Opioid Use Disorders and Pregnancy

Amanda J. Johnson, MD[a], Cresta W. Jones, MD[b,*]

KEYWORDS

• Opioid use disorder • Methadone • Buprenorphine • Pregnancy
• Neonatal abstinence syndrome

KEY POINTS

- Opioid use disorder is associated with an increased risk of pregnancy complications.
- Recommended treatment of opioid use disorder in pregnancy includes medication-assisted therapy using methadone or buprenorphine.
- Medically assisted withdrawal may be considered for women for whom medication-assisted therapy is not a current treatment option, but has a higher risk of maternal relapse.
- Both opioid use disorder and medication assisted therapy are associated with neonatal withdrawal, or neonatal abstinence syndrome.
- A comprehensive care approach is recommended for optimal outcomes with opioid use disorder in pregnancy.

INTRODUCTION

Over the last several decades, the United States has suffered from an increasing epidemic of opioid misuse and dependence, with opioid related overdoses among US adults increasing by 200%.[1] This crisis spans across demographics, including women of childbearing age and who are pregnant.[2,3] As the crisis has intensified, so have the costs of opioid use disorder (OUD) and its sequelae increased. The care of pregnant women affected by opioid use is associated with a substantial economic burden to the health care system, with mean hospital charges for infants affected by opioid withdrawal, or neonatal abstinence syndrome (NAS), at

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[a] Department of Obstetrics and Gynecology, Division of Maternal-Fetal Medicine, Medical College of Wisconsin, 9200 West Wisconsin Avenue, Milwaukee, WI 53226, USA; [b] Department of Obstetrics, Gynecology and Women's Health, Division of Maternal-Fetal Medicine, University of Minnesota Medical School, 606 24th Avenue S, Suite 400, Minneapolis, MN 55455, USA
* Corresponding author.
E-mail address: jonesc@umn.edu

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approximately 19 times the costs of non-NAS infants.[4,5] This article provides an overview of significant issues associated with OUDs that are of importance to providers of obstetric care.

Defining Opioid Use Disorder

An OUD is currently defined as the repeated occurrence, over a 1-year time period, of 2 or more specific criteria related to opioid use. These criteria include giving up important life events to use more opioids, excessive time spent obtaining and using opioids, and withdrawal when opioid use is stopped abruptly.[6] It is important to note that women on chronic opioids for medically indicated treatment may have opioid withdrawal when medications are abruptly stopped, but withdrawal alone does not identify a patient as suffering from an OUD.

ISSUES IN PREGNANCY

Screening

The identification of opioid misuse and dependence is key to optimizing patient outcomes. Because the misuse of opioids crosses societal boundaries, and risk factor-based screening may lead to missed cases,[7] it is essential that substance use screening be universal.[8] Screening for substance use should, therefore, be considered a routine component of initial prenatal care.[9] Multiple screening tools for substance use and abuse are available, although few have been validated for opioid misuse in pregnancy.[10] Most tools can be administered in written or verbal fashion during the history component of a clinical visit, by any trained health care provider. Urine drug testing as a primary screening tool cannot be recommended at this time, owing to ongoing concerns about the ability to accurately identify patients with substance use disorders. Urine drug screening only assesses recent use, it may miss many substances of abuse, and it is associated with a high false-positive rate.[8,11,12] The Screening, Brief Intervention, and Referral for Treatment technique is recommended for use in pregnancy as a helpful tool for identifying patients with substance use disorders and for providing the first steps to initiating treatment.[13] Because of societal stereotypes and stigmas associated with substance use disorders, health care providers should screen patients in a caring and nonjudgmental manner, and should assure patients that screening is undertaken to allow for optimal maternal care and outcomes during pregnancy and beyond. It is important for all providers to educate themselves on state and federal laws surrounding substance use screening and reporting, before implementing any universal screening protocols, owing to the potential for mandatory reporting of use in some states.

Complications of Opioid Use Disorder

Untreated OUD has been associated with significant complications during pregnancy for the mother, fetus, and neonate (**Table 1**).[14,15] Women experiencing OUD in pregnancy without treatment often have limited prenatal care and are exposed to at-risk behaviors, which increases the risk of sexually transmitted infections, violence, and adverse legal consequences, as well as to a significant risk of overdose and death. The fetus is at an increased risk of intrauterine growth restriction, placental abruption, preterm birth, and fetal death. Many of these complications are significantly reduced or improved with maternal treatment,[16,17] although some complications may persist, such as suboptimal fetal growth and risk of neonatal opioid withdrawal syndrome (also known as NAS). NAS is characterized by disturbances in the gastrointestinal, autonomic, and central nervous systems, and can be associated with extended