



# Understanding Opioid Use During Pregnancy

*Opioid use and dependency among pregnant women in the United States has increasingly been the subject of new state laws and policies. Unfortunately, this has not led to increased funding for treatment and misinformation has resulted in harmful policy decisions. This fact sheet provides information about opioid use during pregnancy, neonatal abstinence syndrome, and best practices for improving maternal and fetal health.*

## ***Best Medical Practices for Treating Opioid-Dependent Pregnant Women***

- **Opioid-assisted therapy.** The current standard of care for treating pregnant women with opioid dependence is opioid-assisted therapy with methadone or buprenorphine. Taken in constant daily doses, methadone and buprenorphine work by blocking the euphoric and sedating effects of opioids, preventing withdrawal symptoms, and reducing the craving for opioids. Medication-assisted treatment results in better pregnancy outcomes and shorter hospital stays for newborns. A pregnant woman who is in medication-assisted treatment may still give birth to a baby with symptoms of opiate withdrawal.<sup>1</sup> Health care providers and pregnant woman can prepare for this together and can anticipate and use best practices to help newborns as their symptoms subside.

## ***Understanding Neonatal Abstinence Syndrome (NAS)***

- **What is NAS?** Some newborns who are prenatally exposed to opioids, such as heroin, morphine, oxycodone, and medically-recommended medication treatments for opioid dependency (methadone and suboxone), may experience temporary and treatable withdrawal symptoms at birth. These symptoms, which may include trembling, fever, loose stools, and difficulty sleeping, are collectively referred to as neonatal abstinence syndrome (NAS).<sup>2</sup> NAS is a treatable and temporary condition. It is not life threatening or permanent, and studies show that newborns with NAS do not develop any differently than other children.<sup>3</sup>
- **What causes NAS?** Newborns whose mothers took opioids during pregnancy — including prescribed painkillers, addiction treatment medications, and illicit opiates — may experience NAS. But prenatal exposure to opioids does not always result in NAS.<sup>4</sup> Medical science has not yet determined why some babies develop NAS and others do not.
- **How is NAS treated?** Research shows that skin-to-skin contact, breastfeeding, and caring for mother/baby in the same room (“rooming in”) can significantly reduce a newborn’s hospital stay and need for medication.<sup>5</sup> Some NAS-diagnosed newborns may need medication.

<sup>1</sup> American College of Obstetricians & Gynecologists, Committee on Health Care for Underserved Women, *Opioid Abuse, Dependence, and Addiction in Pregnancy*, Committee Opinion No. 524 (May 2012).

<sup>2</sup> Substance Abuse & Mental Health Services Administration (SAMHSA), U.S. Department of Health & Human Services, Pub. No. [SMA] 06-4124, *Methadone Treatment for Pregnant Women* (2006).

<sup>3</sup> Walter K. Kraft & John N. van den Anker, *Pharmacologic Management of the Opioid Neonatal Abstinence Syndrome*, 59 *Ped. Clinics of N. Am.* 1147 (2012).

<sup>4</sup> Lauren M. Jansson, et al., *The Opioid Exposed Newborn: Assessment and Pharmacologic Management*, 5 *J. Opioid Manag.* 47 (2009).

<sup>5</sup> Ronald R. Abrahams et al., *An Evaluation of Rooming-In Among Substance-exposed Newborns in British Columbia*, 32 *J. Obstet. Gynaecol. Can.* 866 (2010); Tolulope Saiki et al., *Neonatal Abstinence Syndrome - Postnatal Ward Versus Neonatal Unit Management*, 169 *Eur. J. Peds.* 95 (2010); Gabrielle K. Welle-Strand et al., *Breastfeeding Reduces the Need for Withdrawal Treatment in Opioid-Exposed Infants*, 102 *Foundation Acta Paediatrica* 1060 (2013).