OPIOID USE DISORDERS IN PREGNANCY

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Disclosures

- No financial disclosures
- Treatment for opioid use disorders (OUD) in pregnancy
  - Not FDA approved

Objectives

- Review current data on opioid use disorders (OUD) in pregnancy
- Identify pregnancy complications associated with OUD
- Discuss recommended treatment for OUD in pregnancy
- Identify obstacles to best practice for OUD treatment in pregnancy
- Introduce resources for best practice for OUD in pregnancy

Pregnancy and OUD

- Opioid use disorders
  - Increasing in women of childbearing age
  - Associated with pregnancy complications without treatment
  - 80% of pregnancies in women with OUD are unplanned

Pregnancy and OUD

- Conflicting interests
  - Maximize long term maternal recovery
  - Minimize infant complications

- Social context does not promote disclosure
  - Stigma of substance use
  - Inability to understand addiction as a chronic medical disease
  - Criminalization of medical disorders in pregnancy

Pregnancy and OUD

Maternal Complications	Fetal/Neonatal complications
Infection – HIV, Hepatitis B/C, Tb, STIs	Poor fetal growth
Injury and overdose	Preterm birth (26 vs 11%)
Death	Infectious exposure
	Neonatal abstinence syndrome (NAS)

Dryden 2009, mn.gov

Treatment in Pregnancy

- Preferred
  - Methadone
  - Buprenorphine

- Specific considerations
  - Buprenorphine/naloxone
  - Naltrexone
  - Medication assisted withdrawal

- Not recommended
  - Acute detoxification

SAMSHA, 2018

Preferred treatment in pregnancy

Methadone

- Daily observed therapy
- Preferred with polysubstance users
- Higher retention 78%
- Higher overdose risk
- Equal NAS
- Longer NAS treatment
- Safe with breastfeeding
- Infant safety data

Buprenorphine

- Outpatient treatment
- Need withdrawal to start
- Increased diversion
- Lower retention 58%
- Lower overdose risk
- Equal NAS
- Shorter NAS treatment
- Safe with breastfeeding
- Limited infant safety data

Adapted, ACOG Executive Summary, July 2017

Treatment in pregnancy

Methadone

- Daily observed therapy
- Preferred with polysubstance users
- ***Higher retention 78%***
- Higher overdose risk
- Equal NAS
- Longer NAS treatment
- Safe with breastfeeding
- ***Infant safety data***

Buprenorphine

- Outpatient prescription
- ***Need withdrawal to start***
- **Increased diversion**
- Lower retention 58%
- Lower overdose risk
- Equal NAS
- ***Shorter NAS treatment***
- Safe with breastfeeding
- Limited infant safety data

Adapted, ACOG Executive Summary, July 2017

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Issues and Obstacles for Care

- Substance use screening
- Dual diagnosis
- Tobacco use disorders
- Birth expectations
- Communication
- Legal obligations

Gopman S et al., 2014

Dual diagnosis

- High incidence of co-existing mental illness
- Untreated depression - increased preterm birth, poor fetal growth
- Increased risk/severity of NAS - antidepressant, benzo, gabapentin use
  - Balance of risks/benefits challenging

Jarde A 2016, Huybrechts 2017

Tobacco use diagnosis

- 16% all pregnancies – up to 45% quit
  - 85-90% women in MAT – few quit
- Incentive based treatment
- Heavy (20+/day) vs. "light" (10 or less) cigarette use
  - Increased birth weight and length, lower peak NAS scores, shorter duration to peak NAS scores
- No data on e-cigarettes, vaping

Akerman, Choo, Winklbaur

Managing expectations

- Prenatal expectations
  - Team communication and surveillance
  - State laws and reporting
  - Pediatric, anesthesia consultation
  - Delivery expectations
  - Anesthesia at delivery
- Postpartum expectations
  - NAS, breastfeeding, postpartum depression

Meyer 2007, 2010

Delivery expectations

- Continue on all outpatient medications – need consistent dose
  - Need access to dose confirmation
- Analgesia – will be addressed, often higher use/dosing
- Breastfeeding – encouraged if no HIV, illicit use, Hep C if bleeding
- Close follow up postpartum
- Long acting contraception (LARC)

Blandthorn 2017

Legal obligations/challenges

- Conflict in philosophy in care:
- Medical model - treatment reduces substance use in pregnancy
- Law enforcement policy – criminal punishment deters substance use in pregnancy

Angelotta 2017 Jl Amer Acad Psych Law

Medical Experts

- ASAM/ACOG, 2017
  - “oppose criminalizing and other punitive approaches to substance use in pregnancy”
- AAAP, 2015
  - “opposed…punitive actions against pregnant women who use substances”
  - “opposed…legislation or policies that requires mandatory reporting of illegal substances”

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Legal barriers to care

- Mandatory reporting undermines patient-provider relationship
- Inconsistent treatment of chronic disease (e.g. diabetes)
- Women avoid care, providers avoid screening
- Universal urine drug screening – bypasses collaboration
- We must advocate for our patients

MN Stat 626.5561

www.store.samhsa.gov, February 2018

Conclusions

- Opioid use disorders (OUD) are a serious U.S. public health concern
- Medication assisted therapy is recommended for optimal outcomes
- OUD is associated with unique issues and obstacles during prenatal care

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