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Health Status and Birth Outcomes Among Pregnant Women in Substance Abuse Treatment

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Introduction:
Health disparities associated with adverse birth outcomes are particularly persistent among women who abuse substances living in impoverished urban environments. Negative birth outcomes among substance-exposed infants include low birthweight and prematurity, two primary contributors to infant death. The research question was: What risk factors are associated with preterm birth and low birthweight among low-income pregnant women substance users in comprehensive substance abuse treatment? The purpose of this pilot study was to explore risk factors associated with poor birth outcomes within a sample of low-income pregnant women with substance use disorders in treatment.

Method(s):
A prospective correlational design was used to determine what predisposing individual, environmental and treatment-related factors might be important to further explore or address in future interventions or treatment center improvements. The setting was a university- affiliated comprehensive hospital-based treatment program. Because this was an exploratory pilot study, a formal power analysis was not completed. One time face-to-face interviews (sociodemographic questions, the SF-36, and the Brief Symptom Inventory) were conducted with 84 pregnant women. Statistical analyses included bivariate statistics and multiple logistic regression. Birthweight and pregnancy duration were obtained from medical records post delivery.

Results:
Approximately 39% of the infants were born preterm and 27.5% were low birthweight. Poorer perception of current health, cocaine as the primary substance of abuse, and number of prior substance abuse treatment admissions were independently associated with preterm birth. Being African American and a poorer perception of current health were independently associated with low birthweight. Limitations of this study include a small sample size.

Discussion:
Asking women about perceptions of their current health may be a useful addition to comprehensive assessment for pregnant women with substance abuse problems in any setting. Further knowledge of women’s physical and mental health status will improve identification of those women at even greater risk in an overall high risk group.

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No

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