Medical Facts:
Opioid Use Disorder in Pregnancy (OUDP) and Neonatal Abstinence Syndrome (NAS) in their offspring

- Opioid use in pregnancy increased from 1.2 to 5.6 per 1000 hospital births per year\(^1\)
- 30-40% of pregnant women receive opioid prescriptions for pain\(^2\), mostly short-acting\(^2\)
- OxyContin® was and remains the most commonly prescribed opioid associated with OUD\(^3\)
- OUDP epidemic mainly affects the Southern states\(^4\), most commonly affecting suburban and rural areas\(^5\)
- More often among younger, less educated, women with more frequent pregnancies\(^6\)
- American Academy of Pediatrics (AAP) policy statement called for a public health (non-punitive) response to this epidemic\(^7\), but the Federal response has been inadequate\(^8\)
- American College of Obstetricians and Gynecologists (ACOG) also recommends a public health response, with universal screening and referral of women with OUDP\(^9\)
- Ethical approaches recommended for identifying women with OUDP and NAS infants\(^10\)
- OUDP is commonly associated with low birth weight\(^2,11\), major congenital heart defects, spina bifida and abdominal wall defects\(^12\)
- NAS increased from 1.2 to 3.4 per 1000 hospital births per year (2000-2009)\(^1\)
- NAS occurs more commonly in male infants\(^13\), mothers taking higher opioid doses, short-acting opioids, smoking cigarettes, or taking SSRIs for depression\(^2\)
- NAS admissions increased from 7 to 27 cases per 1000, with median lengths of stay also increasing from 13 to 19 days (2000-2009) \(\rightarrow\) 7-fold increases in costs of care\(^14\)
- Cost of care for NAS infants is typically $159,000 to 238,000 greater than normal infants\(^15\)
- Treating NAS in a rural hospital achieves similar outcomes, but hospital charges are lower\(^16\)
- Evidence-based assessment and management of NAS avoids complications and minimizes long-term effects\(^17-19\)
- Opioid abuse also exposes young children to increased risks of death and major toxicity\(^20\).

References: