



# Caring for the Pregnant Woman with Opioid Use Disorder and Infants with Neonatal Abstinence Syndrome

*Carla Worley Saunders, Sarah T. Melton, and Michael G. O'Neil*

## CARING FOR THE PREGNANT WOMAN WITH OPIOID USE DISORDER

### INTRODUCTION

Opioid use in pregnancy has increased dramatically over the past decade, paralleling the epidemic seen in the general population.<sup>1</sup> Opioid use disorder (OUD) is associated with negative outcomes for the mother and fetus because of the physiological effects of the drug as well as the associated social, medical, and mental health problems that accompany OUD.<sup>2</sup> During 2008–2012, more than one-quarter of privately insured and over one-third of Medicaid-enrolled women aged 15–44 years filled a prescription written by a healthcare provider for an opioid medication.<sup>3</sup> Results from the Maternal Opioid Treatment: Human Experimental Research (MOTHER) study revealed the complexities and need for a comprehensive team approach when identifying, treating, and studying mothers with OUD and newborns at risk for neonatal abstinence syndrome (NAS).<sup>4</sup> Pharmacists play a critical role in identifying women at risk, educating mothers at risk for OUD, and helping manage newborns with NAS.

There are four categories of opioid use among pregnant women that should be considered including:

- women who are receiving pain management with medications under the care of a physician
- women under the care of a physician and undergoing treatment for an OUD with medications, such as methadone or buprenorphine
- women who are misusing or abusing opioid pain medications with or without a prescription (e.g., obtaining pills illegally for a nonmedical use, “doctor shopping,” obtaining a prescription illegally)
- women who are misusing illicit opioids, particularly heroin<sup>5</sup>

Regardless of the source of opioids, caring for the pregnant woman with OUD involves special care and coordination for the mother and for the baby. Screening and assessment of the woman before and during pregnancy, addressing barriers to treatment engagement, and addressing the treatment needs and interventions are key to providing comprehensive care for this special population. Treatment guidelines or policy statements addressing OUD in pregnant women include those from the American College of Obstetricians and Gynecologists (ACOG),<sup>1</sup> the American Society of Addiction Medicine (ASAM),<sup>6</sup> the Substance Abuse and Mental Health Services Administration (SAMHSA),<sup>5,7</sup> and the World Health Organization (WHO).<sup>8</sup>

## ROLE OF THE PHARMACIST IN THE INTERPROFESSIONAL CARE TEAM

Pharmacists should work actively and collaboratively with primary care providers, obstetricians, and addiction medicine specialists to ensure that women who are using opioids during pregnancy receive appropriate care. Pharmacists can ensure that prescribed opioids are appropriately indicated. For pregnant women with an OUD, opioid agonist pharmacotherapy is recommended. For women treated for chronic pain, the pharmacist can assist in developing strategies to avoid or minimize the use of opioids for pain by emphasizing the role of nonpharmacologic or alternative pain therapies. The pharmacist should discuss the risks and benefits of opioid use and help develop treatment goals with the patient. The patient should be educated about the risk of becoming physiologically dependent on opioids and, in the case of pregnant women, the risk of the infant developing NAS. The pharmacist should take a comprehensive history of substance use and review the prescription drug monitoring program for controlled substances prescribed for the patient. The treatment team should address with women of child-bearing age issues regarding family planning and how long-term opioid use will affect care in a potential pregnancy.

### PRACTICE POINT

Pharmacists are key team members in caring for the pregnant female with OUD. As a medication expert, the pharmacist works collaboratively with other professionals to assess risks and benefits and to provide education about the use of opioids during pregnancy.



## SCREENING AND ASSESSMENT

Screening and assessing the pregnant female to understand the extent and nature of her substance use disorder (SUD) and how the disorder interrelates with other