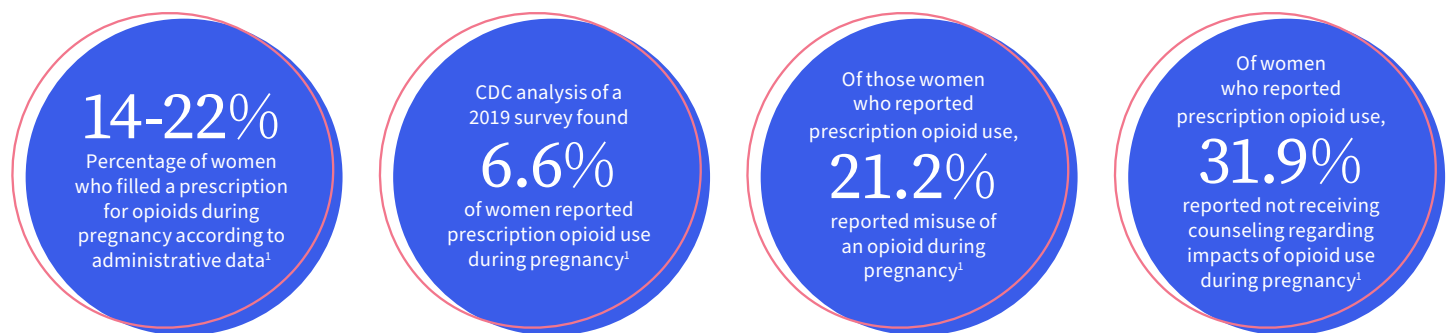


Women's Health

MAY 2021 | A NEWSLETTER FOR MEDICAL PROFESSIONALS

As most everyone knows, the U.S. is in the midst of an opioid epidemic. In 2017 the Department of Health and Human Services (HHS) declared the opioid epidemic a public health emergency. Even though the prescription rates are dropping, our communities across the nation are still flooded with opioid prescriptions. The CDC reported that over 168 million opioids were still prescribed in 2018. Similar to the data for the general population, opioid use in pregnancy has also increased in recent years. Prenatal care is an opportunity to identify and treat women with substance use disorder. Even prescribed opioid use during pregnancy has been associated with poor outcomes for mothers and infants.



8 important considerations when implementing opioid screening of pregnant patients.

1. **ACOG recommends** universal screening at the first prenatal visit. This screening can be done using one of several validated **questionnaires** including 4Ps, NIDA, Quick Screen, and CRAFFT.²
2. Screening only certain patients based on prenatal care adherence, prior adverse pregnancy outcomes, or other factors can lead to missed cases of opioid use. This also adds to the stigma surrounding opioid use disorder and is not advised by ACOG.²
3. ACOG also supports an increased focus on curbing alcohol and tobacco use during pregnancy.³
4. The CDC recently published data showing that the use of other substances, such as tobacco, is more common among pregnant women who are prescribed or misusing opioids.¹

5. ACOG suggests that if a pregnant patient suffers from chronic pain, strategies to avoid or minimize opioid utilization should be implemented including non-opioid medications or alternative therapies such as exercise, physical therapy, and other approaches.²
6. If opioid use disorder is identified, medication-assisted treatment (MAT) is recommended in pregnant patients by both the CDC and ACOG.^{1,2}
7. With either prescribed opioid use or opioid misuse, withdrawal is associated with risk of spontaneous abortion and premature labor.¹ In addition, in patients with substance use disorder, withdrawal is associated with high relapse rates.²
8. Universal screening of pregnant patients using urine drug testing (UDT) is controversial. If performed, ACOG recommends UDT should only be performed with the patient's knowledge and consent and the appropriate testing should be utilized.³



To view Labcorp's UDT options, click [HERE](#).

Click [HERE](#) for more information on our Preconception to Post-delivery testing and service options.

📅 May Health Awareness Calendar

- National Women's Health Week (May 10-14)
- Cystic Fibrosis Awareness Month
- Pre-eclampsia Awareness Month
- World Ovarian Cancer Day (May 8)
- National Women's Check-Up Day (May 11)
- HIV Vaccine Awareness Day (May 18)
- National Nurses Month



View [past editions](#) of Labcorp's Women's Health Newsletter

References

1. Ko JY, D'Angelo DV, Haight SC, et al. Vital Signs: Prescription Opioid Pain Reliever Use During Pregnancy — 34 U.S. Jurisdictions, 2019. *MMWR Morb Mortal Wkly Rep.* 2020;69:897–903. doi: dx.doi.org/10.15585/mmwr.mm6928a1.
2. ACOG Committee Opinion No. 711. (2017). *Obstetrics & Gynecology*, 130(2), e81–e94. doi: 10.1097/aog.0000000000002235.
3. Substance Use Disorder in Pregnancy. ACOG. <https://www.acog.org/advocacy/policy-priorities/substance-use-disorder-in-pregnancy>. Accessed January 4, 2021.