



MISSOURI DEPARTMENT OF  
**HEALTH &  
SENIOR SERVICES**

# Missouri OPIOID Use in Pregnancy

Opioid use during pregnancy can affect women and their babies. Women may use opioids as prescribed, misuse prescription opioids, use illicit opioids such as heroin, or use opioids as part of medication-assisted treatment for opioid use disorder. Regardless of the reason, women who use opioids during pregnancy should be aware of the possible risks during pregnancy. States with the highest rates of opioid prescribing also have the highest rates of neonatal abstinence syndrome, a drug withdrawal syndrome that opioid-exposed neonates may experience shortly after birth. In addition, maternal mortality reviews in several states have identified substance use as a major risk factor for pregnancy-associated deaths. The American College of Obstetricians & Gynecologists recommends that infants born to women who used opioids during pregnancy should be monitored by a pediatric care provider for neonatal abstinence syndrome.



## Prescription Pain Relievers Used During Pregnancy

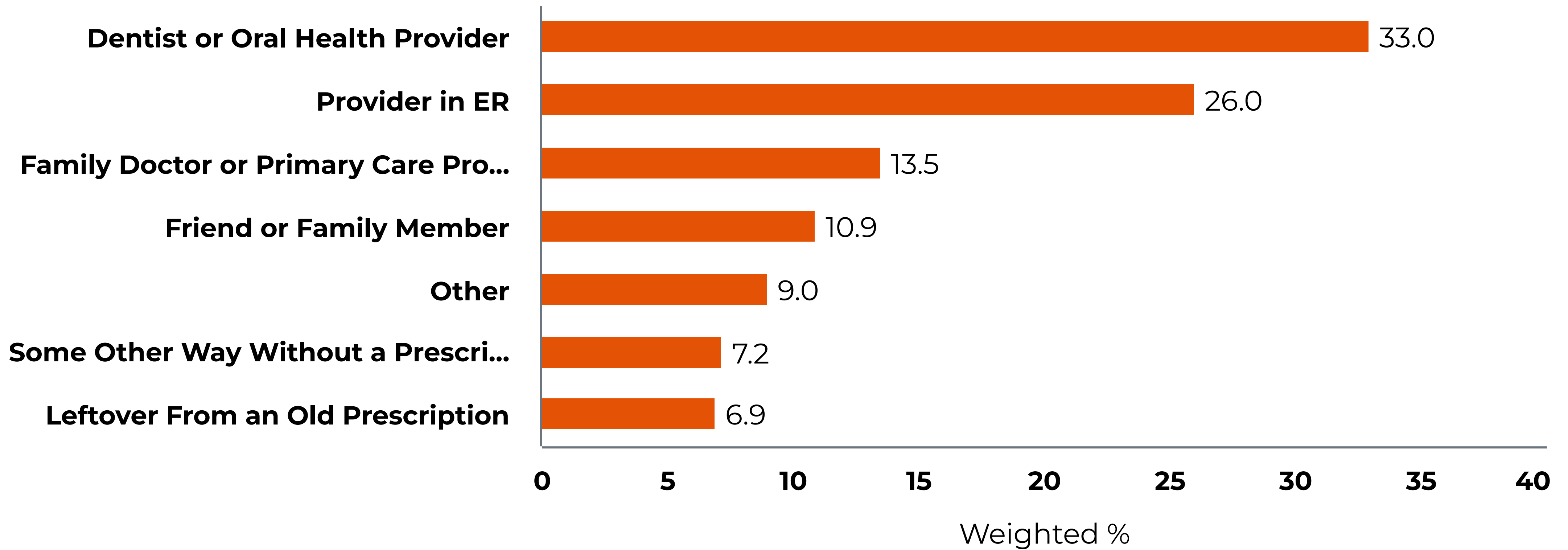
Type	Percent
Hydrocodone (e.g., Vicodin)	2.9%
Codeine (e.g., Tylenol #3)	3.5%
Oxycodone (e.g., Percocet)	1.9%
Tramadol (e.g., Ultracet)	1.1%
Hydromorphone (e.g., Demerol)	0.7%
Oxymorphone (e.g., Opana)	0.5%
Morphine (e.g., MS Contin)	1.1%
Fentanyl (e.g., Fentora)	0.8%

### Pregnancy Risk Assessment Monitoring System (PRAMS)

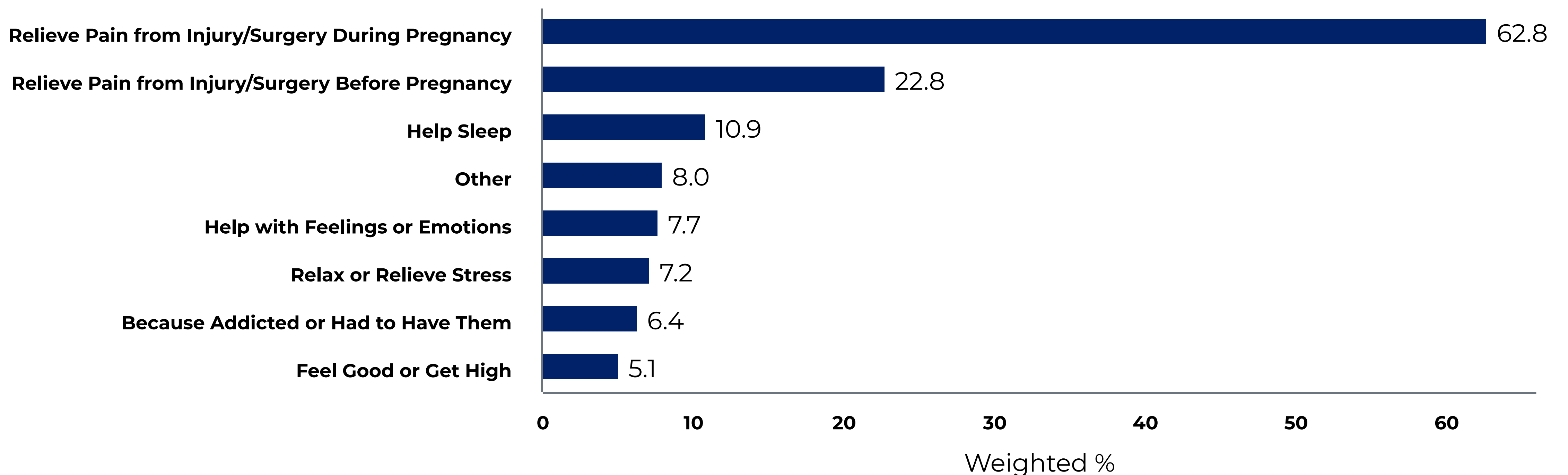
PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after delivery. PRAMS surveys are typically completed two to six months after delivery. PRAMS data has been collected in Missouri since 2007.

One year of supplemental data about opioid use was collected during 2019, where the number of respondents was 1,603 with a response rate of 57%.

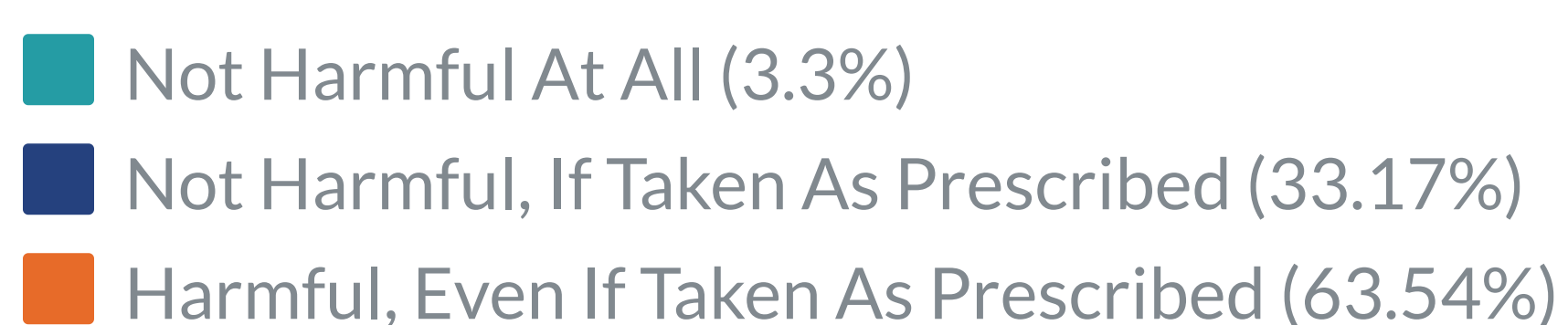
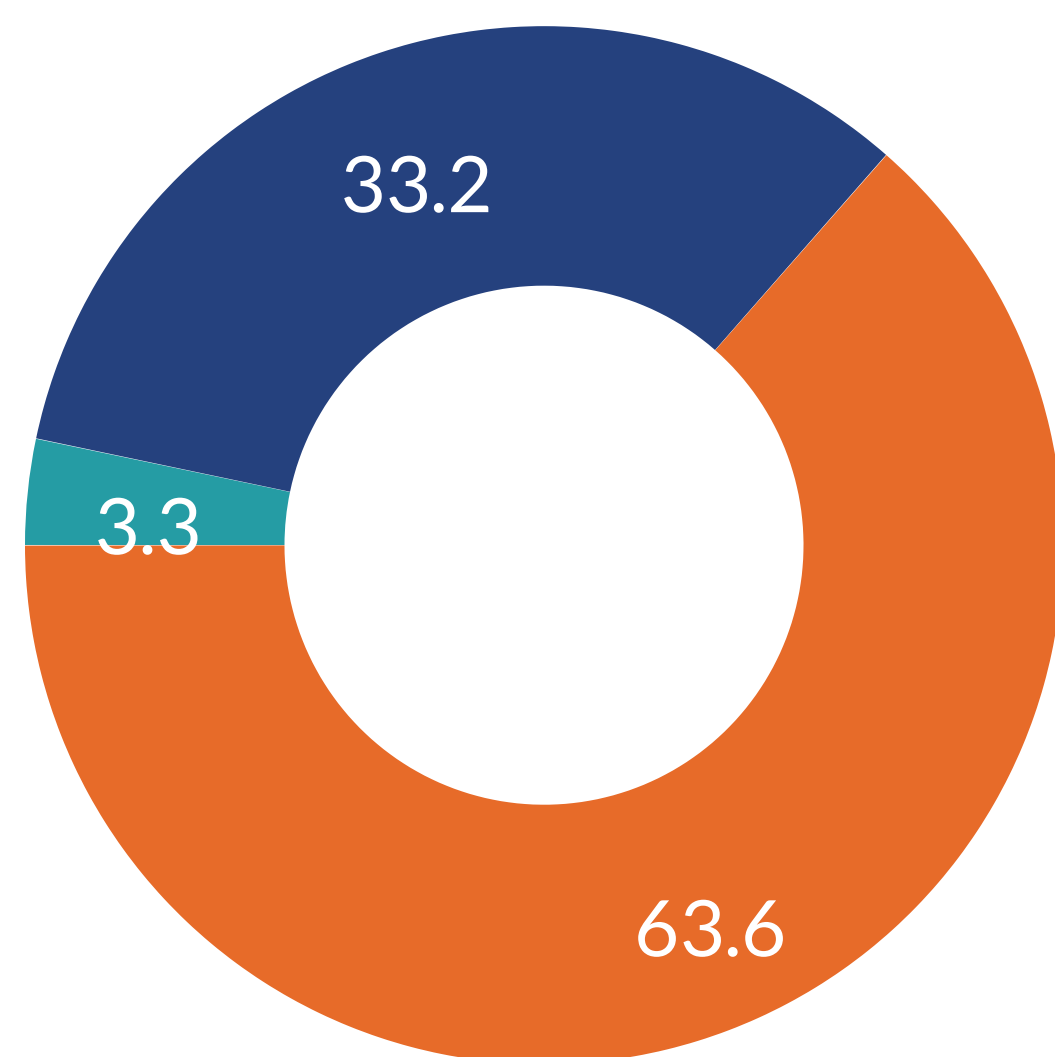
## Sources Where Mothers Received Prescription Pain Medicine



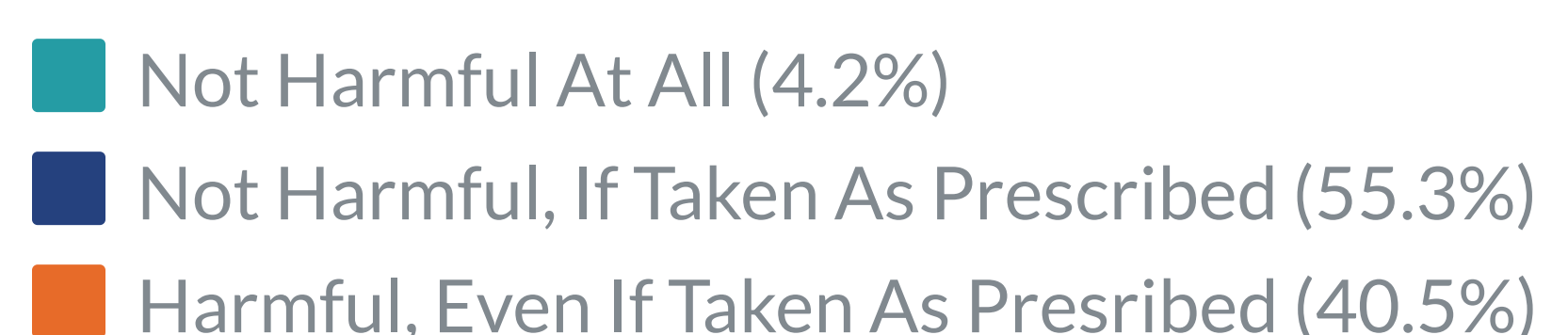
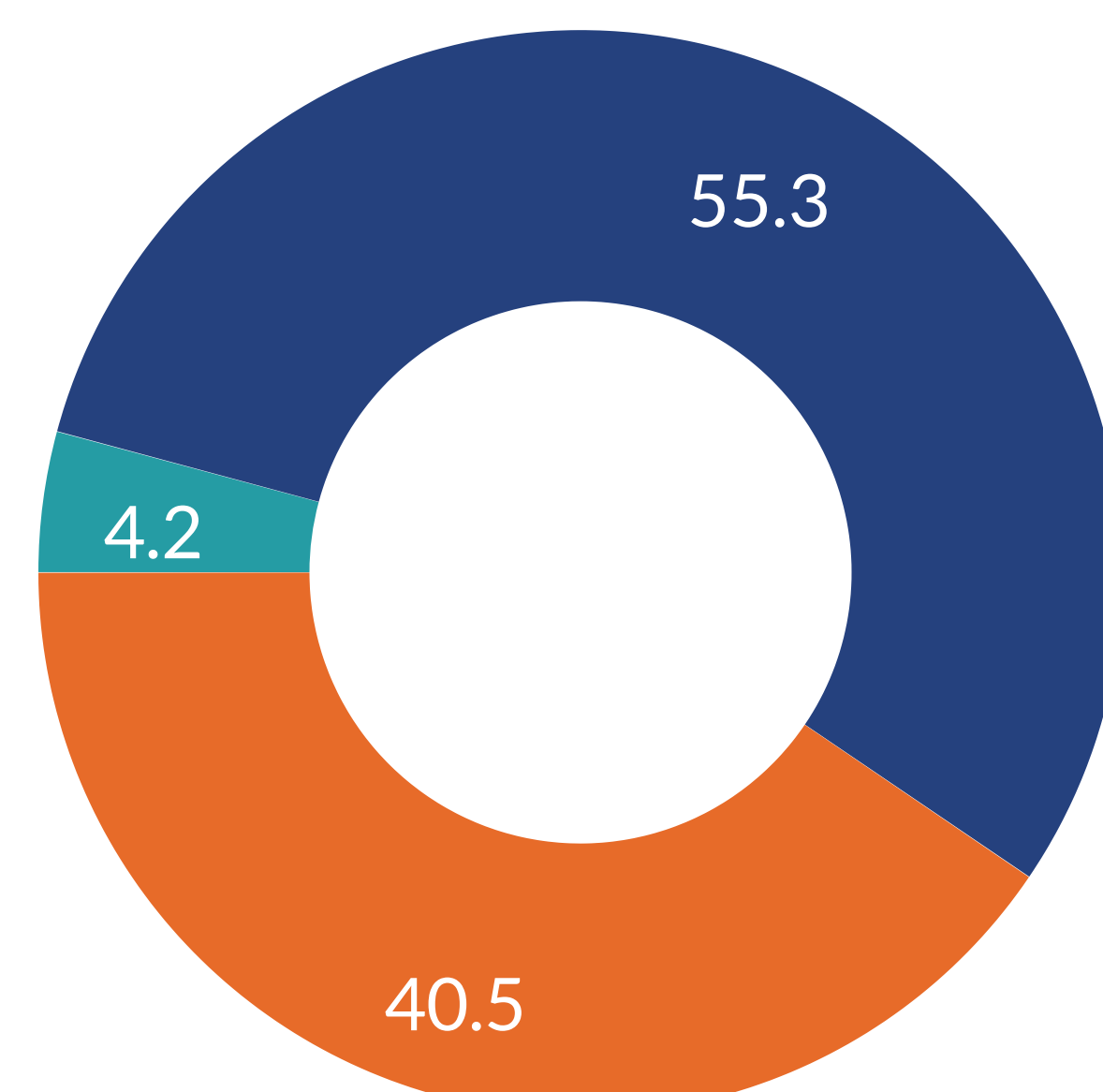
## Reason for Prescription Pain Reliever Use



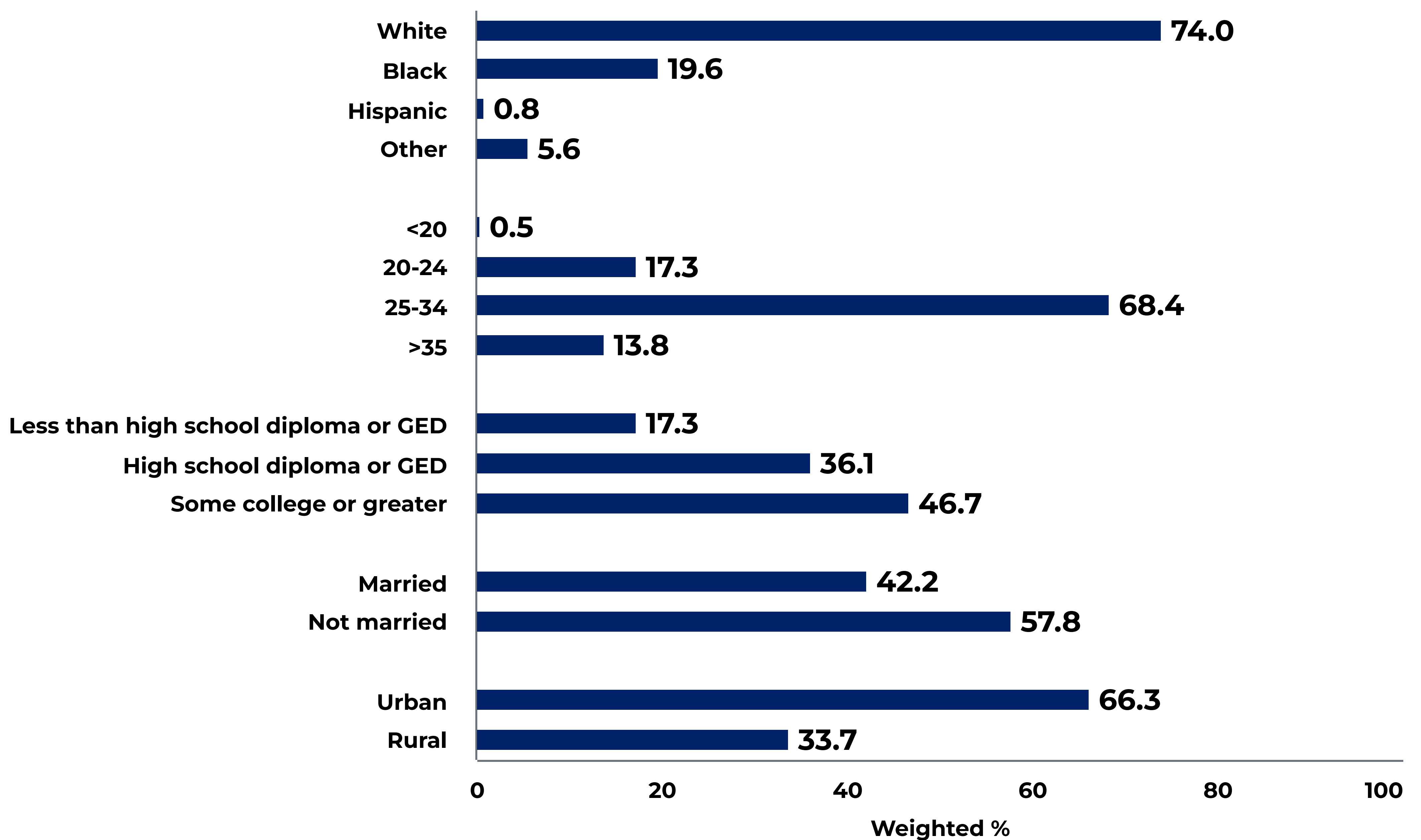
### Mothers Who Think Use of Pain Relievers in Pregnancy Can Be Harmful to a Baby's Health



### Mothers Who Think Use of Pain Relievers Can Be Harmful to a Woman's Health



## Demographics of Women Who Reported Using Prescription Pain Relievers During Pregnancy



## Public Health

In 2018, 7.6% of Missouri women reported opioid use during pregnancy. There were 1.1% of women in Missouri who reported using methadone or heroin use during pregnancy. There were 565 overdose related deaths of women in 2018. The highest race/ethnic group is Black, Non-Hispanic. According to the Missouri Pregnancy-Associated Mortality Review (PAMR), **23 women died of overdoses while either pregnant or within a year of pregnancy in 2018.**



Women represented **35%** of all overdose deaths in 2018

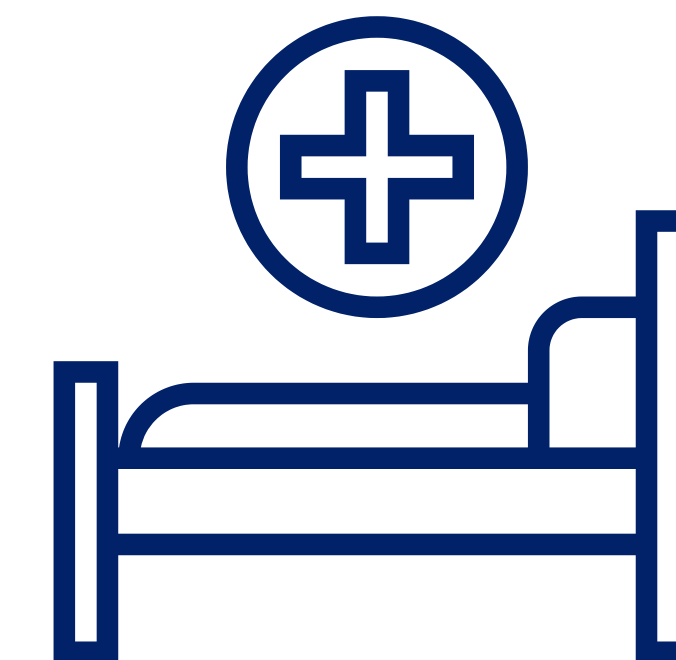
**25-34 year olds** were the highest risk age group

According to the Centers for Disease Control and Prevention, opioid exposure during pregnancy has been linked to some negative health effects for both mothers and their babies such as:



## Infants exposed to opioids during pregnancy might be more likely to:

- Be born preterm (born before 37 weeks of pregnancy)
- Have poor fetal growth
- Have longer hospital stays after birth
- Be re-hospitalized within 30 days of being born
- Be born with birth defects



There were nearly **8,000** emergency room visits due to opioid dependence and acute opioid poisoning.



Using opioids as prescribed during pregnancy may be necessary. Individual health care providers must use their clinical judgement to weigh the risks and benefits of these treatments for each patient.



### **500 babies**

out of 73,281 born in 2018, were diagnosed with neonatal abstinence syndrome.

## Reference

1. Patrick SW, Davis MM, Lehmann CU, Cooper WO. Increasing incidence and geographic distribution of neonatal abstinence syndrome: United States 2009 to 2012 [published correction appears in J Perinatol. 2015 Aug;35(8):667. Lehman, C U [corrected to Lehmann, C U]]. J Perinatol. 2015;35(8):650-655. doi:10.1038/jp.2015.36.
2. Virginia Department of Health. Pregnancy-associated deaths from drug overdose in Virginia, 1999-2007: a report from the Virginia Maternal Mortality Review Team. Richmond (VA): VDH; 2015. Available at: <http://www.vdh.virginia.gov/content/uploads/sites/18/2016/04/Final-Pregnancy-Associated-Deaths-Due-to-Drug-Overdose.pdf>.
3. Maryland Department of Health and Mental Hygiene. Maryland maternal mortality review 2016 annual report. Baltimore (MD): DHMH; 2016. Available at: <https://health.maryland.gov/phpa/Documents/Maryland-Maternal-Mortality-Review-2016-Report.pdf>.
4. American College of Obstetricians & Gynecologists. Opioid Use Disorder and Pregnancy. 2018. Assessed December 15, 2021 from <https://www.acog.org/womens-health/faqs/opioid-use-disorder-and-pregnancy>.
5. Missouri Department of Health and Senior Services. Missouri Pregnancy Associated Mortality Review 2018 Annual Report; 2021. Assessed on December 15, 2021 from: <https://health.mo.gov/data/pamr/pdf/2018-annual-report.pdf>.
6. Centers for Disease Control and Prevention. Opioid Use During Pregnancy. *Pregnancy*; 2021. Assessed on December 15, 2021 from [https://www.cdc.gov/opioid-use-during-pregnancy/about/?CDC\\_AAref\\_Val=https://www.cdc.gov/pregnancy/opioids/basics.html](https://www.cdc.gov/opioid-use-during-pregnancy/about/?CDC_AAref_Val=https://www.cdc.gov/pregnancy/opioids/basics.html)

To learn more about PRAMS methods and to see data availability by state and year visit:

[www.cdc.gov/prams](http://www.cdc.gov/prams)

This project was funded in part by the Missouri Department of Health and Senior Services Title V Maternal Child Health Services Block Grant and was supported by the Health Resources Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant #04MC40144, Maternal and Child Health Services for \$12,299,305, of which \$0 is from non-governmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.