



ASSESSMENT AND MANAGEMENT OF

Opioid Use in Pregnancy

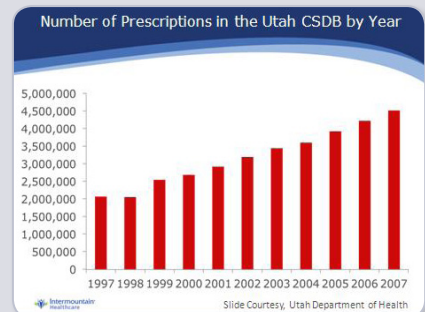
This care process model (CPM) was developed by the Neonatal Abstinence Syndrome (NAS) work group, a subgroup of the Women and Newborns Clinical Program at Intermountain Healthcare. Recommendations are based on national guidelines and regional standards of care. The CPM is intended to provide guidance and resources to help obstetric providers identify and manage opioid use in their patients. It outlines a practical approach that is appropriate for most patients, but should be adapted to meet the needs of individual patients.

► Why Focus ON OPIOIDS IN PREGNANCY?

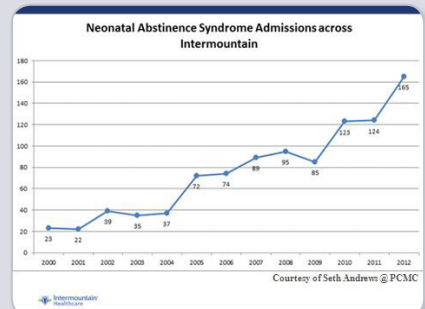
- **The rate of opioid use — and abuse — is high and rising.**^{MAN} The escalating use and abuse of opioids in the U.S. parallels a 300% increase since 1999 in the sale of these strong painkillers. These drugs were involved in 14,800 overdose deaths in 2008, more than cocaine and heroin combined.^{CDC1} In 2010, the national Centers for Disease Control and Prevention characterized the problem as “a growing, deadly epidemic.”^{CDC2}
- **Opioid use may be particularly problematic for women.** Some experts believe that women become dependent on prescription pain medication more quickly than men. This is especially concerning given studies showing that, compared to men, women are more likely to have chronic pain, are more likely to be given prescription pain medication, are given higher doses, and use prescription pain medication for longer periods of time.^{CDC2}
- **Utah is a hot spot for opioid use and abuse.** In 2008, Utah’s age-adjusted overdose death rate was 18.4 per 100,000; Idaho’s rate for the same year was about half that, 9.7.^{CDC2} Between 1999 and 2007, Utah deaths attributed to poisoning by prescription pain medications increased by over 500%; the Utah Department of Health reports that “the increase was mostly due to increased numbers of deaths from prescription opioid pain medications, including methadone, oxycodone, hydrocodone, and fentanyl.”^{UDOH}
- **Data show a significant impact on the mothers and babies we care for.** In the U.S., nearly 90% of drug-abusing women are of reproductive age.^{KUC} Between 2000 and 2007, more than 41% of Utah women on Medicaid filled a prescription for opioids during their pregnancies.^{DES} As opioid use has grown nationally and locally, Intermountain data suggest that chronic use of opioids among pregnant women has resulted in an increased length of stay (LOS) for newborns. The long-term effects of opioid exposure on the developing fetus are not well understood.

✓ KEY RECOMMENDATIONS

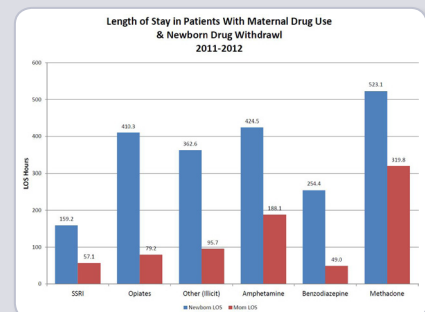
- **Screen and educate everyone.**^{ACOG} Abuse is common and often overlooked — even by patients.
- **Recognize that withdrawal is not a medical emergency, even in a pregnant woman.** Contact the clinician who has prescribed opioids for the patient and make an attempt to coordinate care in the management of her opioid use — utilizing behavioral health personnel whenever possible and appropriate.
- **Follow up to manage this aspect of patient’s care; refer for counseling and treatment as needed.** Treatment for substance abuse during pregnancy can be more effective than at other times in a woman’s life.^{VER} Women who receive treatment early in their pregnancy can achieve the same health outcomes as pregnant women without substance use.^{GOL}
- **Prescribe wisely.** If prescribing opioids at postpartum discharge, give the minimum appropriate amount. See specific guidelines on page 3.



Opioid prescriptions in Utah have risen steadily.



NAS admissions at Intermountain have also risen.



Drug use increases LOS for mother and infant.

GOALS AND MEASUREMENT

This CPM aims to raise clinician awareness of the incidence and impact of opioid use in pregnancy. It also aims to improve care for women who use opioids — and improve outcomes for babies.



To gauge progress toward these goals, Intermountain measures two clinical practices:

- Screening for substance use in pregnancy
- Prescriptions for opioids at postpartum discharge

SCREENING TOOLS

The Intermountain-modified National Institute on Drug Abuse (NIDA) Quick Screen

This 5-question tool asks about the patient’s drug or alcohol use in the past year; it’s Intermountain’s standard screening tool for substance abuse. With this tool, any positive response means a positive screening result.



Refer to Intermountain’s **Assessment and Management of Substance Use Disorder (SUD) CPM** for guidance on screening, brief interventions, and referral to treatment.

Click the image to open the document, or see page 4 for ordering information.

The 4 P’s

This screening device can be used to open conversations about substance use in the pregnancy and in the patient’s home or history. Any “yes” warrants further assessment.

1. Have you ever used drugs or alcohol during this **pregnancy**?
2. Have you had a problem with drugs or alcohol in the **past**?
3. Does your **partner** have a problem with drugs or alcohol?
4. Do you consider one of your **parents** to be an addict or an alcoholic?

INTERMOUNTAIN PATIENT EDUCATION

Click the image to open the document, or see page 4 for ordering information.

Fact sheets:

Substance Use During Pregnancy, for use with ALL pregnant patients



Prescription Pain Medication in Pregnancy, for patients using opioids or considering use in pregnancy



Newborn Withdrawal, for parents and caregivers with neonates in withdrawal



► RECOMMENDATIONS FOR OB PROVIDERS



1. SCREEN every patient at each encounter, or at least once per trimester during pregnancy.^{ACOG}

This approach reduces subjectivity, discomfort, and bias — and is far more effective than guessing. Use the Intermountain-modified NIDA Quick Screen and/or a tool validated for use in pregnancy, such as the 4 P’s.^{GOL,VER}

See the sidebar at left and the table below.

Intermountain-Modified National Institute on Drug Abuse (NIDA) Quick Screen^{NIDA}

In the past year, how often have you used the following?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
Alcohol: <ul style="list-style-type: none"> • For men, ≥5 standard drinks* a day • For women, ≥4 standard drinks a day 					
Tobacco products (including e-cigarettes)					
Prescription medications for non-medical reasons					
Prescription medications in amounts greater than prescribed, for reasons other than prescribed, or that weren’t prescribed to you					
Illegal drugs (illicit, street drugs)					
*Definition of a “standard drink:”					
• Beer or cooler (5% alcohol): 12 oz		• Table wine (12% alcohol): 5 oz			
• Malt liquor (7% alcohol): 8–9 oz		• 80-proof spirits (hard liquor) (40% alcohol): 1.5 oz ^{NH1}			
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Also, to identify patients who take prescription pain medication, consider asking this additional screening question:

“When you have pain, what do you do for the pain?”

In some cases, signs and symptoms will suggest abuse, even when screening is negative.

2. EDUCATE every patient.

You can assume that all women have some knowledge of the effects of drugs, alcohol, and cigarettes in pregnancy. Ask patients what they know, then fill in as needed.^{VER} Make sure patients understand that prescription medication — not just “street drugs” — can be misused and present risk. See patient education resources listed in the sidebar at left.

3. CHECK DOPL and HELP2 for a patient with admitted or suspected abuse.

Use dopl.utah.gov. Note that in HELP2, multiple visits/providers could be a red flag.

4. ENSURE that a physician is actively managing the patient's opioid use.

- **Communicate with the prescribing physician to coordinate care.** This provider needs to continue to manage in consultation with you, the OB provider. Reassure the prescribing physician that a pregnant woman often can be weaned safely from opioid use. Another option is to transition the patient to a maintenance medication (buprenorphine or methadone) that minimizes the perinatal risks. Offer to assist the prescribing physician with this process (*see sidebar at right*).

OR,

- **If you assume prescribing role, establish "rules of engagement" with patient.** Access Intermountain's *Opioid Medication Management Agreement* among the provider resources *described on page 4*.

5. REFER for counseling or treatment as needed.

Substance use disorders (SUDs) are complex *mental health disorders*, and patients with SUDs frequently have comorbid mental and physical problems. These patients often require multidisciplinary teams that can treat the whole person. For advice on referral to treatment, see Intermountain's care process model, *Assessment and Management of Substance Use Disorder*. Note that among other important interventions, the model supports mental health referral and cessation support groups (such as 12-step organizations); *see other resources on page 4*.

6. PROVIDE special care during pregnancy.

- Schedule more frequent prenatal visits. Try to have the same provider see the patient each time.
- Continue to coordinate care with prescribing physician, MAT provider, and/or counselor.
- Monitor antenatal course closely, with attention to the possibility of poor fetal growth and preterm birth.
- Address possibility of comorbidities (e.g., tobacco and alcohol use, mental health diagnosis, hepatitis C, HIV, TB, etc.).
- Anticipate possibility of NAS and need for special care for the newborn; coordinate with pediatric provider.



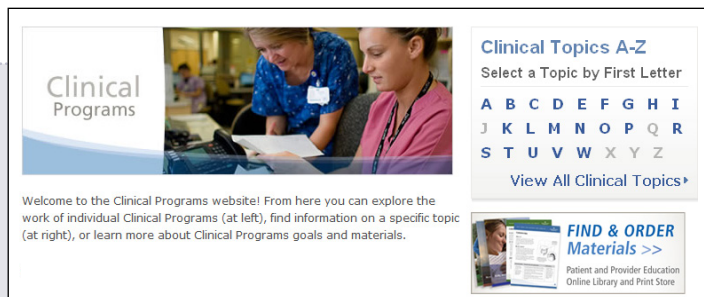
7. At postpartum discharge, PRESCRIBE THOUGHTFULLY.

Thoughtful prescribing at the time of discharge from the hospital will lower the risk of opioid abuse and dependence in your patient and drug diversion in the community at large. Recommendations:

- **Following a vaginal delivery:** The vast majority of patients achieve acceptable pain control with the use of NSAIDs alone. *Limit the use of opioids to patients with more severe pain; to these patients, dispense no more than 10 pills with no refills.*
- **Following a cesarean delivery:** Encourage reliance on NSAIDs with the use of opioids as needed for breakthrough pain for up to 7 days postoperatively. *At the time of discharge, dispense no more than 20 pills with no refills.*

OPTIONS FOR MANAGEMENT^{ACOG, JON1, JON2}

- **If the patient is on short-acting prescription opioids (oxycodone, hydrocodone) and is motivated to stop/decrease use, attempt to wean on an outpatient basis:** decrease dose 10%–15% weekly while engaging patient in ongoing SUD treatment per the [SUD CPM](#).
- **If the patient is on methadone or buprenorphine, continue therapy on an outpatient basis throughout the pregnancy.**
- **For all other patients using opioids, carefully transition to buprenorphine** (buprenorphine is the preferred agent for use in pregnancy; however, in some cases, methadone may be used):
 - **Contact a psychiatrist for help identifying a physician credentialed to use buprenorphine for addiction.** (Note that there is no single, reliable list of buprenorphine providers in Utah; many credentialed doctors choose not to appear on official lists, and about half of those on the SAMHSA list are not accepting new patients.)
 - **Admit for medical observation and manage with the assistance of the clinician experienced in the use of buprenorphine.** Generally, the patient will begin on Subutex and be managed per her withdrawal symptoms as assessed by COWS scale or other.
 - **At time of discharge, ensure that the patient continues** with or is referred to a credentialed physician for continued management throughout pregnancy.



Welcome to the Clinical Programs website! From here you can explore the work of individual Clinical Programs (at left), find information on a specific topic (at right), or learn more about Clinical Programs goals and materials.

RESOURCES

Access intermountainphysician.org/clinicalprograms and select the “Neonatal Abstinence Syndrome” or “Substance Use Disorder” clinical topic from the A–Z list on the right side of the screen. Look for:

- This CPM and other related CPMs and guidelines
- Clinical forms
- Patient education

Quick links to documents and sites of particular relevance:

- [*Assessment and Management of Substance Use Disorder \(SUD\) CPM*](#)
- [*Opioid Use in the Lactating Mother CPM*](#)
- Substance Abuse and Mental Health Services Administration (SAMHSA) website to locate providers, www.findtreatment.samhsa.gov.
- [*Opioid Medication Management Agreement*](#)
- Intermountain patient education fact sheets:
 - [*Substance Use During Pregnancy*](#), for use with ALL pregnant patients
 - [*Prescription Pain Medication in Pregnancy*](#), for patients using opioids or considering use in pregnancy
 - [*Newborn Withdrawal*](#), for parents and caregivers with neonates in withdrawal

REFERENCES

- ACOG ACOG Committee on Health Care for Underserved Women; American Society of Addiction Medicine. ACOG Committee Opinion No. 524: Opioid abuse, dependence, and addiction in pregnancy. *Obstet Gynecol*. 2012 May;119(5):1070-1076.
- CDC1 Centers for Disease Control and Prevention. Vital Signs: Overdoses of Prescription Opioid Pain Relievers—United States, 1999-2008. *MMWR* 2011; 60: 1-6.
- CDC2 Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention. Policy Impact: Prescription Painkiller Overdoses. <http://www.cdc.gov/homeandrecreationalafety/rxbrief>. Accessed November 5, 2014.
- DES Desai RJ, Hernandez-Diaz S, Bateman BT, Huybrechts KF. Increase in prescription opioid use during pregnancy among Medicaid-enrolled women. *Obstet Gynecol*. 2014 May;123(5):997-1002.
- GOL Goler NC, Armstrong MA, Taillac CJ, Osejo VM. Substance abuse treatment linked with prenatal visits improves perinatal outcomes: a new standard. *J Perinatol*. 2008 Sep;28(9):597-603.
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- NIDA NIDA Quick Screen V1.0. National Institute on Drug Abuse. <http://www.drugabuse.gov/sites/default/files/pdf/nmassist.pdf>. Accessed August 6, 2014.
- UDOH Utah Department of Health. Utah Clinical Guidelines on Prescribing Opioids. http://health.utah.gov/prescription/pdf/Utah_guidelines_pdfs.pdf. 2008 Accessed November 5, 2014.
- VER Vermont Child Health Improvement Program (VCHIP). Screening for Substance Abuse during Pregnancy. http://www.med.uvm.edu/vchip/Downloads/ICON%20-%20SCREENING_FOR_PREGNANCY_SUBABUSE.pdf. Burlington, VT: March of Dimes; 2009. Accessed November 5, 2014.

Patient education resources

Several patient education pieces on this topic have been created by Intermountain; others are part of the purchased Krames StayWell collection. To access these materials:

- **Log in to [Intermountainphysician.org/PEN](http://intermountainphysician.org/PEN)** and search for the item number or title in the appropriate area (either Intermountain or Krames StayWell).
- **As the iCentra EMR system is implemented**, search for Intermountain and KSW items in the patient education module.
- **Use i-printstore.com**, Intermountain’s Online Library and Print Store, for one-stop access and ordering for all Intermountain materials (fact sheets, booklets, trackers, etc.). Call 801-442-3186 for ordering information.