



Opioid Use in Pregnancy

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NORTH CAROLINA
Preterm Birth Prevention
S Y M P O S I U M
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UNC Center for
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SCHOOL OF MEDICINE



Community Care
of North Carolina

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Opioid Use Disorder

DSM-V Criteria

Amounts	2-3 mild
Cannot Cut down	4-5 moderate
Cravings	6 or more is severe
Time	
Failures	Ask about use
Despite Danger	Order UDS
Loss of activities	Encourage cessation or treatment
Hazardous	
Tolerance	
Withdrawal	
Escape responsibilities	



Heroin Use Is Dangerous to Fetus

Heroin use is more dangerous to fetus than withdrawal

Greater release of catecholamines reduce placental blood flow, more so than withdrawal (per Dr. Meyer)

The point of maintenance therapy (methadone or buprenorphine) is to prevent use or relapse – not to cover withdrawal



Mother Study

Buprenorphine has less risk of Neonatal Abstinence Syndrome – less frequency and intensity (shorter length of stay), some think equal or better than methadone.

NAS is relatively easy to treat and has no long term sequelae

Methadone has less of a drop out rate (Drop outs presumably have worse outcomes)

Methadone may still be the gold standard in treating opioid use disorder in pregnancy.



Maintenance Has Superior Outcomes

Success Rates:

Narcotics Anonymous – 10% max

Detoxification – 10-15%

Naltrexone 40-80% pill, IM (Vivitrol), implant (My Life)

Methadone 60-70%

Buprenorphine 70-80%

We need to recommend maintenance therapy



Buprenorphine Doctors Do NOT Punt

Buprenorphine-waivered physicians have done an 8 hour training that educates them on the proper use of buprenorphine to treat opioid dependence (including pregnancy)

We may need to increase the dose, but continuing buprenorphine maintenance is the clear recommendation

Any buprenorphine doctor who claims not to know what to do with pregnant patients should repeat the course.

Abandonment should reported to the Medical Board.



Pregnancy Medical Home Care Pathway on Substance Use in Pregnancy

Useful guidelines in this statement:

<https://www.communitycarenc.org/population-management/pregnancy-home/pmh-pathways/pmh-care-pathways-management-substance-use-pregnan/>

Appendix A of this document is specific to caring for opioid-dependent women.



Mentorship Available

I have a contract with the Governor's Institute to provide mentorship to physicians treating opioid addiction and now OBGYNs treating pregnant patients with opioid use.

Please call me at 919-673-9681

or email me at morse@CarolinaPerformance.net

Thank you!