

Opioid Use Among Women of Reproductive Age

According to information published by the Center for Disease Control's *Mortality and Morbidity Report (MMWR)*, more than a third of reproductive-aged women enrolled in Medicaid (39%) and more than a quarter of those with private insurance (28%) filled a prescription for an opioid pain medication each year during 2008-2012. The most commonly prescribed opioids among both groups of women were hydrocodone, codeine and oxycodone.

The CDC researchers analyzed 2008-2012 data from two large health insurance claims datasets: one of women aged 15-44 years with private insurance and another of women in the same age group enrolled in Medicaid. Geographic region data available in the private insurance claims indicated that opioid prescription rates were highest among reproductive-aged women in the South and lowest in the Northeast. Race/ethnicity information was available for the Medicaid data and indicated opioid prescriptions were nearly one and a half times higher among non-Hispanic white women of reproductive age compared to non-Hispanic black or Hispanic women.

Research studies on opioid use during pregnancy suggest that when these medications are used during early pregnancy, they can be associated with:

- congenital heart defects such as conoventricular septal defects, atrioventricular septal defects and hypoplastic left heart syndrome
- neural tube defects such as spina bifida
- abdominal wall defects such as gastroschisis

When opioids are used in later pregnancy, they are often associated with Neonatal Abstinence Syndrome (NAS), which is a cluster of symptoms that a newborn may experience when prenatally exposed to opioids. Symptoms of NAS include:

- difficulty breathing

- extreme drowsiness
- poor feeding
- irritability
- sweating
- tremors
- vomiting
- diarrhea

Occasionally seizures and death have occurred in severe, untreated cases of withdrawal. With proper treatment, most babies can be supported through the withdrawal process. NAS in the newborn does not appear to be associated with any long-term developmental complications.

For more information on this CDC release, please see

<http://www.cdc.gov/media/releases/2015/p0122-pregnancy-opioids.html>

For further information regarding substance use/abuse in women during pregnancy, please contact Karen Kuehn Howell, Ph.D., at the Center for Maternal Substance Abuse and Child Development, Emory University School of Medicine, Department of Psychiatry and Behavioral Sciences, 12 Executive Park Drive NE, Atlanta, Georgia, 30329. You can also phone us at 404-712-9829 or visit our website at <http://www.emory.edu/MSACD>

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