

Postpartum Visits Linked With Less Acute Care for Those With Substance Use Disorder

— Integrated versus non-integrated care did not seem to matter, researchers report

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WASHINGTON -- Early postpartum visits were protective against acute care encounters among women with substance use disorder (SUD), a retrospective cohort study found.

Attending a postpartum visit within 8 weeks was associated with a 44% reduction in hospitalizations and emergency department (ED) visits in the late postpartum period (42 to 365 days postpartum; adjusted OR 0.56, 95% CI 0.43-0.74), reported Marcela C. Smid, MD, of the University of Utah (U of U) Health in Salt Lake City, in a presentation at the [American College of Obstetricians and Gynecologists](#) (ACOG) annual meeting.

"This to me says it is really important to get folks with substance use disorder into that early postpartum care," Smid told *MedPage Today*.

The study's primary objective was to assess the association of late postpartum acute care use between individuals who received integrated perinatal care at the university's [SUPeRAD clinic](#), which offers obstetric care, addiction care, mental health care, peer support, and social work and those who received non-integrated care. They found that integrated care was not associated with odds of acute care (aOR 0.93, 95% CI 0.70-1.23).

Additionally, acute care rates between groups were similar:

- Hospitalizations: 30 in integrated vs 58 in non-integrated ($P=0.08$)
- Mental health/SUD hospitalizations: 1 vs 7 ($P=0.65$)
- ED visits: 123 vs 325 ($P=0.43$)
- Mental health/SUD ED visits: 11 vs 25 ($P=0.66$)

Those who received integrated care were more likely to have public insurance (84% vs 65%), to have methamphetamine use disorder (77% vs 48%), and opioid use disorder with medications for opioid use disorder (59% vs 16%; $P<0.001$ for all).



Smid noted that postpartum women with SUD face unique challenges, like potentially having their new baby involuntarily removed from their care or putting their baby up for adoption. For some, this time period may be filled with intense grief and distress. Postpartum people with SUD are at heightened risk for overdose and suicide during the late postpartum period, which is often preceded by ED or hospital visits. Researchers viewed that encounter as a potential opportunity to intervene since clinicians can conduct mental health checks and connect patients to resources at that visit.

Smid pointed out that "an acute care visit doesn't necessarily mean a bad thing." It also could be "a signal that the health system is adapting and responding to addiction care and being a safe place to come and actually receive help."

The SUPeRAD clinic evolved across the study period; it didn't originally include social work, peer recovery support, or care coordinators. Smid also noted that researchers saw an increase in medications for opioid use disorder over the study time period, which may be tied to the formation of a bridge clinic to reach patients who needed this care.

Smid's group looked at data from individuals (n=1,091) with SUD, including opioids, stimulants, and alcohol, who presented to U of U Health from August 2017 through October 2025. Patient encounters were categorized as either integrated (n=810) or non-integrated care (n=280). Those who received integrated care had at least one encounter with the SUPeRAD clinic while patients who received non-integrated care got postpartum care elsewhere in the health system. The primary outcome was hospitalizations and ED visits from 43 to 365 days postpartum.

Study limitations included the fact that it was a single-center study with a specific model of integrated care which limits generalizability. Also, many aspects of perinatal addiction care have changed so the effect of integrated care was not measurable.

Disclosures

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Co-authors disclosed support from Gilead Sciences, Koko Medical, and Braeburn Pharmaceuticals.

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Source Reference: [Smid M, et al "Integrated perinatal addiction care and postpartum hospitalization and emergency room visits" ACOG 2026.](#)

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