

Emerging trends: opioid use and maternal health--considerations for the primary care provider

Opioid use in pregnancy has increased dramatically (approximately 333%) in the last 15 years, paralleling the rise in opioid use nationally.<sup>1</sup> There has also been a more than doubling of maternal deaths related to opioid use in the same time period ( from 4% to 10% of all pregnancy-related deaths),<sup>2</sup> particularly 7-12 months postpartum.<sup>3</sup> Both methadone and buprenorphine are approved for use in pregnancy and among postpartum and breastfeeding mothers and are effective in treating opioid use disorder. <sup>4</sup> Despite favorable guidance from the American College of Obstetrics and Gynecology these medications are underutilized in pregnant and postpartum women.<sup>4,5</sup> While methadone cannot be offered or prescribed outside a specialized treatment center, primary care providers can prescribe buprenorphine in the outpatient setting.

There has been an increase in primary care prescription for buprenorphine following introduction of the waiver prescribing pathway.<sup>6</sup> Recently Health and Human Services issued an exemption to the waiver process. Which “allows practitioners to treat [ up to 30] patients with buprenorphine without certifying as to their capacity to provide counseling and ancillary services. This exemption specifically addresses reported barriers of the training requirement. Providers are still required to submit an application designated as a “Notice of Intent” in order to prescribe buprenorphine for the treatment of Opioid Use Disorder” (see: <https://www.federalregister.gov/documents/2021/04/28/2021-08961/practice-guidelines-for-the-administration-of-buprenorphine-for-treating-opioid-use-disorder>).

Because of the prevalence of opioid use disorder, PCPs should screen all women for substance use disorder in the postpartum period and offer behavioral therapy for all women

- For women with opioid use disorder, consider referral to an addiction medicine specialist for medication assisted treatment if not approved to prescribe buprenorphine therapy
- If waiver/approval has been obtained by PCP, consider initiating buprenorphine therapy for those in which it is indicated.
  - It is important to note that buprenorphine dose adjustments may be needed in the postpartum period, as pregnancy usually requires up titration of opioid agonists

## References

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