

Opioid Prescription in Pregnancy

WHAT TO KNOW



NOWS

EVERY 19 Minutes a baby is born nationally with **Neonatal Opioid Withdrawal Syndrome (NOWS)**

NOWS is a complex but treatable condition that can affect parent-child bonding and have long-term impact on baby's health and development



EDUCATION

Non-opioid Alternatives

- » Acetaminophen
- » Ibuprofen (before 20 wks gestation)
- » Physical therapy
- » Meditation
- » Breathing exercises
- » Acupuncture
- » Exercise
- » Referral to pain specialist



SKILLS

Pause before you prescribe

Check and document prescription use in state database

Prescribe minimum dose for shortest time

Set criteria for stopping or continuing opioids

Schedule initial reassessment within 1 to 4 weeks

CATEGORIES OF USE

1. Short-term prescription use for acute pain (2008 – 2012)

Nationally, more than 1/4 of privately insured and more than 1/3 of Medicaid-enrolled reproductive-aged women (ages 15 to 44) filled a prescription for an opioid.

2. Ongoing daily prescription opioid use for chronic pain

3. Opioid use disorder (OUD)

Nationally, **75% of people with OUD reported beginning with prescription opioids.**

OUD is a life-threatening chronic medical condition with life-saving treatment available.

4. Patients on medications for opioid use disorder (MOUD)



130 deaths daily from opioid-related drug overdoses nationally

PRESCRIPTIONS

- ✓ Prescribe immediate release opioids instead of extended release
- ✓ Small doses, less than 50 MME (morphine milligram equivalents) per day
- ✓ Prescribe for "as needed pain" rather than on a scheduled basis
- ✓ Offer Naloxone and overdose prevention education to patients and household members
- ✓ Patients can get free Naloxone without prescription from many local pharmacies (<https://dhhs.ne.gov/Pages/Drug-Overdose-Prevention-Naloxone.aspx>)



For more information visit: npqic.org
Or scan the QR code