Introduction or statement of problem: Pregnancy is a very stressful time for women with opioid use disorder (OUD). However, the postpartum interval may be even more so. Unfortunately, no research has been done looking at outcomes after delivery.

Hypothesis: The duration of care must extend beyond the traditional 6 week interval and must remain patient-centered and broad in reach.

Methods/design: A retrospective chart review was conducted for patients who received care from 2011 through early 2018. All patients had at least 6 months of follow-up.

Results: • There were no maternal deaths during this interval. There were 2 babies that died of SIDS. • Maintenance of custody within the first 6 months after delivery was 84% (80/95). • 81% (77/95) remained in treatment for the first 6 months after delivery. • 76% returned for a postpartum visit. 39/71 (55%) were breast-feeding at time of their postpartum visit (4-8 weeks). • 14 had sterilization procedures and 52% had started on LARCs (22 IUD, 4 Nexplanon, 20 Depo-Provera). No repeat pregnancies occurred in this 6-month interval. • Only 12.5% scored greater than 14 on the EPDS scale at a pp visit, due to careful management of anxiety and depression during pregnancy. • Maintenance of custody and continuation in treatment are highly correlated (p = 0.0001).

Conclusions: This is the first study that looks at the rate of continuation of treatment after delivery in women with opioid use disorder. Pregnancy represents a transition point in the lives of many women and the goal to maintain custody of their baby is a strong motivator. We believe that comprehensive and linked services- obstetrics, addiction, and pediatrics, may also be responsible for our high rates of continuous treatment and custody. Women with OUD require more than the traditional six weeks to navigate through the postpartum period. Obstetricians may represent a unique source of health care support and assistance for the postpartum period.