


Obstetric Complications:
The Essentials
and More


Opioid Use Disorder During Pregnancy

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Disclosure Statement:

- I have no actual or potential conflict of interest in relation to this presentation.
- I will be discussing off-label uses of the following medications:
 - buprenorphine buccal film

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OBJECTIVES:

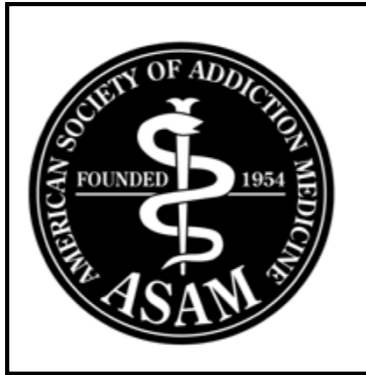
1. Review the epidemiology of opioid use in pregnancy.
2. Identify pregnancy complications associated with opioid use disorder (OUD).
3. Discuss best practices for treatment of OUD in pregnancy.
4. Discuss the issues and outcomes related to untreated OUD.
5. Understand the potential barriers to care with untreated OUD in pregnancy.

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OPIOID USE DISORDER: A DISEASE ON A SPECTRUM

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AMERICAN SOCIETY OF ADDICTION MEDICINE



Addiction:

- Is a **primary, chronic disease** of brain reward, motivation, & memory.
- Is characterized by **compulsive drug seeking & use despite harmful consequences**.
- Is a treatable disease.
- Involves **cycles of relapse & remission**.
- Involves complex interactions among brain circuits, genetics, the environment and an individual's life experiences.

Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.

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DSM-V Diagnostic Criteria Substance Use Disorder

Mild: 2-3

Moderate: 4-5

Severe: 6+

DSM V Diagnostic Criteria: Substance Use Disorder

SEVERITY: 2-3: *mild* 4-5: *moderate* 6 or more: *severe*

1. Taking the substance in larger amounts or for longer than you meant to.
 2. Wanting to cut down or stop using the substance but not managing to do so.
 3. Spending a lot of time getting, using, or recovering from use of the substance
 4. Cravings and urges to use the substance
 5. Not managing to do what you should at home, work, or school because of substance use
 6. Continuing to use, even when it causes problems in relationships
 7. Giving up important social, occupational, or recreational activities because of substance use
 8. Using substances again and again, even when it puts you in danger
 9. Continuing to use, even if you have a physical or psychological problem that could have been caused or made worse by the substance
 - *10. Needing more of the substance to get the effect you want (tolerance)
 - *11. Development of withdrawal symptoms, which can be relieved by taking more of the substance
- *Criteria not met if taking prescribed drugs under supervision

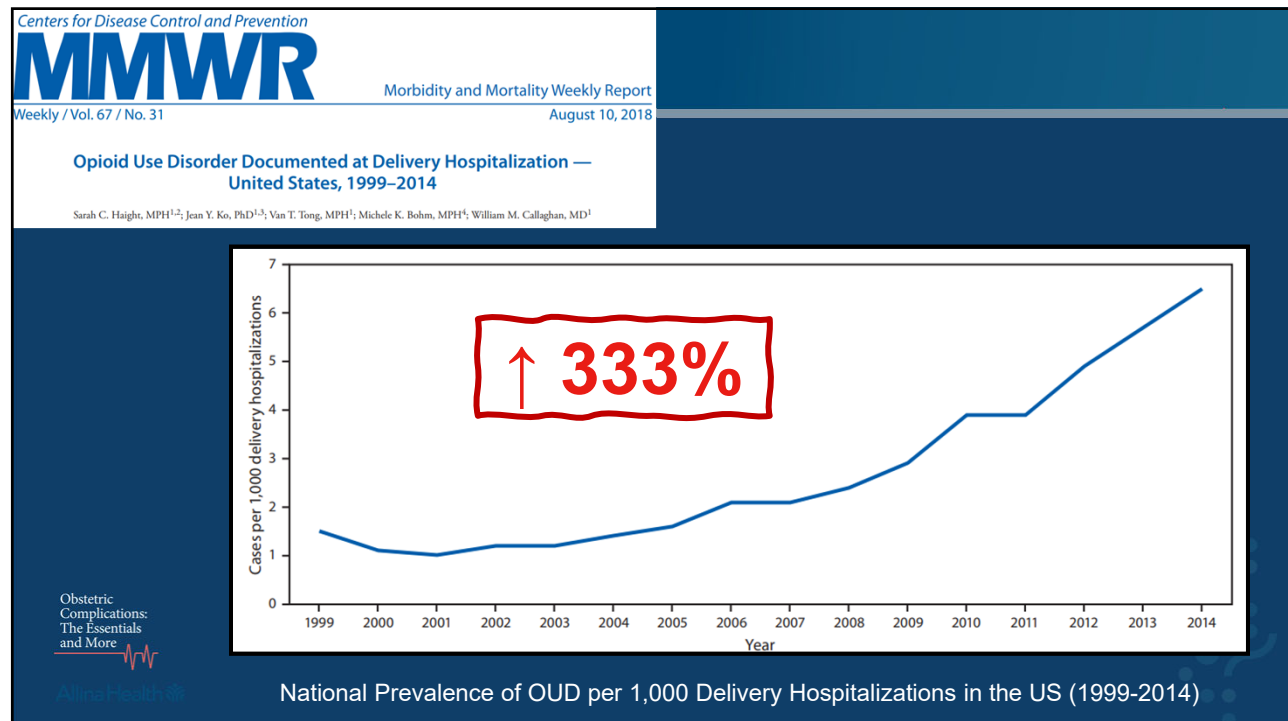
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OPIOID USE DISORDER IN PREGNANCY

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Research Article

Maternal Opioid Drug Use during Pregnancy and Its Impact on Perinatal Morbidity, Mortality, and the Costs of Medical Care in the United States

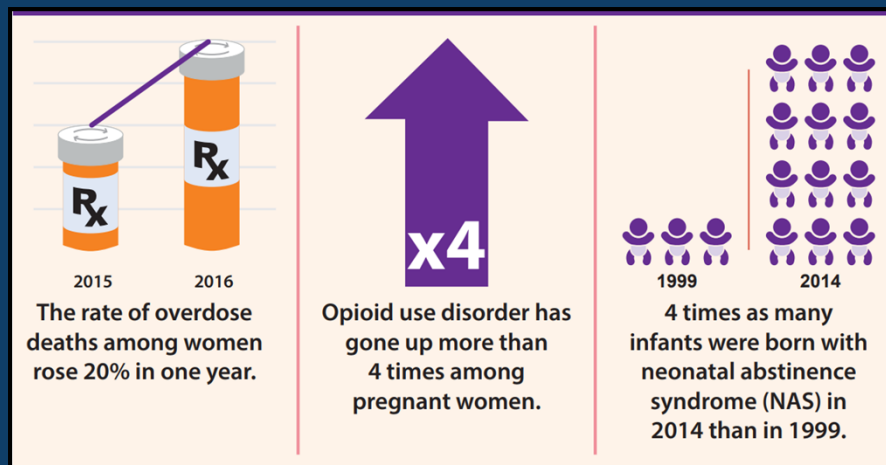
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Outcomes	Rate ^a of outcome		Odds Ratio
	Opioid users	Nonopioid users	
Maternal			
Threatened preterm labor	30.1	22.3	1.36 (1.24–1.49)
Early onset delivery	124.0	65.2	2.03 (1.88–2.20)
PROM	38.5	35.4	1.10 (1.00–1.20)
Wound infection	7.0	5.0	1.41 (1.18–1.68)
Acute renal failure	2.1	0.5	4.10 (3.11–5.41)
Postpartum depression ^f	24.7	2.1	12.04 (10.83–13.40)
Hospital stay >5 days ^e	133.4	29.9	5.00 (4.16–6.02)
In-hospital maternal mortality	0.8	0.1	5.89 (3.74–9.28)
Fetal			
Poor fetal growth	35.9	15.9	2.31 (2.10–2.55)
Stillbirth	10.0	6.3	1.60 (1.39–1.83)

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[MMWR-Opoids-Use-Disorder-Pregnancy-Infographic-h.pdf \(cdc.gov\)](https://www.cdc.gov/mmwr/Opoids-Use-Disorder-Pregnancy-Infographic-h.pdf)

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