

Demystifying Perinatal Substance Use Disorder in Northeast Minnesota

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Statement of Problem

In response to regional concerns from Wilderness Health's network members in Northeast Minnesota, MDH funding was secured to address the complex challenges faced by birthing individuals with Substance Use Disorder (SUD). This project aims to reduce negative outcomes for individuals with perinatal SUD by increasing knowledge and tools to foster compassionate, evidence-based care.

Through this initiative, Wilderness Health seeks to:

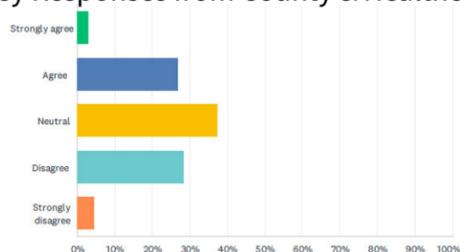
1. Promote systemic change;
2. Improve support for families navigating recovery during the perinatal and postpartum period.

METHODS

- Conducted an electronic survey in both healthcare and social service settings.
 - Purpose: to evaluate staff perceptions and attitudes around perinatal SUD.
- Gathered personal narratives and insights through Lived Experience Listening Sessions. Participants were provided ethical compensation for their time spent in discussion.
- Conducted a community survey at outreach events to measure perceptions of perinatal SUD.

Q7 I am more comfortable helping a patient without substance use than one with substance use.

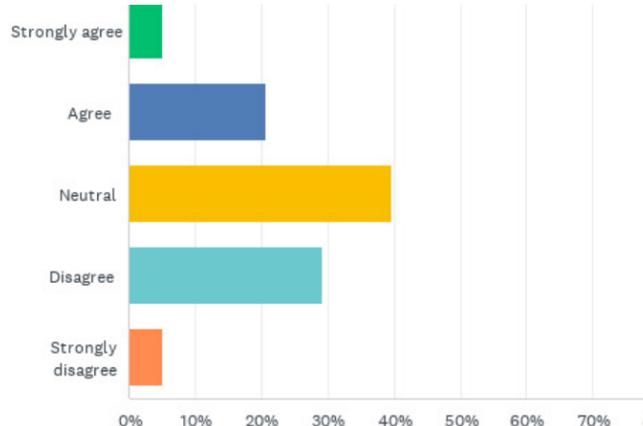
Survey Responses from County & Healthcare staff



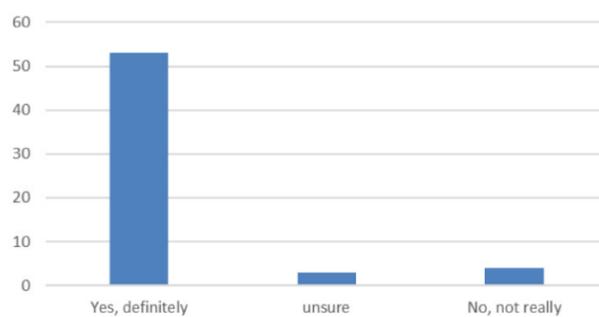
RESULTS

- 130 county and hospital participants responded to the survey
- 12 Lived Experience sessions
- 80 Community Surveys

To hospital staff: *Do you feel like you have the resources to talk to patients about SUD?*



To community: *Do you think stigma prevents pregnant individuals from seeking help for addiction?*

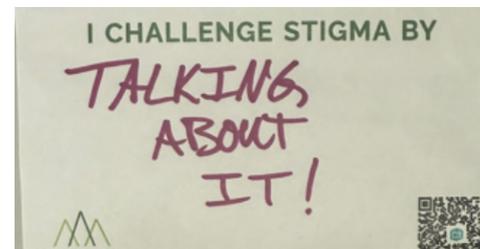


Implications of Practice

- Need for practice enhancement opportunities on how harm reduction and patient centered practices can improve care for patients with SUD.
- Staff need greater access to knowledge, resources, and support concerning SUD treatment.
- Increase provider awareness that people with lived experience reported strong prevalence of stigma in people and systems.
- Need for dignity and understanding around SUD as a disease.

What We've Done

- Targeted outreach included overdose response training, dissemination of naloxone/test kits, and other stigma reducing outreach materials (including educational rack cards and a "I challenge Stigma" activity board).
- Shame and stigma training to healthcare, county and regional partners.
- Motivational interviewing with specific scenarios and dialogues on how to talk to patients with SUD.
- Pilot Site to administer incentives to receive prenatal care as SDoH support and motivation.
- Creation of a lived experience advisory council to further invest in policy changes, feedback loops, and other innovative solutions within the region.
- Press releases on survey information and other progress to inform community.
- Outreach collaboration with doulas' for information on additional regional supports.



Next Steps

- Host a large regional event with stakeholders to answer technical questions.
- Year 2 collaborative partnerships with DNP students.
- Extended outreach to other birthing hospitals in network.

Quotes from Lived Experience Listening Session:

"If I tell you I am using, what support are you going to give me. I already feel like a criminal, not someone with a disease"

"You can tell by the overall interaction if you are being judged or supported".