Perspectives on maternal opioid use and abuse

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Our Expectation

Harsh Realities...
Opioid Abuse and Dependence Statistics, 2013

- 4.5 million people in the US current non-medical users of prescription pain relievers (1.7%)
- Persons who reported abuse or dependence in 2013
  - 1,879,000 pain relievers (up from 1.7 m in 2007)
  - 517,000 heroin (over double the rate from 2007)

(Source: NSDUH, 2013)

Rates of prescription painkiller sales, deaths and substance abuse treatment admissions (1999-2010)

Initiation of Drug Use

- 58.3% of new users of illicit drugs are women
- 70% initiate with marijuana
- 20% with prescription drugs
  - 12.5% with opioids
- 10% with other drugs
Sources of Opioid Attainment

- Friend/Relative (53.0%)
- One HCP (21.2%)
- Took/Bought from Friend/Relative (14.6%)
- Drug Dealer (4.3%)
- More than one HCP (2.6%)
- Other (4.4%)

SAMHSA (2014)

Shocking Statistics

Opioid use during pregnancy rates per 1000 live births:

- 2000: 1.19
- 2006: 2.5
- 2009: 5.63
- 2012: 5.90


More Shocking Statistics

Rates of Illicit Drug Use in Pregnancy by Race (2002-2012):

- Race:
  - African American – 7.7%
  - Caucasian – 4.4%
  - Hispanic – 3.1%
  - Asian – 1.7%

- Rates of Illicit Drug Use in Pregnancy by Age (2012):
  - Ages 15-17 – 20.9%
  - Ages 18-25 – 8.2%
  - Ages 26-44 – 2.2%
  - All ages 15-44 – 5.9%
Addiction – DSM V

• Diagnosis is based on a "pathological pattern of behaviors related to use of the substance"
• Based on 4 overarching groupings of behaviors with 11 individual criteria
  – A: Impaired control over substance use
  – B: Social Impairment
  – C: Risky use of the substance
  – D: Pharmacological criteria

(APA, 2013)

Addiction in Women

• Biological Issues:
  – Role of ovarian steroid hormones and menstrual cycle
  – Sex differences in stress reactions and relapse

Addiction in Women

• Telescoping course of addiction
• Enter treatment with more severe clinical profile
• More likely to use substances to manage negative affect
Addiction in Women

• Role of Co-Occurring Disorders
  – Mood and Anxiety Disorders
  – Eating Disorders
  – PTSD
  – History of physical or sexual abuse

Addiction in Pregnancy

• Desire a healthy baby
• Typically pre-existing drug use
• Attempt to modify drug use
• Typical drugs

What Not to Do: Lessons Learned

• History of Criminalization of Drug Use
  – 1997: South Carolina woman charged with criminal child abuse
  – 2000: U.S. Supreme Court rules against MUSC for drug testing without patients' knowledge or consent stating it violated the 4th Amendment
  – 2014: TN law charges women who test positive during pregnancy with assault
State Policies – Drug Use in Pregnancy

- TN – only state who charges with assault
- 18 states consider it child abuse under child welfare laws
- 3 states consider it grounds for involuntary commitment
- 18 states have mandatory reporting by healthcare providers
- 4 states have mandatory testing for "suspected" users and abusers

State Policies – Drug Use in Pregnancy

- 19 states have funded treatment programs for pregnant women
- 12 states give priority access to pregnant women state-funded treatment centers
- Delaware: Has no state-wide policies about drug use in pregnancy
- Maryland: No criminal or civil penalties; Has mandatory reporting; developed treatment program & given priority access
  
  (Guttmacher, 2015)

Screening options
Reasons for Lack of Screening

- Lack of training
- Skepticism about treatment
- Discomfort discussing sensitive issues
- Patient resistance
- Time/Financial constraints

Universal Screening

- Non-Judgmental Approach
- Do not selectively screen based on biases
- ASK! ASK! ASK!

NIDA Three Questions

- Have you ever smoked cigarettes?
- How much alcohol did you drink before you got pregnant?
- How many times have you used illicit drugs or drugs not prescribed for you?”
  (National Institutes on Drug Abuse, 2013)
4Ps

- **Parents:**
  - Did either of your parents ever have a problem with alcohol or drugs?
- **Partner:**
  - Does your partner have a problem with alcohol or drugs?
- **Past:**
  - Have you ever drunk beer, wine, liquor? Have you ever used illicit drugs or drugs not prescribed for you?
- **Pregnancy:**
  - In the month before you knew you were pregnant, how many cigarettes did you smoke?
  - In the month before you knew you were pregnant, how many beers/wine/liquor did you drink?
  - In the past year, how many times did you take illicit drugs or drugs not prescribed for you?

**SBIRT**

- **Screening**
- **Brief Intervention**
- **Referral to Treatment**

**Biomarker Screening**

- Not recommended for primary screening for drug use in pregnancy
- False negatives; false positives
- Do not distinguish between occasional vs. regular users
- Detects only recent use
- Legal and social implications
  - Arrests
  - Child Welfare
Biomarker Screening

• Essential for:
  – Women with known opioid use and abuse history
  – Women on methadone or buprenorphine treatment

Maternal and Fetal Risks of Opioid Use in Pregnancy

Maternal Risks

• Potential for overdose
• Risk-taking behaviors
• Criminal behavior linked to obtain drugs
• Poor self-care behaviors
Fetal/Neonatal Risks

- Intrauterine Growth Restriction (IUGR)
- Prematurity
- Infections 2° to maternal infections
- Intrauterine fetal demise
- Neonatal Abstinence Syndrome
- Delayed or Impaired Bonding
- Neglect/Abuse/Accidental drug exposure
- Neurodevelopmental issues

Prenatal, Intrapartum and Postpartum Management

- Prenatal:
  - Pregnancy options counseling
  - Thorough substance abuse history
  - Counseling and support
  - Evaluation and treatment of associated health conditions
Prenatal, Intrapartum & Postpartum Management

• Prenatal:
  – Anticipating absences from care
  – Assess fetal well-being
  – Opioid replacement therapy
    • Methadone
    • Buprenorphine

Prenatal, Intrapartum & Postpartum Management

• Methadone
  – Pure opioid agonist
  – Oral liquid doses
  – Dosing increased slowly over several weeks
  – Pregnant women require higher doses

Prenatal, Intrapartum & Postpartum Management

• Buprenorphine
  – Mixed opioid agonist-antagonist
  – Ceiling effect
  – Available by prescription
  – Administered by sublingual route
  – Must be in at least moderate opioid when initiated
Prenatal, Intrapartum & Postpartum Management

• ORT General Considerations
  – Risk for constipation
  – Assess for sedation
  – Routine urine drug testing
  – Length of treatment

Prenatal, Intrapartum & Postpartum Management

• Intrapartum:
  – Continuous fetal heart rate monitoring
  – Continue ORT during labor
  – Epidurals encouraged
  – Pure opioid agonists are NOT contraindicated
  – Mixed agonist-antagonists are contraindicated
    • Nalbuphine, butorphanol, pentazocine

Prenatal, Intrapartum & Postpartum Management

• Postpartum (Vaginal):
  – Postpartum pain management
    • NSAIDS
    • Acetaminophen

• Postpartum (C/S):
  – IV or oral opioids
  – Continue ORT
    • Buprenorphine – divided in 4-daily doses
Prenatal, Intrapartum & Postpartum Management

• Postpartum (C/S):
  – Higher and more frequent doses of oral opioids
  – Provide prescriptions at discharge
  – Early postpartum clinic visit

Prenatal, Intrapartum & Postpartum Management

• Postpartum Considerations:
  – Prevent Relapse
  – Breastfeeding Guidance
  – Newborn Developmental Assessment and Support
  – Postpartum Contraception
    • LARCs