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Policy calls for public health approach to opioid misuse by pregnant women

by Carla Kemp, Senior Editor

The use of prescription opioids by pregnant women has surged in the last decade, leading to a nearly fivefold increase in newborns experiencing withdrawal, studies have shown.

Some states have considered responding by prosecuting and incarcerating pregnant women with substance use disorders. However, this punitive approach has no proven benefits and may harm both women and their babies, according to a new policy statement from the AAP Committee on Substance Use and Prevention.

Instead, the policy recommends a public health response to this epidemic that focuses on preventing unintended pregnancies, universal substance use screening for women of childbearing age, improved access to opioid replacement therapy for pregnant women and more funding for child welfare systems.

The policy, *A Public Health Response to Opioid Use in Pregnancy*, is available at <http://bit.ly/2kjFEoh> and will be published in the March issue of *Pediatrics*.

One infant is born every 25 minutes with neonatal abstinence syndrome (NAS), according to a study cited in the policy. The diagnosis of NAS may be missed due to the vagueness of signs and delayed presentation, leading to poor outcomes.

Therefore, it is vital for pediatricians to be aware of substance use during pregnancy so they can provide effective care for infants, including those with NAS, the policy states.

The Academy first published a policy on drug-exposed infants in 1990, which called for nonpunitive access to comprehensive care for pregnant women who abuse substances and their infants. Since then, more than 20 national groups have gone on the record against prosecution and punishment of pregnant women who use illegal drugs. However, many states are considering or have passed laws that allow women to be criminally prosecuted if their substance use during pregnancy harms their babies.

The policy notes that such laws may deter women from getting prenatal care and agreeing to drug testing. Instead, it calls for a public health approach grounded in science and makes the following recommendations:

- **Primary prevention:** The public should be educated about the addictive potential of prescription opioids to prevent their misuse before pregnancy. Access to reproductive health services, including long-acting reversible contraception, should be expanded.
- **Identification:** All women should be screened for substance use at routine health care visits and several times during prenatal care, regardless of age, race, ethnicity or socioeconomic status. Informed consent should be obtained from pregnant women before urine drug testing is performed. The woman should be aware of who will have access to the results and how positive results will be used for treatment and reporting to child welfare agencies.
- **Access to treatment:** Access to comprehensive prenatal care and treatment should be improved for pregnant women with substance use disorders, including medication-assisted treatment and gender-specific substance use treatment programs that provide nonjudgmental, trauma-informed services.
- **Criminal justice approaches:** Health care providers who care for pregnant women should know if



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their state requires illicit drug use to be reported and educate women prenatally about these requirements. States should clarify which substances must be reported and define the health care provider's role in reporting.

- **Child welfare systems:** More funding is needed for social support services and child welfare systems to ensure the safety of substance-exposed infants and provide optimal care to families.