid use disorders about the resources available to them for cessation of opioid use, combating stigma, and the importance of prenatal care. Care packages, including an educational postcard with a sample of various baby supplies, were provided to all patients who had a positive pregnancy test at Clarity Pregnancy Services. Additionally, a survey was included on the postcard with questions to determine how influential the postcards were. The results were inconclusive due to a lack of responses to the survey.

# ntroduction

The local hospital serving Jackson and surrounding counties, compiles data about neonatal abstinence disorder (NAS) on their obstetrics unit. According to their most recent data, 1.27 percent of neonates born at the hospital have NAS (Nichols, 2020). The most recent data addressing the Indiana average of NAS diagnoses is 10.4 per 1000 births (National Institute on Drug Abuse, 2020). That means 1.04 percent of births in Indiana have a NAS diagnosis. Therefore, Jackson County has a higher incidence of NAS diagnoses compared to Indiana average of NAS di agnoses. According to Stone (2015), prenatal care is especially important in patients who have opioid use disorders. In order to encou rage prenatal care in pregnant women who have opioid use disorders, two barriers to care need to be addressed: the fear of persecution and the stig ma associated with opioid use.

# Hypotheses

Hypothesis 1: If Clarity distributes 100 of the care packages with the surveys by the end of March, then we will receive at I 50 respondents during the five month period.

Hypothesis 2: If there are 50 overall respondents to the survey, then at least 5 respondents will be pregnant women with opio use disorders and will answer "yes" to the first survey question.

Hypothesis 3: If 5 respondents answer "yes" to the first survey question, then at least 1 of the respondents will answer the second and third survey questions with "likely" or "very likely."

# **H**ATIONS

## • Distribute 500 care packages to Clarity Pregnancy Services in Seymour, Indiana to be given to all patients with a positive pregnancy test.

- Cessation of opioid use educational materials
- Importance of prenatal care
- Diapers
- Baby bottle
- Pacifiers
- Evaluation: link to a survey that can be anonymously taken in privacy without fear of persecution
  - Do you currently use opioids?
  - If you answered the 1st question with 'yes', on a scale of 1 -5 (1 being unlikely, 5 being likely), how likely are you to start a cessation program?
  - On a scale of 1-5 (1 being unlikely, 5 being likely), how likely are you to follow up with prenatal visits throughout your pregnancy?

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population so our results are inconclusive.

What we could have done differently:

- Create a system to track the care packages
- Create a paper format of the survey
- Provide a longer time frame for the study

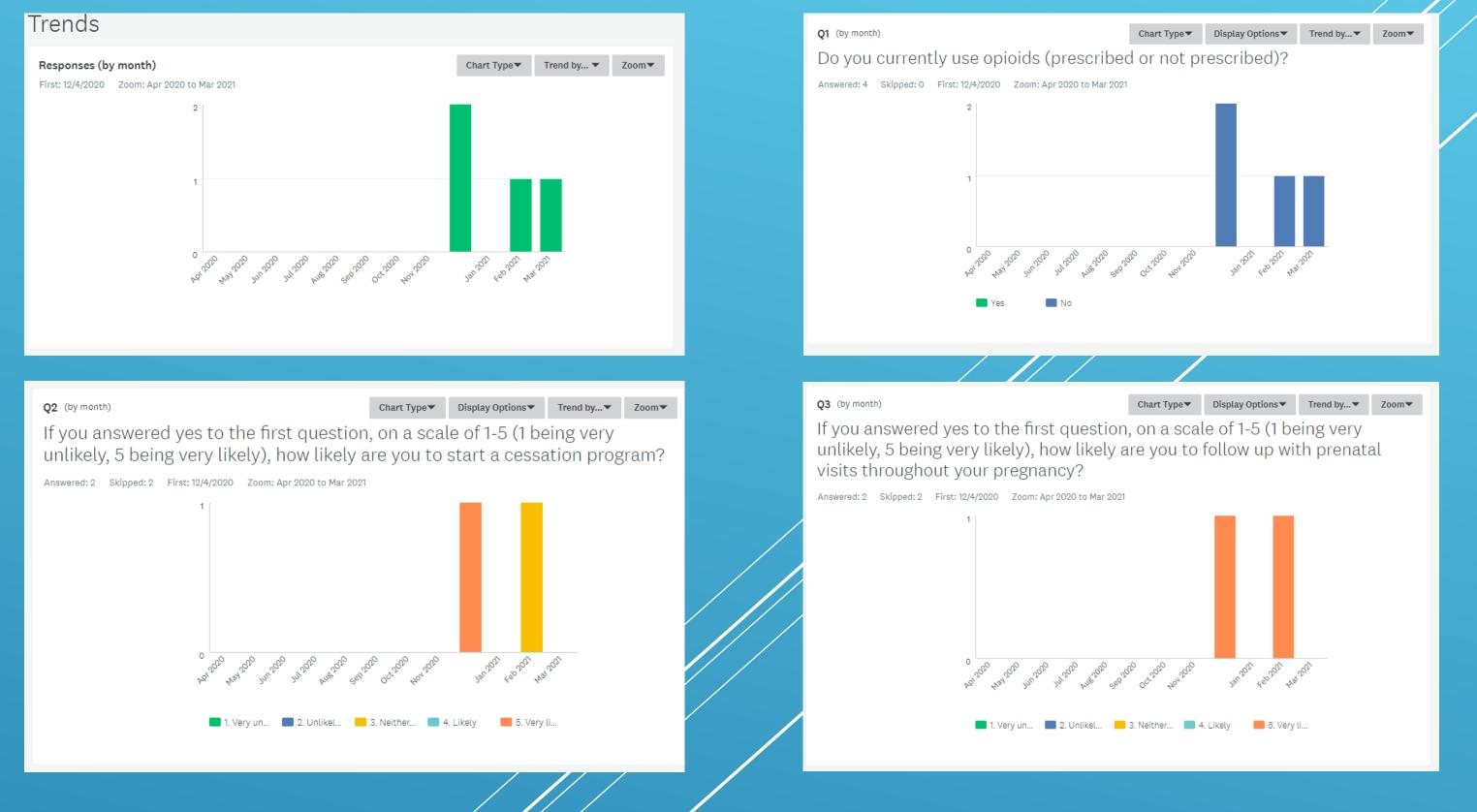
Future areas of study include:

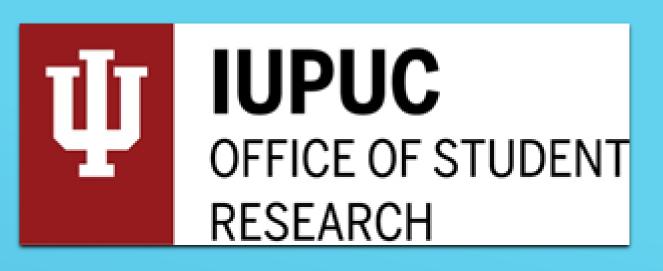
disorders to see if there would be more respondents to the survey

National Institute on Drug Abuse. (2020). Indiana: opioid - involved deaths and related harms. Retrieved from https://www.drugabuse.gov/drug - topics/opioids/opioid - summaries - by - state/indiana - opioi d-involved - deaths-related - harms

Nichols, C. (2020). NAS diagnoses at Schneck. Unpublished raw data.

Stone, R. (2015). Pregnant women and substance use: fear, stigma, and barriers to care. Health Justice, 3. doi: 10.1186/s40352-015-0015-5





# Results

# Conclusion

Our hypotheses are null because we did not receive a significant amount of respondents. Thus far, Clarity services has distributed 30 packages. In total we had four responses to the survey, but we had no response from our target

• Sending out surveys and care packages to other areas with a significant number of pregnant women with opioid use

