

PRESCRIPTION OPIOID USE DURING PREGNANCY

IN 34 U.S. JURISDICTIONS



RESULTS FROM THE 2019 PRAMS OPIOID SUPPLEMENT

Over the past two decades, the number of pregnant women who used prescription opioid pain relievers (prescription opioids) at the time of delivery has increased dramatically. Between 2010 and 2017, the number of deliveries with opioid related complications **increased by 131%**. In 2019, **6.6% of women** reported using prescription opioid pain relievers during pregnancy.

Opioid use disorder (OUD) is a “pattern of opioid use characterized by tolerance, craving, inability to control use, and continued use despite adverse consequences.” Exposure to opioids during pregnancy has been linked to several **poor health outcomes** for both mothers and babies, including maternal death, poor fetal growth, preterm birth, neonatal abstinence syndrome, specific birth defects, and stillbirth.

Population-based surveillance of prescription opioid use during pregnancy can inform and guide jurisdictions on emerging risks to maternal and infant health outcomes and prevention efforts.



This publication was supported by *Cooperative Agreement Number CDC-RFA-OT18-1802*, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services. The mark “CDC” is owned by the U.S. Dept. of Health and Human Services and is used with permission. Use of this logo is not an endorsement by HHS or CDC of any particular product, service, or enterprise.

Data Source and Methods

The **Pregnancy Risk Assessment Monitoring System** (PRAMS) is a collaborative study between CDC and select jurisdictions in the United States focused on collecting data on maternal experiences and behaviors before, during, and shortly after pregnancy among women with a recent live birth.

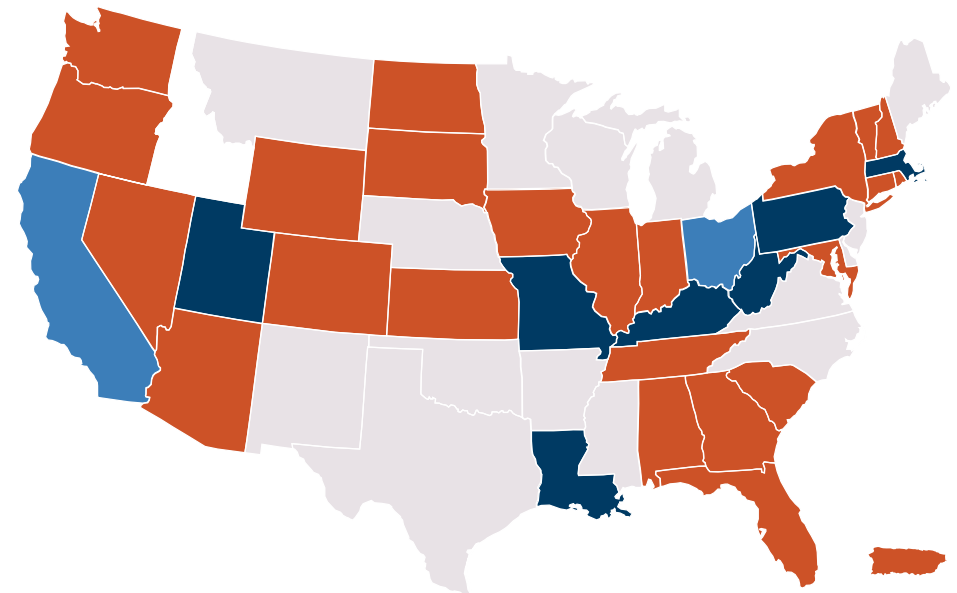
In 2019, PRAMS collected data on prescription opioid use during pregnancy through a **13-question supplemental survey** in 34 jurisdictions (32 PRAMS grantees, California, and Ohio), gathering data from 37,749 women with a live birth. The questions focused on prescription opioid use, sources where obtained, reasons and length of use, perceived risk, and healthcare provider counseling.

Findings

About 1 in 16 women reported the use of prescription opioid pain reliever during pregnancy. The overall prevalence of prescription opioid use during pregnancy was 6.1%. This ranged from 2.6% in the District of Columbia to 9.3% in Oregon. Overall, 72% reported using prescription opioids during pregnancy for pain-related reasons.

Prevalence of Prescription Opioid Use Among Women With a Recent Live Birth by Jurisdiction, 2019

ALL JURISDICTIONS	6.1%	ILLINOIS†	5.6%	NEVADA	3.3%	SOUTH CAROLINA	4.4%
ALABAMA	7.8%	INDIANA	7.7%	NEW HAMPSHIRE	5.8%	SOUTH DAKOTA	5.6%
ARIZONA	4.6%	IOWA	5.6%	NEW YORK	5.1%	TENNESSEE	6.5%
CALIFORNIA*	5.7%	KANSAS	7.0%	NORTH DAKOTA	5.5%	UTAH	8.7%
COLORADO	6.6%	KENTUCKY	4.6%	OHIO*	3.8%	VERMONT	4.6%
CONNECTICUT	5.5%	LOUISIANA*	8.4%	OREGON	9.3%	WASHINGTON	7.5%
DISTRICT OF COLUMBIA	2.6%	MARYLAND	7.9%	PENNSYLVANIA	7.1%	WEST VIRGINIA	4.9%
FLORIDA	5.7%	MASSACHUSETTS	6.3%	PUERTO RICO	3.2%	WYOMING	8.7%
GEORGIA	5.9%	MISSOURI	6.5%	RHODE ISLAND	6.8%		



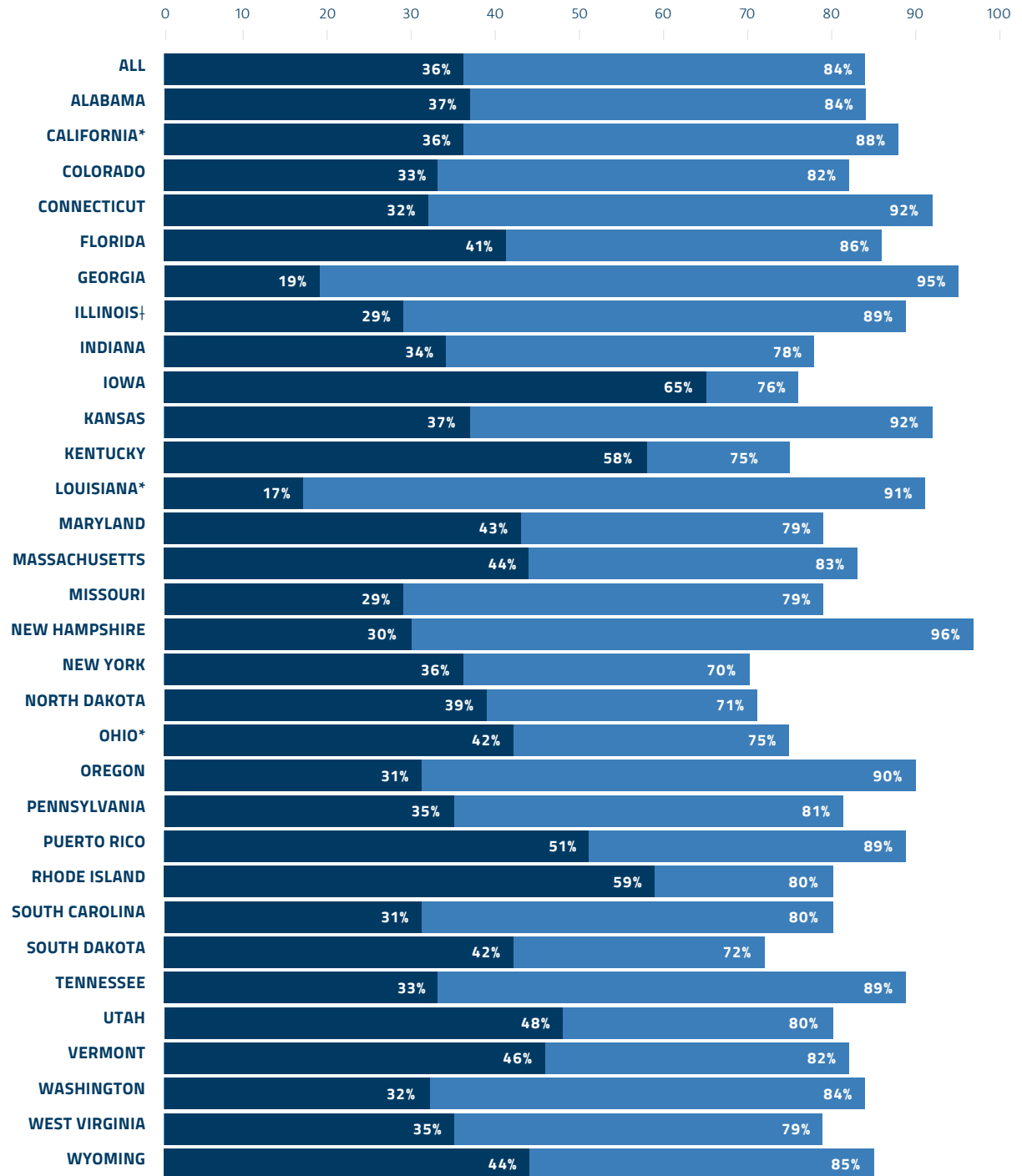
*Data available for 6 months instead of 12 months. | † Data available for 9 months instead of 12 months.

Prevalence of Prescription Opioid Misuse

Misuse is defined as taking prescription opioids for reasons other than pain or taking medications not obtained from a healthcare provider. Examples include taking leftovers from an old prescription, taking a friend or family member’s prescription medication, or taking medication in a manner other than as directed by a doctor. Among those who reported using prescription opioids during pregnancy, the prevalence of misuse ranged from 17% in Louisiana to 65% in Iowa, with a median value of 36%.

Prevalence of Obtaining Prescription Opioids from Healthcare Sources

Of those who reported using prescription opioids during pregnancy, 84% obtained them from a healthcare provider. These providers included obstetricians and gynecologists (OB-GYNs), midwives, primary care providers or other family doctors, dentists or other oral healthcare providers, and emergency room doctors.



*Data available for 6 months instead of 12 months. | † Data available for 9 months instead of 12 months. | Notes. Data for Arizona, District of Columbia, and Nevada are not presented individually due to small sample sizes.

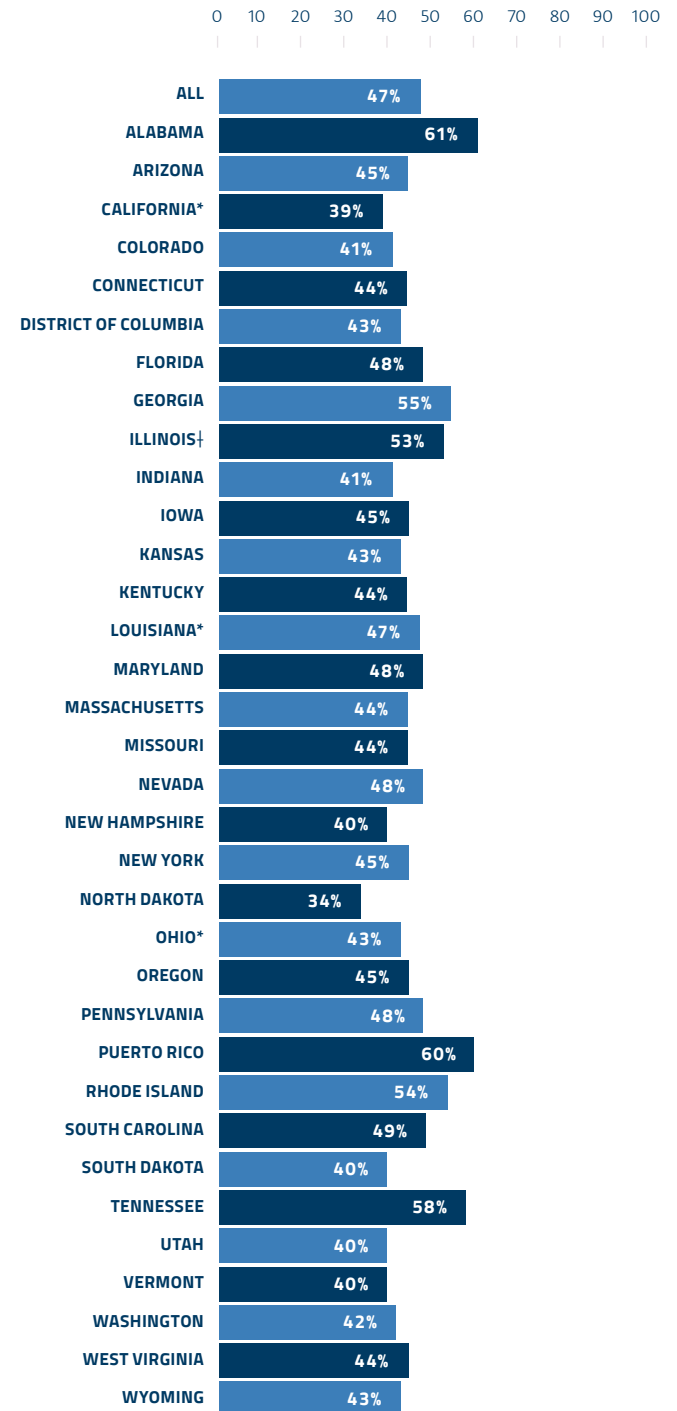
Desire to Cut Down on Prescription Opioid Use During Pregnancy

Across all jurisdictions, among respondents who used prescription opioids during pregnancy, 25% reported wanting to cut down or stop using prescription opioids during pregnancy.

- ▶ 14% reported having trouble cutting down or stopping their use.
- ▶ 20% reported getting help from a healthcare provider to help them cut down or stop their use.

Prevalence of Healthcare Provider Counseling

Overall, 47% of respondents indicated that a healthcare provider talked with them during prenatal care about how using prescription pain relievers during pregnancy could affect the infant. The prevalence of healthcare provider counseling by jurisdiction ranged from 34% to 61%, as shown in the graph to the right.



*Data available for 6 months instead of 12 months. | † Data available for 9 months instead of 12 months.

Among all respondents, women reported thinking the use of prescription opioids during pregnancy was:



Harmful to the infant's health, even if taken as prescribed.



Not harmful to the infant's health, if taken as prescribed.



Not harmful at all to the infant's health.



Among women who did not use prescription opioids during pregnancy, a higher proportion of those who were counseled by a healthcare provider about how using prescription opioids during pregnancy could affect an infant perceived the use of the medication as not harmful to the infant's health if it is taken as prescribed (35%) compared to those who were not counseled (30%). However, among women who did report using prescription opioids during pregnancy, there were no differences in the perception of harm to the infant's health among those who were counseled and those who were not.

Conclusions

Considerable variation occurred across the 34 jurisdictions in the proportion of women who reported obtaining prescription opioids from a healthcare provider, misusing prescription opioids, and wanting or needing to cut down or stop their use of the medication. There are opportunities to inform and guide the improvement of healthcare provider counseling and ensure adequate screening for potential misuse during pregnancy.

Jurisdictions can support the implementation or continuation of population-based surveillance to monitor the prevalence of prescription opioid use during pregnancy. Additionally, jurisdictions can reinforce public health messaging and strategies targeted at women of reproductive age to help minimize the risk of adverse health outcomes associated with the use of opioids during pregnancy. This can reinforce healthcare provider guidance, both at the local and national level, to ensure adequate screening for opioid use disorder and identify potential misuse of prescription opioids during pregnancy.

