WOMEN AND OPIOIDS
EDUCATION FOR PROVIDERS

There has been an increased rate of infants born with Neonatal Abstinence Syndrome (NAS).

Chronic opioid use in pregnancy (including prescription pain medications, maintenance therapy for opioid dependence, and/or illicit use of pain medications or heroin) can increase the risk for pregnancy complications and adverse newborn outcomes.

Research suggests that 85% of women with opioid use disorder have an unintended pregnancy, compared to 31-47% in the total US population.

28% of privately insured and 39% of Medicaid insured women age 15-44 years filled a prescription for an opioid medication between 2008-2012.

Compared to men, women are more likely to have chronic pain, be given prescription pain medications, are given higher doses, and use these medications for longer periods of time.

Opioid Use During Pregnancy in Wisconsin

- Between 2005 and 2016, the rate of opioid use disorder more than tripled.
- Between 1999 and 2014, the rate of opioid-impacted deliveries increased from 0.3 to 7.6 per 1000 delivery hospitalizations.
- More than one in every ten (11.4%) women who gave birth had an opioid prescribed at some point during pregnancy.

A recent survey of reproductive-age women prescribed opioid medication in primary care clinics showed that reproductive planning questions are rarely asked in the context of opioid prescribing encounters.

Before receiving your most recent opioid prescription, did your medical provider ask if you are planning to become pregnant within the next year?

35% Yes
65% No
WHAT YOU CAN DO AS A HEALTH CARE PROVIDER

For any woman of reproductive age who is using opioids (prescribed or illicit), or being considered for opioid pain treatment:

- Discuss the potential risks and benefits of opioid medications. Consider non-opioid alternatives (both pharmacologic and non-pharmacologic).
- Prescribe and dispense opioids for the shortest duration and lowest effective dose.
- Ask about reproductive health goals as a routine part of opioid prescribing, and counsel about the implications of opioid dependence during pregnancy.
- Provide specific counseling about effective contraception if a patient does not want to become pregnant.
- Use a standardized screening tool (e.g. Opioid Risk Tool, DAST-10, NIDA Modified ASSIST, SOAPP-R, or 4 P’s Plus) to assess for risks of, or current, substance use disorders.
- Ensure a safe, confidential and nonjudgmental environment that allows for disclosure of substance use and other sensitive topics.
- Register with and use the Wisconsin Prescription Drug Monitoring Program (https://pdmp.wi.gov/) to assess for current or past opioid prescription utilization, and potential dangerous medication combinations.
- Seek expert guidance if you identify a patient who is pregnant, or interested in becoming pregnant, in order to develop a plan of care that optimizes outcomes for mother and baby. Current recommendations advise AGAINST stopping chronic opioids use during pregnancy due to the high risk of pregnancy complications related to withdrawal and risk of relapse to active ongoing addiction.

REFERENCES

11. Atwell KA, Gibson C. Assessing the integration of reproductive health counselling within opioid pain management among women of reproductive age. Poster presented at: Wisconsin Association for Perinatal Care Annual Conference, 2018. May 22-24, Elkhart Lake, WI.

HELPFUL RESOURCES

- Wisconsin Association for Perinatal Care: https://perinatalweb.org/
- North Carolina Pregnancy & Opioid Exposure Project: https://ncpoep.org/
- Wisconsin Prescription Drug Monitoring Program: https://pdmp.wi.gov/
- Substance Abuse and Abuse Treatment Locator: https://www.dhs.wisconsin.gov/opioids/find-treatment.htm
- Wisconsin Maternal and Child Health Hotline: 1-800-642-7837
- Wisconsin Perinatal Quality Collaborative: https://wispqc.org/

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