

# Prenatal and Postpartum Care of Women with Substance Use Disorders

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## KEYWORDS

- Prenatal care • Substance abuse disorder • Postpartum care • Opioid dependence
- Opioid replacement therapy • Pregnancy • Opioid addiction

## KEY POINTS

- Prenatal care providers should screen all patients for substance abuse disorders in pregnancy using a validated screening tool.
- Women identified as having a substance abuse disorder in pregnancy should be offered coordinated multidisciplinary care.
- Opioid replacement therapy improves pregnancy outcomes for women with opioid dependence and is not a contraindication to breastfeeding.
- Women with substance abuse disorders should be evaluated and treated for concurrent psychiatric disorders.
- A respectful, nonjudgmental, and flexible approach by clinicians encourages ongoing patient participation in prenatal care.

## INTRODUCTION

### *Epidemiology of Substance Abuse in Pregnancy*

The use of substances of abuse in pregnancy creates significant barriers to receiving high-quality prenatal, intrapartum, and postpartum care (**Box 1**). Yet clinicians who recognize and directly face this challenge have an opportunity to make a substantial impact on perinatal outcomes and the long-term health of women and their children. The incidence of substance abuse among pregnant women reflects that of the general population and nonpregnant women by age group. Data from the 2012 National Survey on Drug Use and Health shows that the rate of current illicit drug use among girls and women aged 12 or older was 6.9%. This survey also determined that among girls and women ages 15 to 44, encompassing the reproductive years, 10.7% of nonpregnant women and 5.9% of pregnant women were current illicit drug users, based on

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The author has nothing to disclose.

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Obstet Gynecol Clin N Am 41 (2014) 213–228

<http://dx.doi.org/10.1016/j.ogc.2014.02.004>

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**Box 1****Barriers to care for pregnant women with substance use disorders**

- Inadequate screening for substance abuse by prenatal care providers
- Fear of seeking care due to societal stigma and legal ramifications
- High baseline anxiety and poor coping skills
- Difficulty establishing trusting relationships with providers
- Underlying psychiatric disorders
- Lack of transportation and child care
- Intimate partner violence and/or controlling behavior of partner
- Incarceration

averaging of data from 2011 and 2012. Analysis of pregnancy-related data by age group shows that, among pregnant teens ages 15 to 17, the rate of current illicit drug use was 18.3% and was 9.0% for pregnant women ages 18 to 25 and 3.4% among those aged 26 to 44.<sup>1</sup>

Opioids account for a substantial proportion of substances abused, with disturbing trends toward increased use in recent years, including illicit opioids, such as heroin, and prescription opioids, such as oxycodone. A study analyzing *International Classification of Diseases, Ninth Revision, Clinical Modification* codes showed an increase in antepartum maternal opioid use from 1.19 to 5.63 per 1000 hospital births between the years 2000 and 2009.<sup>2</sup> During the same period, the incidence of neonatal abstinence syndrome (NAS) increased from 1.20 to 3.39 infants per 1000 hospital births.<sup>2</sup> This study also assessed costs related to the treatment of NAS, which were estimated at a mean of \$53,400 per infant hospitalization in 2009.<sup>2</sup>

### ***Effects of Substance Abuse on Pregnancy***

Pregnancies complicated by substance abuse are at risk of miscarriage, preterm delivery, intrauterine growth restriction, placental abruption, fetal intraventricular hemorrhage, intrauterine fetal demise, NAS, and other infant developmental effects.<sup>3</sup> An accurate accounting of total costs related to substance abuse in pregnancy would need to include those related to antepartum hospitalizations for drug intoxication, withdrawal, and associated complications; correctional services expenditures related to incarceration and associated legal costs; care of infants born prematurely or with other medical complications related to substance exposure; funding of child protective services investigations and interventions; and the essentially impossible-to-quantify cost of human suffering of women and their children, families, and communities.

## **CHALLENGES FOR CLINICIANS**

### ***Appropriate Screening Implementation***

Given the incidence of substance abuse in pregnancy, all clinicians who provide prenatal care encounter affected women, regardless of practice setting and demographic characteristics. Care is complicated by the difficulty of identifying women with substance abuse issues in pregnancy. Clinicians may fail to appropriately screen patients due to concerns about time utilization, the belief that their practice setting does not include women with substance abuse issues, or lack of resources available for those who screen positive.<sup>4</sup> Although universal urine drug screening has been advocated by some clinicians and policy makers, this practice fails to identify women with sporadic

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