Opioid Use During Pregnancy

Florida Pregnancy-Associated Mortality Review (PAMR)

March 2020

Urgent PAMR Message to Providers and Hospitals

Obstetric providers and hospitals are the first health care contact for most mothers with Opioid Use Disorder (OUD) and need to lead the effort to screen, assess, and refer these mothers as well as providing for their obstetrical needs.

Florida PAMR Findings:

- Opioid Use Disorder (OUD) is a life-threatening chronic condition and is dangerous to pregnant and postpartum women.
- The rate of Florida women with OUD identified at delivery admission quadrupled from 0.5 per 1,000 deliveries in 1999, to 6.6 in 2014.[1] Use of illicit opioid and related drugs is now increasing as prescription opioids are becoming more restricted.[2]
- Drug-related deaths are the leading cause of death to mothers during pregnancy or within one year afterwards in 2017, accounting for 1 in 4 of these deaths in Florida. There are now as many maternal drug-related deaths as deaths due to traditional causes of maternal mortality. 75% of maternal drug-related deaths occur after the baby is born and the mother has been discharged.[3]

Risk Factors:

- Stigma and bias by the public and by health professionals make it very difficult for patients to discuss their condition and get help. Getting treatment during pregnancy and continuing afterwards are key to maternal survival and healthy families.[4]
- More than 30% of women with OUD have underlying depressive disorders that complicate patient care during pregnancy and postpartum.[5]
- Women with OUD who decide to stop medication-assisted treatment are at high-risk of relapse and potentially fatal consequences.[5]
- Loss of Medicaid or other health care benefits after delivery (such as, through loss of infant custody) may result in reduced access to the needed medication-assisted treatment.

PAMR Recommendations:

Prenatal Care and Screening

- Screen all pregnant women for OUD during prenatal care and at the time of delivery using a validated verbal or written screening tool: NIDA Quick Screen, 5P's, or CRAFFT. Using only biological testing for opioids and other drugs is not recommended.[6]
- Assess patients' prescription history though the Prescription Drug Monitoring Program (PDMP), preferably during the first prenatal visit.
- Be prepared to counsel women regarding opioid use during pregnancy and postpartum in a non-judgmental way. Tools such as SBIRT (Screening, Brief Intervention, Referral to Treatment) have been developed to help.[6]
- If a provider is unable to provide care for women with OUD, direct referral to another prenatal care provider or clinic to assure complete and compassionate care of the mother is essential.[6]
- A plan of safe care should be developed during prenatal care with input from all involved including prenatal care providers, community support services, and medication-assisted treatment providers.[6]

Referral and Treatment

- Provide direct referrals for medication-assisted treatment and/or other community support services. Connecting and supporting treatment with rehabilitation specialists is essential to maintaining these patients in obstetrical care.[7]

continued

Florida HEALTH

More information on a maternal opioid care bundle is available on the FPQC website:
https://health.usf.edu/publichealth/chiles/fpqc/more

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- Treatment needs to be multi-disciplinary and requires rehabilitation specialists to enhance care.[7]

Prior to Discharge

- All women with OUD should receive a prescription for naloxone and counseling on its use, especially those women with a prior overdose.[7]
- Before discharge, ensure the mother has a safe discharge plan: schedule postpartum mothers for early postpartum follow-up visits, medication-assisted treatment, and other needed services.
- Coordinate with the pediatric team caring for the infant as this is essential to ensure that both mom and baby can receive the necessary coordinated services in the hospital and at discharge. When possible, encourage prenatal contact/consult.

References:

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4. March of Dimes. (2020, Feb 14). Beyond Labels. Retrieved from https://beyondlabels.marchofdimes.org/.

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7. Substance Abuse and Mental Health Services Administration (SAMHSA). (2018). Medications for Opioid Use Disorder: For Healthcare and Addiction Professionals, Policymakers, Patients, and Families [Internet]. Rockville (MD): Substance Abuse and Mental Health Services Administration (US). (Treatment Improvement Protocol (TIP) Series, No. 63.).

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