

Virtual Care for Substance Use Disorders During Pregnancy and Postpartum

How does telemedicine for substance use disorder (SUD) in pregnancy differ from telemedicine for SUD in general?

Telemedicine benefits all individuals with SUD, but pregnant individuals with SUD require more specialized and ethically sensitive care. Models for pregnant individuals must address maternal-fetal health, heightened stigma, the unique physiological and psychological needs of pregnancy, and management of risks such as Neonatal Abstinence Syndrome (NAS), preterm birth, and Neonatal Opiate Withdrawal (NOW). Providers must support the pregnant individual's autonomy and health as well as protect fetal health, requiring a nuanced approach and specialized training. An understanding of the complex and varied influences on perinatal substance use are required for appropriate treatment.

How effective is telemedicine-based screening for SUD during pregnancy compared to in-person screening?

Telemedicine screening and brief intervention can be more accessible and feasible, especially for those in rural or underserved areas. Telemedicine platforms can be welcoming and create a safe space for discussion, questions and disclosure before utilizing validated, standardized screening tools (e.g., ASSIST, AUDIT, DAST). Virtual settings may encourage safe disclosure due to the reduced stigma that can exist within a distanced relationship. However, for some, an in-person setting offers an opportunity to build trust and relationships before screening, provides a safer environment for accessing care, and allows for the observation of non-verbal cues, enhancing diagnostic accuracy.

Can telemedicine accurately diagnose SUDs during pregnancy?

Yes, telemedicine can be a viable alternative to traditional methods. Telemedicine platforms often utilize validated, structured diagnostic tools (e.g., DSM-5 criteria, AUDIT, DAST) to reduce variability in assessments and enhance reliability. Tele-assessment tools should be culturally sensitive and accommodate diverse patient needs. And all diagnostic tools to be offered in telemedicine should be used only once a safe environment for disclosure has been established.

How does telemedicine treatment for SUD during pregnancy compare to traditional in-person treatment in terms of effectiveness?

Studies suggest that telemedicine-delivered treatment is as effective as in-person care in promoting reduction in substance use and improvement in maternal health outcomes. Telehealth-based Medicated Assisted Treatment (MAT) for opioid use disorder (OUD) during pregnancy achieves outcomes comparable to in-person care. Telemedicine can facilitate regular follow-ups and monitoring, improving retention rates in SUD treatment. It can also allow for customized treatment plans and reduced stigma.

What are the key benefits of using telemedicine for pregnant and postpartum individuals with SUD?

Telemedicine offers several benefits, including:

- Improved access to care by reducing barriers like transportation, childcare, and scheduling conflicts
- Cost-effectiveness and scalability by reducing the need for in-person visits.
- Enhanced continuity of care given greater ease of regular monitoring and engagement.
- Integration of interventions, such as psychiatric care, SUD support, and prenatal consultations.
- Reduced stigma by providing a private and discreet environment for seeking care.

What are some common barriers to telemedicine for pregnant and postpartum individuals with SUD, and how can these be addressed?

Common barriers include:

- Limited internet access and digital literacy.
- Concerns about data security and privacy.
- Lack of privacy and/or safety at home, especially where intimate partner violence is a factor.
- Distrust of the healthcare system due to prior stigmatization and experiences of discrimination, racism, sexism, and harm.

Consideration of these barriers can be addressed through:

- Providing training and support for both patients and providers on using telemedicine technologies and training providers in evidence-based relational approaches to discussing substance use that are effective in the virtual context.
- Developing secure, confidential communication channels.
- Arranging options for private and quiet spaces for telehealth appointments.

- Establishing code words to indicate a lack of privacy or imminent danger.
- Addressing social, financial, and technical limitations patients may encounter.
- Consideration of how hybrid models, where for example an initial in person visit is made, may be beneficial to engage some patients.

How can team-based and peer support models enhance virtual care for pregnant individuals with SUD?

Team-based models integrate assistance from obstetricians, addiction specialists, mental health professionals, social workers and peer support specialists with lived experience who can provide emotional support and encouragement to engage in treatment programs. Virtual platforms provide increased flexibility, encouraging additional opportunities for consistent care and follow-up. These integrated support models have the potential to improve treatment access and retention, effectively support the reduction in substance use, and improvement in neonatal health outcomes. Integrated support models can promote maternal/familial preparation, not solely recovery.

How can cultural sensitivity and bias awareness be improved in virtual care settings for pregnant individuals with SUD?

Virtual platforms can offer online modules and simulations for healthcare providers to engage in cultural sensitivity training and implicit bias recognition. Virtual care can allow providers to utilize evidence-based practices that focus on guiding, empathy, positive regard, non-judgemental acceptance and respect. Interactive online tools expose providers to case studies and patient narratives, fostering greater awareness and empathy. Virtual care facilitates widespread access to training and trauma- and gender-informed practices. Training is recommended for providers on cultural sensitivity, trauma- and gender-informed care, and addressing intrinsic biases.

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