

Grown Up

Caring For Adolescents, Adults and Aging Adults

Opioid Dependence During Pregnancy

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BEHAVIORAL OBJECTIVES

AFTER READING THIS LESSON THE LEARNER WILL BE ABLE TO:

1. Discuss the opioid epidemic currently affecting the United States and its effects on pregnant women and their babies.
2. Describe the role of the healthcare provider regarding screening for opioid abuse and promoting treatment in pregnant women.

According to data from the Centers for Disease Control and Prevention (CDC), opioid abuse in the United States has reached epidemic proportions. This has resulted in a dramatic increase in the number of overdoses and deaths related to



use of opioids. Opioid overdoses in the America have quadrupled since 1999 and continue to increase, resulting in the deaths of over 90 Americans every day. Tampering with painkillers by crushing or heating of extended-release or controlled-release formulations for the purpose of smoking, snorting or "shooting up" causes rapid release of the medication throughout the body, called dose dumping. A drug treatment center study found that 80% of prescription painkiller users tampered with drugs in such a way, increasing the risk of overdose and death.

The opioid epidemic affects people from all walks of life, without regard for age, race, ethnicity, gender, educational level, occupation or socioeconomic status. Even though OUD affects a wide variety of people, some groups are at higher risk than others. Data published by the U.S. Department of Health and Human Services indicate that women are more likely than men to experience chronic pain and have opioids prescribed. They tend to use opioids for longer duration and at higher doses than do men. Similarly, pregnant women are also affected by these nationwide trends in opioid abuse that can adversely affect their health, as well as that of their babies.

This lesson will discuss the opioid epidemic currently affecting the U.S., and its effects on pregnant women and

The Opioid Epidemic in the US

Opioids are prescribed for the relief of pain, and act by binding to specific receptors in the brain. Dopamine is released and produces varying degrees of relaxation, euphoria, and other pleasurable sensations that cause some people to seek these effects and continue taking opioids when no longer medically required.

Opioids are very commonly-prescribed drugs in the United States. Just as the number of opioid-related deaths have quadrupled since 1999, the number of dispensed opioid prescriptions have also quadrupled in that time. Each day, about 650,000 opioid prescriptions are written, totaling almost a quarter of a billion prescriptions annually. A common misperception is that almost all people who become addicted to opioids do so as a result of recreational use or abuse. In many instances, however, this is not the case. The results of one poll showed that one in three Americans who have taken legally prescribed opioids for two months or longer became addicted to or physically dependent on them. Other studies show that one in four primary care patients on long-term opioid therapy become addicted to them. Patterns of addiction to and physical dependence on opioids are referred to as Opioid Use Disorder (OUD) in the Diagnostic and Statistical Manual of Mental Disorders 5th edition (DSM-5). Symptoms include taking more opioids than prescribed, strong craving for the drug, increasing drug tolerance, spending a lot of time obtaining opioids and recovering from their use, continued use despite harm to relationships and work, and withdrawal symptoms when the drug is not taken.

Most deaths due to prescription opioid use are caused by oxycodone, hydrocodone and methadone. Over half of opioid overdose deaths are caused by use of the illegal opioid, heroin. Prescription opioid abuse is the strongest risk factor for future heroin use. Four out of five new heroin users report abusing prescription opioids before turning to use of heroin, which is often cheaper and easier to obtain. The recent efforts of the medical community to limit opioid prescriptions may be a contributing factor driving the increase in heroin use. The percentage of opioid overdose deaths due to heroin use has recently tripled, from 8% in 2010 to 25% in 2015.

Due to physiological differences in body weight and composition, drug metabolism and hormonal changes, women may also become addicted or physically dependent

/// SAMPLE ONLY ///

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POPULATION/AGE-SPECIFIC EDUCATION POST-TEST

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Caring for Adolescents, Adults
and Aging Adults

Sample 2022

Name: _____

Date: _____ Unit#: _____

Employee ID#: _____

Competency: Demonstrates Population/Age-Specific Competency by correctly answering 9 out of 10 questions related to Opioid Dependence During Pregnancy.

OPIOID DEPENDENCE DURING PREGNANCY

1. Which of the following places women at greater risk than men for Opioid Use Disorder (OUD)?
 - a. Chronic pain is more common in women than in men.
 - b. Women tend to develop OUD more slowly than men.
 - c. Women tend to take lower doses of opioids for shorter periods of time.
 - d. All of the above
2. Women who receive Medication-Assisted Treatment (MAT) for OUD do not typically require additional pain medication during labor or the postpartum period.
 - a. True
 - b. False
3. Opioids are never prescribed during pregnancy due to possible adverse fetal effects.
 - a. True
 - b. False
4. The strongest risk factor for use of heroin is:
 - a. a family history of substance abuse.
 - b. a combination of chronic pain and depression.
 - c. previous abuse of prescription opioids.
 - d. current use of cocaine.
5. Opioid withdrawal during pregnancy tends to be life-threatening for:
 - a. the mother.
 - b. the fetus.
 - c. both the mother and fetus.

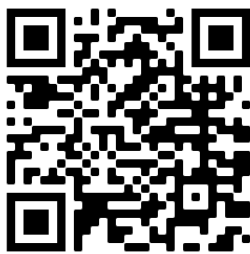
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