

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 year¹
- 30-40% of pregnant women receive opioid prescriptions for pain², mostly short-acting²
- OxyContin® was and remains the most commonly prescribed opioid associated with OUD³
- OUDP epidemic mainly affects the Southern states⁴, most commonly affecting suburban and rural areas⁵
- More often among younger, less educated, women with more frequent pregnancies⁶
- American Academy of Pediatrics (AAP) policy statement called for a public health (non-punitive) response to this epidemic⁷, but the Federal response has been inadequate⁸
- American College of Obstetricians and Gynecologists (ACOG) also recommends a public health response, with universal screening and referral of women with OUDP⁹
- Ethical approaches recommended for identifying women with OUDP and NAS infants¹⁰
- OUDP is commonly associated with low birth weight^{2,11}, major congenital heart defects, spina bifida and abdominal wall defects¹²
- NAS increased from 1.2 to 3.4 per 1000 hospital births per year (2000-2009)¹
- NAS occurs more commonly in male infants¹³, mothers taking higher opioid doses, short-acting opioids, smoking cigarettes, or taking SSRIs for depression²
- NAS admissions increased from 7 to 27 cases per 1000, with median lengths of stay also increasing from 13 to 19 days (2000-2009) → 7-fold increases in costs of care¹⁴
- Cost of care for NAS infants is typically \$159,000 to 238,000 greater than normal infants¹⁵
- Treating NAS in a rural hospital achieves similar outcomes, but hospital charges are lower¹⁶
- Evidence-based assessment and management of NAS avoids complications and minimizes long-term effects¹⁷⁻¹⁹
- Opioid abuse also exposes young children to increased risks of death and major toxicity²⁰.

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