

Opioid Use During Pregnancy:

Oregon recommendations for the care and treatment of pregnant and parenting women and their infants

Anna Stiefvater, Vivian Siu, Suzanne Zane, Oregon Health Authority, Public Health Division, Maternal and Child Health Section

Background

Opioid use among perinatal women is a complex public health issue that cut across health and behavioral health providers, families, child welfare, the criminal justice system and other community organizations. A variety of life experiences including chronic pain or other conditions managed by medication, misuse of prescribed medication, recovery from opioid addiction and receiving medication-assisted-treatment, and actively abusing heroin can lead to opioid-exposed pregnancies. Each of these experiences calls for differing opportunities for prevention and intervention.

Neonatal Abstinence Syndrome (NAS) is a postnatal drug withdrawal syndrome that occurs primarily among opioid-exposed infants shortly after birth, often manifested by central nervous system irritability, autonomic over reactivity, and gastrointestinal tract dysfunction. The overall incidence of NAS in the United States increased almost 300% during 1999–2013 with substantial variation in incidence and trends by state.¹ In Oregon in 2016 there were 493 pregnancies complicated by opioid use and 279 newborns with NAS.

¹Ko JY, Patrick SW, Tong VT, Patel R, Lind JN, Barfield WD. Incidence of Neonatal Abstinence Syndrome — 28 States, 1999–2013. *MMWR Morb Mortal Wkly Rep* 2016;65:799–802

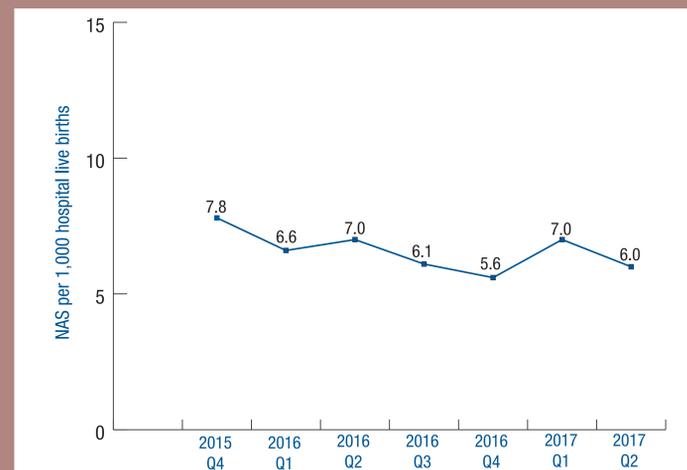
Opioid Use Complicating Pregnancies by Quarter, Oregon

Data Source: Oregon Hospital Discharge Data. Opioid use complicating pregnancy includes opioid abuse, dependence, and use. This includes ICD10CM codes: Any O code + F11.1, F11.2, or F11.9.



Neonatal Abstinence Syndrome by Quarter, Oregon

Data Source: Oregon Hospital Discharge Data, Oregon Center for Health Statistics. NAS includes ICD10CM code: P96.1.



Oregon Pregnancy and Opioids Workgroup

An effective, comprehensive approach to optimizing health outcomes for mothers with an opioid use disorder and their infants requires collaborative efforts among state agencies, health care providers and community organizations that address the entire spectrum of prevention across the lifespan. The Oregon Pregnancy and Opioids Workgroup came together to develop statewide recommendations on opioid prescribing during pregnancy, identification and treatment of opioid use disorder (OUD) during pregnancy, and care and treatment of prenatally exposed infants. The recommendations are intended to help health care providers incorporate best practices when caring for women and their substance-exposed infants and to encourage local efforts in providing coordinated care for families. For these recommendations to be effective, health care providers must recognize the role that trauma and adverse childhood experiences (ACEs) play in substance use disorders and incorporate trauma-informed prevention and treatment in a significant way.

Workgroup Recommendations

Primary Prevention (for all women)

1. Ask all women of reproductive age about their pregnancy intentions prior to initiation and continuation of any opioid (including medication-assisted-treatment for OUD).
2. Ask all pregnant women and women seeking pregnancy or preconception care about opioid use.
3. For all pregnant women without an OUD, avoid prescribing opioids when possible but if necessary, do so with safeguards in place.
4. Prevent opioid overdose.
5. Upon discharge after a delivery, all women without an OUD who need ongoing pain treatment should be encouraged to use non-opioid therapies (i.e. NSAIDs). If opioids are indicated they should receive a limited number of opioid pills to last until a scheduled follow-up visit and no more than 7 days of treatment.

Secondary Prevention (for women with an opioid use disorder and their infants)

6. Coordinate care for pregnant and parenting women with an OUD. Manage OUDs during pregnancy by following evidence-based approaches.
7. Include additional screenings and services when caring for pregnant women with an OUD.
8. Provide appropriate pain control for women with an OUD during labor.
9. Provide necessary postpartum services and support for women with an OUD.

10. Encourage breastfeeding for women with an OUD on medication-assisted-treatment.
11. An infant born to a mother who used opioids during pregnancy should have close monitoring and be managed with a standardized protocol for the assessment and treatment of infants at risk for Neonatal Abstinence Syndrome (NAS).

System and Policy Recommendations

12. The Oregon Health Authority, in partnership with the Oregon Maternal Data Center, should implement a surveillance strategy for in-utero opioid exposure and NAS. The strategy should be mindful of any unintended negative consequences and seek a balance between patient confidentiality and the state's ability to truly understand the scope of the problem.
13. Oregon health care leaders and policy makers should work to advance systems change that supports families affected by OUD.

Visit our website for the full Opioids and Pregnancy Workgroup report, including more recommendations

Oregon Health Authority
PUBLIC HEALTH DIVISION
Maternal and Child Health