

# TAKE HOME POINTS, RECOMMENDATIONS, & RESOURCES

From Dr. Kaitlan Baston

## American College of Obstetricians and Gynecologists (ACOG) Recommendations and Conclusions

- Early universal screening, brief intervention, and referral for treatment (SBIRT) of pregnant women with opioid use and opioid use disorder improve maternal and infant outcomes.
- **Screening for substance use should be part of comprehensive obstetric care** and should be done at the first prenatal visit in partnership with the pregnant woman. Screening based only on factors, such as poor adherence to prenatal care or prior adverse pregnancy outcome, can lead to missed cases, and may add to stereotyping and stigma. **It is essential that screening be universal.** Routine screening should rely on validated screening tools (4 Ps plus, etc.)
- For pregnant women with an opioid use disorder, **opioid agonist pharmacotherapy is the recommended therapy and is preferable to medically supervised withdrawal** because withdrawal is associated with high relapse rates, which lead to worse outcomes. More research is needed to assess the safety (particularly regarding maternal relapse), efficacy, and long-term outcomes of medically supervised withdrawal.
- **Breastfeeding should be encouraged in women who are stable on their opioid agonists**, who are not using illicit drugs, and who have no other contraindications, such as human immunodeficiency virus (HIV) infection.
- Access to adequate postpartum psychosocial support services, including substance use disorder treatment and relapse prevention programs, should be made available.

## Helpful Resources:

Substance Abuse and Mental Health Services Administration. *Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants*. HHS Publication No. (SMA) 18-5054. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018.

## **SAMHSA TIP 63: Medications for Opioid Use Disorder – Executive Summary**

<https://store.samhsa.gov/shin/content//SMA18-5063EXSUMM/SMA18-5063EXSUMM.pdf>

## Landmark Studies, Comprehensive Meta-Analyses, and Emerging Research:

- American Society of Addiction M. ACOG Committee Opinion No.711 : Opioid use and Opioid use disorder in pregnancy. *Obstet Gynecol.* 2017
- Jones, H. et al. Neonatal Abstinence Syndrome after Methadone or Buprenorphine Exposure. *N Engl J Med* 2010; 363:2320-2331
- Mattick RP, Breen C, Kimber J, Davoli M. Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. *Cochrane Database of Systematic Reviews* 2014, Issue 2. Art. No.: CD002207. DOI: 10.1002/14651858.CD002207.pub4
- Mattick RP, Breen C, Kimber J, Davoli M. Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence. *Cochrane Database of Systematic Reviews* 2009, Issue 3. Art. No.: CD002209. DOI: 10.1002/14651858.CD002209.pub
- Grossman MR, Berkowitz AK, Osborn RR, et al. An Initiative to Improve the Quality of Care of Infants With Neonatal Abstinence Syndrome. *Pediatrics.* 2017;139(6):e20163360. doi:10.1542/peds.2016-3360.

**Prezi Presentation:** <https://prezi.com/gaa6xmwwdj0r/baby-caucus-2018>