

# THIS COUNTRY IS FACING AN OPIOID EPIDEMIC.

Over the past decade, the number of people abusing prescription painkillers has skyrocketed. These painkillers not only block pain, but they can also be deadly. More than 100,000 people die of opioid overdose yearly, and among those over 20,000 are women. In recent years, deaths caused by overdosing on opioids has risen 400% among women alone.

Prescription painkillers are prescribed at higher dosages for longer periods of time to women during their childbearing years. Women are also more likely to become addicted to opioids. For some women, the prescriptions expire, but the addiction does not. Those addicted to opioids often turn to street drugs such as heroin, or counterfeit pills laced with deadly fentanyl. As the number of women addicted to opioids increases so does the chance that they will become pregnant and pass their addiction onto their unborn child. Unborn babies exposed to opioid abuse have many health problems. The medical term for this is Neonatal Abstinence Syndrome or NAS.

## What is Neonatal Abstinence Syndrome?

Neonatal Abstinence Syndrome (NAS) the medical term for the health problems a baby struggles with as a result of a mother using drugs (including prescription painkillers) during pregnancy. Problems can include withdrawal symptoms like seizures, low birth weight, and difficulty sleeping, eating, and breathing. In a study conducted over 13 years, opiate use among expecting mothers increased cases of NAS from 1.5 in 1000 births to 6 in 1000 births.

## Symptoms of Opioid Induced NAS



### Newborns with NAS may suffer with:

- High-Pitched Cry
- Vomiting
- Jitteriness
- Diarrhea
- Tremors
- Mottling (spots of color on the skin)
- Convulsions
- Difficulty Sleeping
- Fever
- Loss of Appetite
- Sweating
- Dehydration

NAS is not the only the risk of taking opiates while pregnant. Serious birth defects such as spina bifida, hydrocephaly (excessive fluid in the baby's brain), gastroschisis (a hole in the abdominal wall from which the baby's intestines stick out) and congenital heart defects can all occur.

## RESOURCES

March of Dimes

[www.marchofdimes.org](http://www.marchofdimes.org)

National Center on Substance Abuse and Child Welfare:

<https://ncsacw.samhsa.gov>

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## OPIOIDS & PREGNANCY



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# Frequently Asked Questions:

***My pregnancy test just came back positive - can I just stop taking painkillers?***

Stopping prescription drug use results in withdrawals. Withdrawals can affect the body in uncontrolled and unsafe ways. Withdrawal greatly increases the risk for miscarriage. Speak to a doctor about methods for handling prescription changes.

***Should a woman expect to get less and less methadone as a pregnancy progresses?***

Generally no. Only doctors who are licensed with the Substance Abuse and Mental Health Services Administration opioid treatment program can prescribe methadone. Methadone is a drug and its use may cause withdrawal symptoms. Withdrawal symptoms are more harmful to a fetus than the methadone itself. Women often need an increased dosage of methadone in the final stages of pregnancy. The increased blood in a pregnant body diminishes the effectiveness of the medication.

***Will breastfeeding pass methadone to the baby?***

Yes. However, the amounts are usually small. Doctors recommend to not breastfeed in the 4-6 hours after a methadone dose is taken. Asking the doctor for specific timing of feedings can reduce the amount of methadone a baby might drink in breastmilk.

***If you are addicted to opioids and realize you are pregnant, the first thing you should do is talk to your doctor. Early treatment is critical for your health and the health of your baby.***

## WHAT CAN YOU DO TO HELP PREVENT NAS IN YOUR BABY?

If you are pregnant and using opioids for any reason, tell your doctor right away. Do not stop taking the drug suddenly without advice from your doctor. If you are addicted to opioids ask your doctor about medication-assisted treatment. Make sure all doctors that may prescribe you medication know that you are, or that are you are thinking about becoming pregnant. If you plan on becoming pregnant, talk to your doctor about what medications you are on and what changes you can make now to help prevent NAS.

**The most important thing you can do for your unborn child is to talk openly with your doctor about any medication or drugs you are taking.**



### What Should I Do?

Dealing with pain is a common issue for pregnant women. Low back pain, migraines, and joint pain are all frequent discomforts. As much as 50% of pregnant women will experience low back pain at some point in their pregnancy. It's understandable that many turn to a pill for comfort. Extreme caution should be taken when using any medication while pregnant. This includes over-the-counter pain relievers. Acetaminophen (the main ingredient in Tylenol) is the only known and safe over-the-counter pain relief when taken as directed. Always check with your doctor before taking over-the-counter medications or herbal supplements while pregnant.

### How do I know what's safe and what's not?

Speak to your doctor about any pain issues that are happening. Doctors know what is safe for a woman and her unborn child. Never take pills that are not prescribed or that were prescribed before becoming pregnant. Finally, always follow the prescription instructions.

### Treatment

There is hope for women who find themselves addicted to opioids and pregnant. Doctor prescribed opioid substitution treatment programs have been successful in treating the mother for addiction and lessening the effects of NAS for the newborn.

#### Opioid Substitution #1: Methadone

Is it safe for the baby? Like any medication there are side effects (lower birth weight, smaller-than-normal head size) but as the baby grows these disappear. Methadone has been researched and prescribed for more than 25 years. Continuing opioid use or quitting cold turkey are a much greater risk to the baby than substitution treatment.

#### Opioid Substitution #2: Buprenorphine

A relatively new treatment option, buprenorphine shows improved results in withdrawal symptoms, fewer drug to drug complications, and less chance of overdosing. It has not been around long enough (introduced in 2002) to have been studied with regards to long term effects for the unborn child.

It is important to note that while these treatments lessen the effects of NAS for the baby, they do not 100% prevent the fact that a baby may be born with NAS. Any opioid substitution program must be closely monitored by a doctor. Additional treatments, such as counseling or behavioral therapy, will increase the success rate for mothers to remain opiate free.



### For the Baby

Longer hospital stays can be expected for a baby born with NAS. In addition to administering methadone or morphine to lessen a baby's withdrawal symptoms, doctors and nurses may give treatments that include massage, swaddling, and limiting lights and noises. Breastfeeding is generally encouraged, if no other risk factors are present. A baby can start experiencing symptoms as soon as they are born. Symptoms can continue for up to 6 months. However, babies that are treated for NAS usually get better in 5 to 30 days.

**Every 25 minutes a baby is born with NAS**