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Editorial

Prevention, Recognition, and Treatment of Opioid Use Disorder in Obstetrics

A Call to Action

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Communities across our nation are struggling with how best to address the opioid overdose epidemic. This crisis has affected all populations, and, unfortunately, pregnant women are no exception. Health care professionals who have dedicated their careers to the care and treatment of women know better than anyone that a woman who is or may become pregnant must be in the best of health to ensure healthy outcomes for herself and her child. Physicians specializing in obstetrics and gynecology serve an integral role in ensuring that mothers-to-be are aware of and have access to what is needed to stay healthy.

Obstetrician–gynecologists (ob-gyns) do not hesitate in taking on this role when it comes to addressing the physical health needs of their patients. As the Assistant Secretary for Mental Health and Substance Use and the United States Surgeon General, we urge ob-gyns to approach their patients' mental health care, including the treatment of substance use disorders, with the same vigor as they address their patients' physical health and well-being. The National Survey on Drug Use and Health (NSDUH) reported misuse of opioids by 32,000 women in 2017.[1] Alarmingly, opioid use disorder (OUD) rates measured at the time of delivery rose more than fourfold between 1999 and 2014. Rates varied significantly by state, ranging from 0.7 per 1,000 deliveries per year in the District of Columbia to 48.6 in Vermont.[2] This dramatic rise in OUD portends an increase in associated obstetric complications, including fetal growth restriction, placental abruption, fetal death, preterm labor, and intrauterine meconium passage.[3] Prenatal care that includes detection and treatment of OUD will attend to both the mother's and child's needs, before and after birth.

Ob-gyns are uniquely positioned to prevent or mitigate physical dependence due to chronic opioid use by minimizing use of opioid analgesics to manage pain from surgery or other causes whenever feasible, in favor of nonopioid pharmacologic treatments, behavioral approaches, or physical therapy.[4] Physicians caring for women with substance use disorders must seek a complete picture of their patients' history to develop a holistic management plan. Evidence-based tools are available to assist in screening for and, when indicated, treating OUD in pregnant women. One example is the Centers for Disease Control and Prevention's online training on opioid use and pregnancy.[5]

Medication-assisted treatment, the use of U.S. Food and Drug Administration–approved pharmacotherapy in combination with psychosocial services, is an evidence-based approach to address OUD in pregnant women and is the recommended standard of care. Methadone and buprenorphine each have been associated with improved birth outcomes for women with OUD. In addition, buprenorphine treatment has

been associated with reduced duration of treatment for neonatal abstinence syndrome, reduced morphine treatment requirement, and reduced duration of neonatal abstinence syndrome–associated hospital stays relative to infants whose mothers were treated with methadone for OUD during pregnancy.[6]

Because of improved outcomes for women with OUD undergoing medication-assisted treatment and for their infants, the Department of Health and Human Services strongly encourages ob-gyns to provide buprenorphine treatment for women with OUD. The first step in providing medication-assisted treatment is to obtain a Drug Abuse Treatment Act of 2000 waiver to existing controlled substance prescribing requirements. Although the opioid overdose epidemic is one of the worst public health crises this nation has seen, only about 5% of the nation's physicians currently have a waiver, severely limiting care for those who need it. Because of the potentially life-threatening complications of untreated OUD for pregnant women and their infants, the case for medication-assisted treatment is particularly compelling for ob-gyns.

To assist practitioners who want to provide treatment for OUD, the federal government has made numerous resources available at no cost. The Substance Abuse and Mental Health Services Administration provides the training necessary to obtain a Drug Abuse Treatment Act of 2000 waiver through the Provider's Clinical Support System for Medication Assisted Treatment.[7] The Substance Abuse and Mental Health Services Administration also provides mentor support and continuing medical education in online and webinar formats to address important topics in OUD. The Opioid State Targeted Response Technical Assistance Center and the nationwide network of Addiction Technology Transfer Centers provide on-demand training and technical assistance to practitioners who need help providing care for substance use disorders, including opioids. The Substance Abuse and Mental Health Services Administration's Clinical Guidelines for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants[8] provides critical information and resources for practitioners treating pregnant women with OUD. Information on OUD and its treatment in pregnancy for women and their families is also available in the Substance Abuse and Mental Health Services Administration's Healthy Pregnancy Healthy Baby resource.[9]

Residency training programs also have a role to play in addressing the opioid overdose epidemic and its unique effect on pregnant women and infants. Simply put, we believe all ob-gyn trainees should graduate equipped to provide medication-assisted treatment for their patients with OUD. Residency programs also must provide training on holistic pain management options that minimize the risk of unnecessary opioid exposure.

Pregnant women are carrying within them our nation's future. It is our job to protect and care for that future in every way possible. This charge includes providing safe and effective care for women with OUD. We need those on the front lines–our country's ob-gyns–to join us in the fight to safeguard the health and wellness of our most precious resources–our children and their mothers.

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