

# Maternal Opioid Use and Neonatal Abstinence Syndrome: An Epidemic Within An Epidemic

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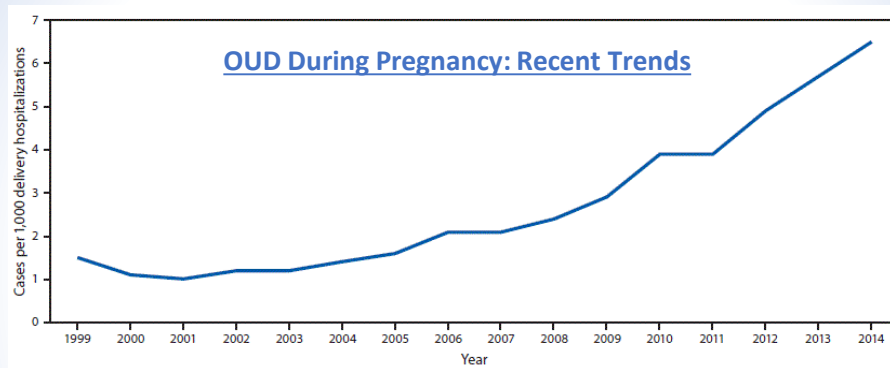


**Opioid use disorder (OUD)** is a problematic pattern of opioid use leading to clinically significant problems or distress. It is a chronic, potentially lifelong condition, with serious adverse outcomes including disability and death.<sup>1</sup> OUD during pregnancy is linked to various adverse maternal and child health outcomes and is a major risk factor for **Neonatal Abstinence Syndrome (NAS)**-a serious drug withdrawal syndrome in newborns.<sup>2</sup>

## The Burden



*OUD during pregnancy increased by over 4-fold nationally in the past two decades.*



*From 2004-2014, incidence of NAS increased by over 5-fold.*



- Nearly **1 in 3** women of reproductive age uses an opioid prescription annually.<sup>3</sup>
- NAS is associated with **5-fold** increase in delivery-associated costs.<sup>3</sup>
- Other adverse effects of OUD include preterm birth, low birth weight and maternal mortality.<sup>4,5</sup>



## Recommended Care

- A comprehensive treatment approach including counseling, coordinated prenatal care and medication assisted treatment (MAT) is the recommended care for pregnant women with OUD.<sup>6</sup>
- MAT increases adherence to prenatal care and substance use disorder treatment programs and improves both fetal and maternal health.<sup>6,7</sup>



**MEDICATION ASSISTED TREATMENT**  
for Opioid Use Disorders

### What is MAT?

MAT is the use of medications (methadone, buprenorphine) in combination with counseling and behavioral therapies for the treatment of substance use disorders

## Geographic Disparities and State Level Barriers to Care

**Only 50%** of pregnant women receive clinically recommended care for OUD.<sup>7</sup>

**ONLY 19** states have treatment programs targeted to pregnant women.<sup>7</sup>

**ONLY 17** states provide pregnant women with priority access.<sup>8</sup>



**Pregnant women in the South are 60% less likely to receive MAT for OUD, relative to women in the Northeast**

## Pregnant Women in Georgia Face Unique Challenges



### Coverage and Cost

- 20% of reproductive age women in GA are uninsured.<sup>9</sup>
- Without coverage, MAT costs several thousand dollars annually.<sup>10</sup>

### Provider Availability and Training

- Patients in rural settings must often travel >20 miles daily to be seen at a treatment facility.<sup>10</sup>
- Lack of provider and facility training for MAT administration are barriers to services delivery.

### State Restrictions

Prior authorization and step therapy delay/prevent access to MAT.<sup>10</sup>

- NAS rates in Georgia increased by over 10-fold over the past decade.<sup>11</sup>
- Despite the burden, providers are not required to test for prenatal drug exposure.<sup>8</sup>
- 60% of MAT providers in the state serve less than 1/3rd of allowed capacity.<sup>10</sup>
- Treatment programs specifically targeted toward pregnant women do not exist.

### GA in the midst of opioid epidemic

- Opioid prescribing rate in Georgia is **21% higher** than national average.<sup>12</sup>
- **68%** of overdose deaths and **30%** of NAS cases are attributable to opioids.<sup>13</sup>

## Recent Legislation and The Way Forward

[Comprehensive Addiction and Recovery-2016 \(CARA\)](#) and [SUPPORT for Patients and Communities Act-2018](#) introduced provisions to improve access to substance use and behavioral health services and MAT prescribing authority for nurse specialists and certified nurse midwives.



- Universal prenatal drug screening and increased access to OUD treatment services is critical for early diagnosis and intervention.
- Improved data monitoring, greater regulation of opioid prescribing during gestation, provider training and greater cohesion among state agencies is essential to improving OUD care during pregnancy.
- Further research is required to assess the effects of recent federal legislation on state level OUD treatment programs.

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