
Understanding How the Workforce is Assessing Mental Health and Substance Use Disorders During Pregnancy

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Background

Early identification and intervention can mitigate the risks associated with perinatal substance use disorder (SUD) and mental health disorders (MHD), yet screening is not consistently delivered to pregnant populations. This study examined screening practices and treatment initiation patterns among pregnant women in the U.S. to determine SUD screening rates, types of SUD/MHD treatment received during pregnancy, and whether screening/treatment initiation is associated with higher odds of receiving SUD/MHD treatment.

Methods

Data from the National Survey on Drug Use and Health between 2021-2023 were used to determine differences in screening/treatment initiation among pregnant women in the U.S. Descriptive statistics and two adjusted logistic regression models assessed differences in demographic characteristics and the likelihood of receiving MHD/SUD treatment.

Findings

Among pregnant women, 64.7% were screened for substance use by a healthcare provider in the last 12 months. An initial screening for substance use did not increase the odds of attending treatment, but those whose healthcare provider initiated a follow-up conversation about screening positive for substance use were 10.3 times more likely to attend SUD treatment. Among pregnant women with a mental health condition in the last 12 months, only 30.4% discussed their mental health-related concerns with a member of their healthcare team.

Conclusions and Policy Implications

Improving screening rates is a key component of increasing the likelihood of identifying and addressing perinatal SUDs and MHDs. Policymakers might consider strategies such as required continuing education for providers on perinatal behavioral health, incentivizing financial incentives for SUD/MHD screening, greater telehealth availability, and integrating behavioral health into women's health care settings.

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