

Notice of Special Interest (NOSI): Supporting Recovery-Oriented, Family-Centered Care for Pregnant, Postpartum, and Parenting Women with Opioid Use Disorder

Notice Number:
NOT-DA-24-008

Related Announcements

- **August 3, 2024** - HEAL Initiative: Translating Research to Practice to End the Overdose Crisis (R61/R33 Clinical Trial Optional). See notice [RFA-DA-23-053](#).
- **August 3, 2024** - HEAL Initiative: Translating Research to Practice to End the Overdose Crisis (Parent R33 - Clinical Trial Optional). See notice [RFA-DA-23-054](#).
- **July 14, 2022** - HEAL Initiative: Career Development Awards in Implementation Science for Substance Use Prevention and Treatment (K01 - Clinical Trial Required). See notice [PAS-22-206](#).
- **July 14, 2022** - HEAL Initiative: Career Development Awards in Implementation Science for Substance Use Prevention and Treatment (K23 - Clinical Trial Required). See notice [PAS-22-207](#).

Issued by

National Institute on Drug Abuse ([NIDA](#))

Purpose

Background

The NIH HEAL initiative aims to speed the development and implementation of scientific solutions to the national opioid public health crisis by bolstering research across NIH to (1) improve treatment for opioid misuse and addiction and (2) enhance pain management. More information and periodic updates about the HEAL Initiative are available at: <https://heal.nih.gov/>.

Overdose is a leading cause of postpartum mortality in the U.S. The postpartum period represents a vulnerable period as women face multiple stressors. These stressors can be especially challenging for women with opioid use disorder (OUD). Pregnant and parenting women with OUD experience not only routine postpartum challenges (parenting, mental health), but may also experience additional challenges such as uncertainty and fear related to child welfare involvement, difficulties continuing to manage their OUD, stigma from health care providers, and concern for their infant, who may experience neonatal opioid withdrawal syndrome (NOWS). These stressors contribute to overdose risk during the postpartum period. The purpose of this Notice of Special Interest (NOSI) is to stimulate research to support recovery for pregnant, postpartum and parenting women affected by OUD and enhance family and maternal outcomes.

Providing medications for opioid use disorder (MOUDs; i.e., buprenorphine and methadone) during pregnancy and postpartum is recommended by the American College of Obstetricians and Gynecologists (ACOG) to improve outcomes and reduce mortality risk during the postpartum period. Despite this, there are serious gaps in access to OUD for pregnant women. A provision of the 2016

Comprehensive Addiction and Recovery Act requires reporting MOUD use at the time of delivery and in some states this may trigger child welfare investigations. As such, pregnant women may face significant disincentives to engaging in OUD treatment despite this being the recommended standard of care for pregnant women with OUD. Furthermore, OUD treatment continuation rates after delivery are poor, and overdose risk can be elevated. This represents a delicate and critical period for both maternal recovery as well as infant development and maternal-infant bonding. These needs also impact the entire family, which may include other children. Given this complexity, there are many critical research gaps related to how to provide effective services and person-centered supports that can optimize recovery outcomes and reduce mortality risk for the mother, while also improving outcomes for the infant and larger family.

Research Objectives: This NOSI seeks applications that test innovative models of service delivery to address maternal and family needs for mothers experiencing OUD during pregnancy and in the postpartum period, with an emphasis on reducing mortality and providing recovery-oriented, family-centered care. Applications that promote service delivery models to support engagement with evidence-based OUD treatment (i.e., MOUD) and with other necessary services are encouraged. Applications that seek to facilitate partnership, communication, coordination, and integration across multiple intersecting service sectors (health care, child welfare, behavioral health including OUD treatment, justice settings, harm reduction) to improve maternal, infant, and family outcomes during this critical period are encouraged.

Applications ideally would measure relevant outcomes at each of the following levels: service delivery, maternal outcomes, family outcomes, infant outcomes. Such outcomes include, for example:

- Improvements in linkage, access and sustained engagement with MOUDs and recovery support services during pregnancy and during the postpartum period for women with OUD.
- Improvements in family-level outcomes, including outcomes for the infant and other family members (e.g., strengthening parent-child bonds, increasing parenting confidence).
- Improvements in child welfare outcomes for families involved with the child welfare system.

High priority applications will also address the following goals:

- Identify and address system-level barriers that may reduce access and continued engagement with MOUDs during pregnancy and the postpartum period.
- Engage people with lived experience (mothers and impacted families) and stakeholders across relevant organizations to refine intervention strategies and elucidate critical issues from multiple perspectives.
- Test implementation strategies that enhance cross-organizational collaborations and support for MOUD services for pregnant, postpartum, and parenting women.
- Study factors associated with scalability, sustainability, equity, cost, patient and stakeholder engagement, and translation to practice of tested innovations.
- Address issues of equity with respect to populations (e.g., Non-Hispanic Black/African American, American Indian/Alaskan Native) or subgroups (e.g., child-welfare involved, justice-involved) that experience disproportionately negative or punitive outcomes, for example by developing partnerships with organizations or patients with lived experience that can represent these perspectives

Applicants are encouraged to leverage existing resources and funding infrastructure (e.g., SAMHSA State Block Grant) and consider partnerships with existing state and community-based programs focused on supporting the mother-child dyads and families.

Examples of research questions of interest include but not limited to:

- Testing the impact of recovery-oriented care models, that focus on long-term recovery and providing family-centered care

- Testing the impact of comprehensive service models that integrate harm reduction interventions that address stigma, mistrust among health care providers and child welfare staff.
- Studies that address relevant service needs and implications of polysubstance use (e.g., stimulants, marijuana, alcohol) among pregnant/postpartum women with OUD.
- Testing approaches to reduce self-stigma and stigma among professionals involved in the delivery of services for pregnant, postpartum, and parenting women with OUD (e.g., professionals in health care, child welfare, family drug courts, and community organizations).
- Development and testing of innovative approaches and partnerships to design and implement Plans of Safe Care across states with differing public health policy landscapes related to substance use in pregnancy.
- Strategies to replicate evidence-based interventions that use peer support staff (e.g., recovery coaches, peer recovery doulas) in the child welfare context to support women with OUD in long-term recovery that have shown improvements in reunification rates.
- Development and testing of dissemination and implementation strategies to improve child welfare outcomes (e.g., reunification, placement, permanency) and substance use disorder treatment/recovery outcomes among at-risk race/ethnic populations (e.g., Blacks/African Americans, Hispanics/Latinos, American Indians/Alaska Natives).
- Development and testing of service delivery models that leverage partnerships with non-traditional partners (e.g., faith-based organizations) to serve key populations of interest.

Application and Submission Information

This notice applies to due dates on or after November 15, 2023 and subsequent receipt dates through March 20, 2024.

Submit applications for this initiative using one of the following notice of funding opportunity (NOFO) or any reissues of these announcements through the expiration date of this notice.

- **August 3, 2024** - HEAL Initiative: Translating Research to Practice to End the Overdose Crisis (R61/R33 Clinical Trial Optional). See notice [RFA-DA-23-053](#).
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All instructions in the [SF424 \(R&R\) Application Guide](#) and the NOFO used for submission must be followed, with the following additions:

- For funding consideration, applicants must include “NOT-DA -24-008” (without quotation marks) in the Agency Routing Identifier field (box 4B) of the SF424 R&R form. Applications without this information in box 4B will not be considered for this initiative.

Applications nonresponsive to terms of this NOSI will not be considered for the NOSI initiative.

Inquiries

Please contact the University of South Florida Technology Transfer office representative for submission – Karla Schramm at kschramm@usf.edu