The Truth Behind Opioids in Pregnancy

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OKLAHOMA State Department of Health

OU Health

OKLAHOMA PERINATAL QUALITY IMPROVEMENT COLLABORATIVE

The Truth Behind Opioids in Pregnancy

What You Need to Know

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OKLAHOMA State Department of Health

OU Health

OKLAHOMA PERINATAL QUALITY IMPROVEMENT COLLABORATIVE

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Under the Oklahoma State Medical Association CME guidelines disclosure must be made regarding relevant financial relationships with commercial interests within the last 24 months.

Dr. Marvin Williams has no financial relationships or affiliations to disclose (and/or) all financial relationships with potential for conflict of interest have been mitigated.

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Purpose and Objectives

- Go beyond statistics and policy
- Bear witness to a pressing human crisis in his home country
- Gain a sense of the true scope of a problem
- Understand the toll opioids are taking on American life and the people behind the statistics
- Review Best Prescribing Practices

I AM AN ADDICT

I had a career in sales in the automobile business. I was making a lot of money, upwards of $100,000 a year. Then I started up with the OxyContins. It's an amazing feeling, that warm hug from Jesus. It started as a once-in-a-while thing. But I began telling myself, "Well, if I can feel this good on Friday and Saturday, why shouldn't I feel this good on Tuesday and Wednesday?" And then the price started going up, and all of a sudden they're $80 a pill. At this point, I've got a six- or seven-pills-a-day habit. I wouldn't get out of bed without one. I always knew about heroin, but it was a line I didn't want to cross. But, you know, the ship had already sailed. An opiate's an opiate's an opiate. I'm not trying to die, contrary to people's belief. I'm not trying to kill myself. I'm just an addict.

— JOHN, AN ACTIVE USER IN MASSACHUSETTS

Time.com 02/2018 – The Opioid Diaries

Vietnam

47,434

Iraq

4,572

Afghanistan

2,372

The War on Drugs
"Friendly Fire"

- In the U.S., drug overdose death rates more than tripled since 1990
- Each day, 100 people die from an overdose. Most of these deaths are from prescription painkillers
- Health care providers wrote 142 million prescriptions for painkillers in 2020. That's 43.3 prescriptions per 100 persons
- The Iatrogenic Opiate Addiction

www.cdc.gov (assessed 05/2021)

COCA-COLA

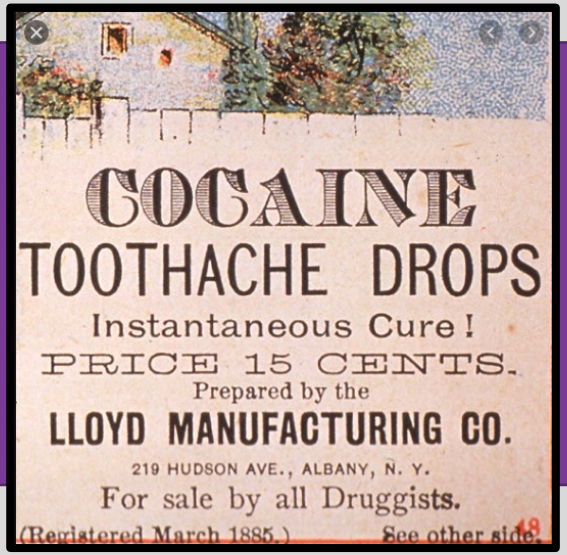
SYRUP ✦ AND ✦ EXTRACT.

For Soda Water and other Carbonated Beverages.

This "INTELLECTUAL BEVERAGE" and TEMPERANCE DRINK contains the valuable TONIC and NERVE STIMULANT properties of the Coca plant and Cola (or Kola) nuts, and makes not only a delicious, exhilarating, refreshing and invigorating Beverage, (dispensed from the soda water fountain or in other carbonated beverages), but a valuable Brain Tonic, and a cure for all nervous affections — SICK HEAD-ACHE, NEURALGIA, HYSTERIA, MELANCHOLY, &c.

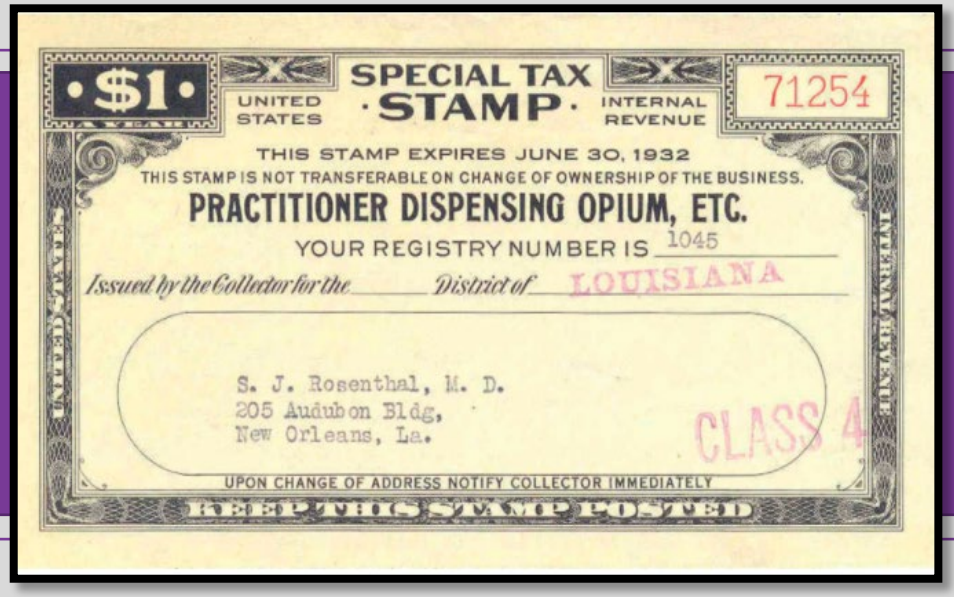
The peculiar flavor of COCA-COLA delights every palate; it is dispensed from the soda fountain in same manner as any of the fruit syrups.

J. S. Pemberton,
Chemist,
Sole Proprietor, Atlanta, Ga.



Seminars in Perinatology 43 (2019) 123-131
N Engl J Med 2015; 373:2095-2097

The Harrison Act



N Engl J Med 2015; 373:2095-2097

Results of the Harrison Act and other Measures of Prevention

The combination of education, pressure within the professions, and exercise of police power made a measurable difference

Progressive physicians and pharmacists managed to contain the first major U.S. epidemic of iatrogenic opiate addiction

- Primary prevention
- Creating fewer new addicts (began quitting or died of old age, or chronic disease or overdose)

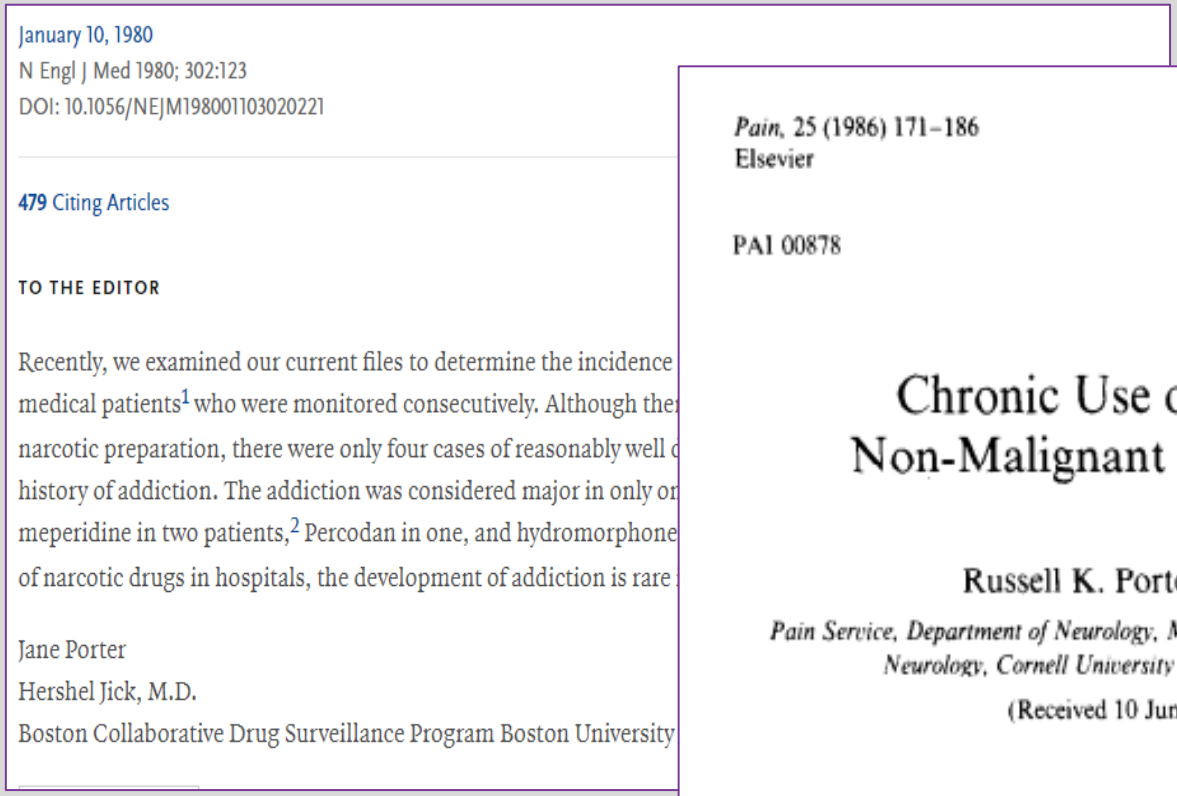
History is repeating itself

The Road to Addiction is Paved with Good Intentions

The Opioid Epidemic: History

The Road to Addiction is Paved with Good Intentions

The Opioid Epidemic: History



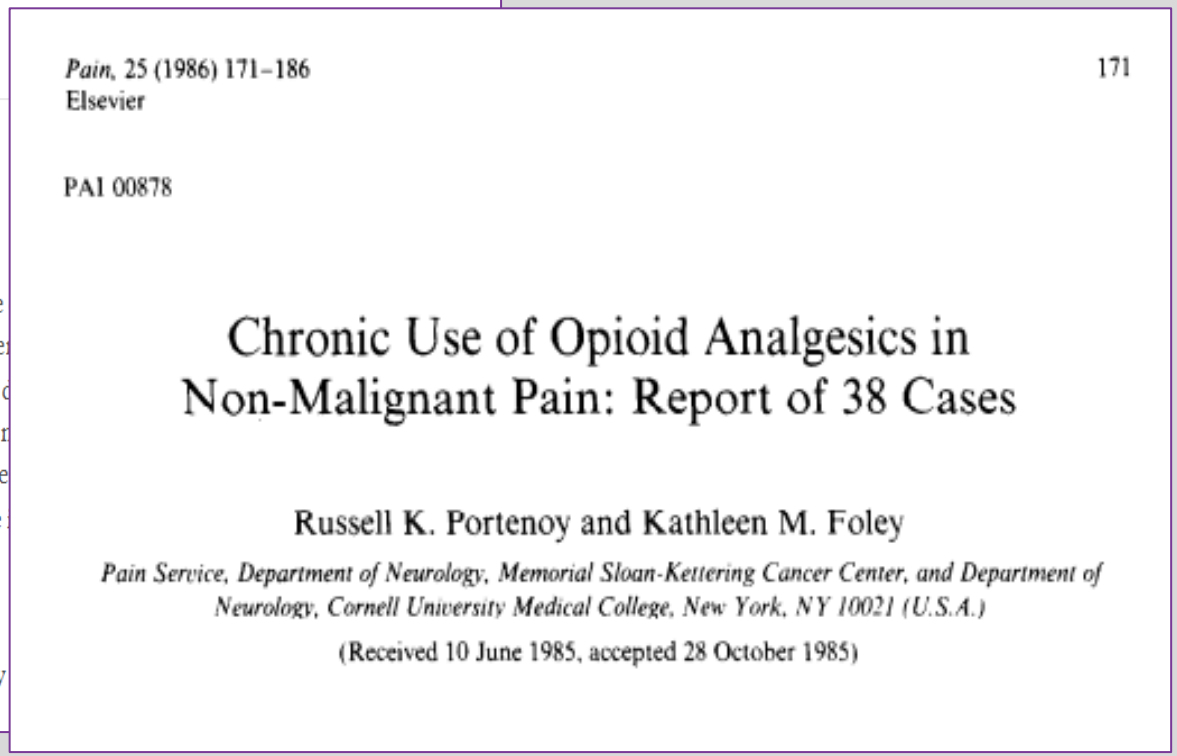
January 10, 1980
N Engl J Med 1980; 302:123
DOI: 10.1056/NEJM198001103020221

479 Citing Articles

TO THE EDITOR

Recently, we examined our current files to determine the incidence
medical patients[1] who were monitored consecutively. Although ther
narcotic preparation, there were only four cases of reasonably well d
history of addiction. The addiction was considered major in only or
meperidine in two patients,[2] Percodan in one, and hydromorphone
of narcotic drugs in hospitals, the development of addiction is rare

Jane Porter
Hershel Jick, M.D.
Boston Collaborative Drug Surveillance Program Boston University



Pain, 25 (1986) 171–186
Elsevier

171

PAI 00878

Chronic Use of Opioid Analgesics in Non-Malignant Pain: Report of 38 Cases

Russell K. Portenoy and Kathleen M. Foley

Pain Service, Department of Neurology, Memorial Sloan-Kettering Cancer Center, and Department of Neurology, Cornell University Medical College, New York, NY 10021 (U.S.A.)

(Received 10 June 1985, accepted 28 October 1985)

Seminars in Perinatology 43 (2019) 123-131
Porter, J. & Jick, H. *N. Engl. J. Med.* **302**, 123 (1980); Portenoy, R. K. & Foley, K. M. *Pain* **25**, 171–186 (1986)

The Road to Addiction is Paved with Good Intentions

The Opioid Epidemic: History

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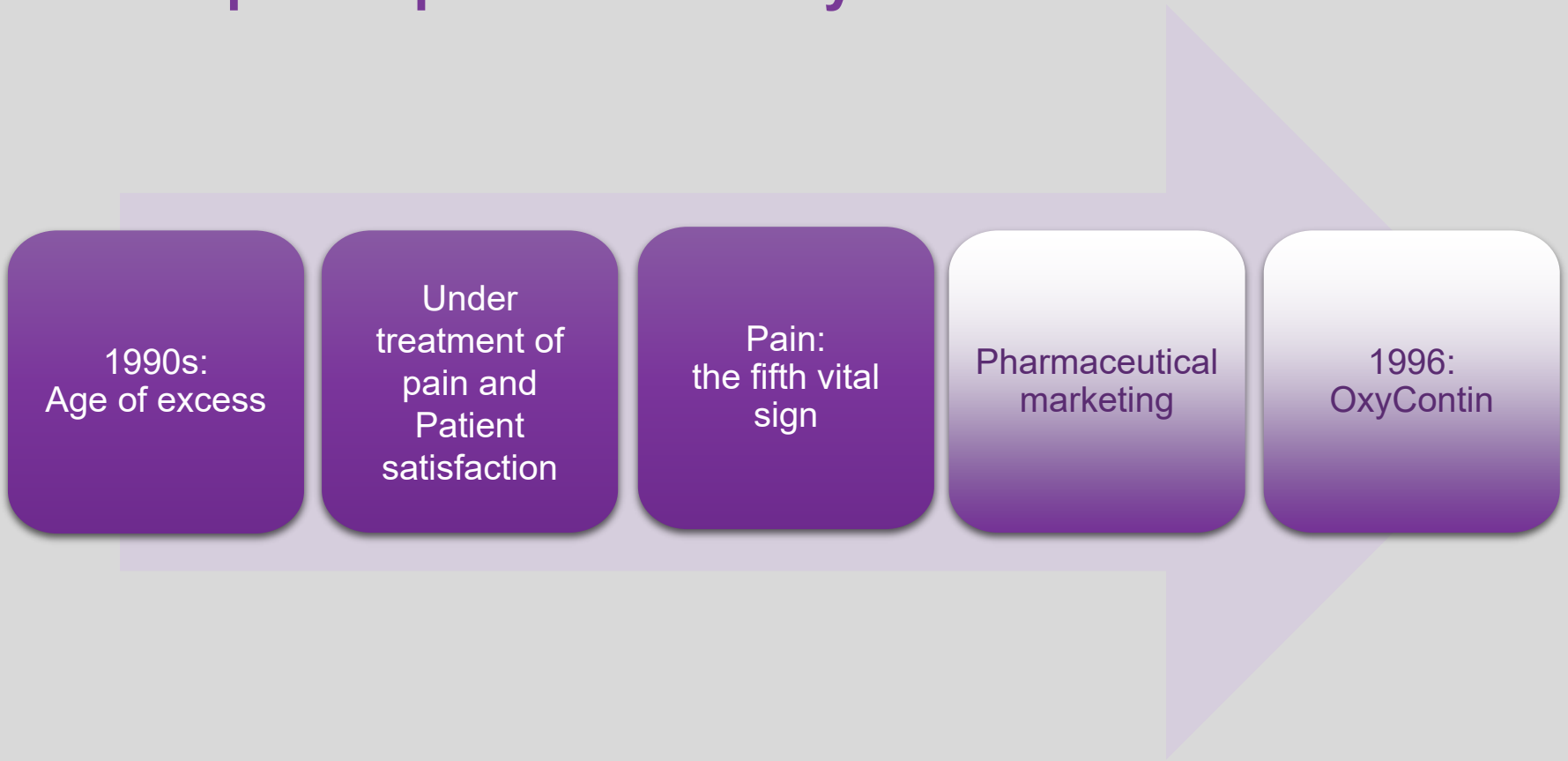

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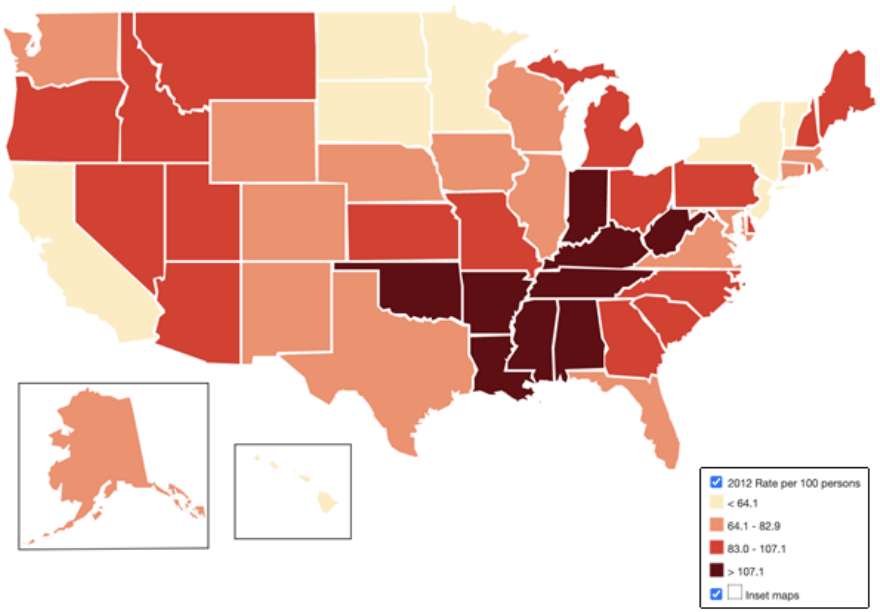
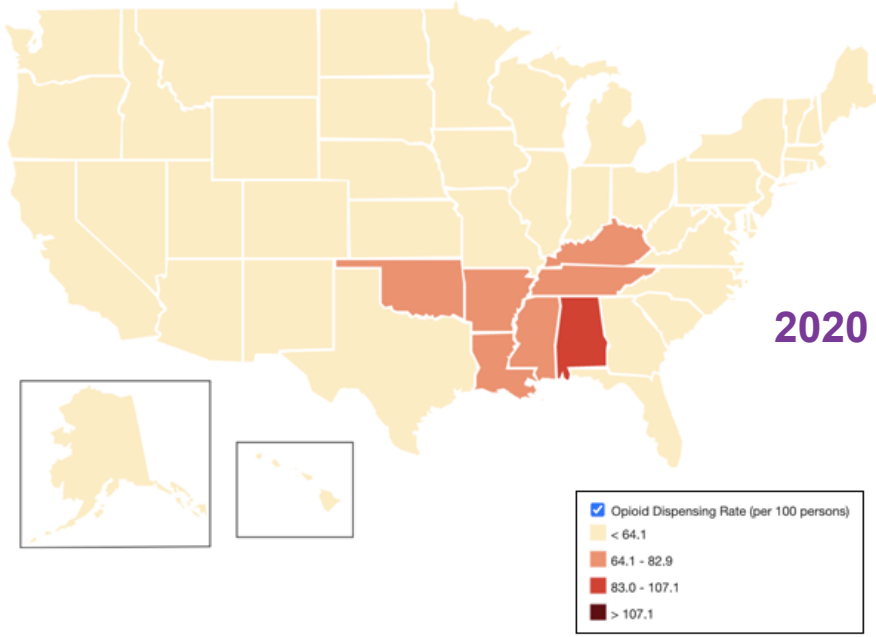
National Opioid Prescriptions

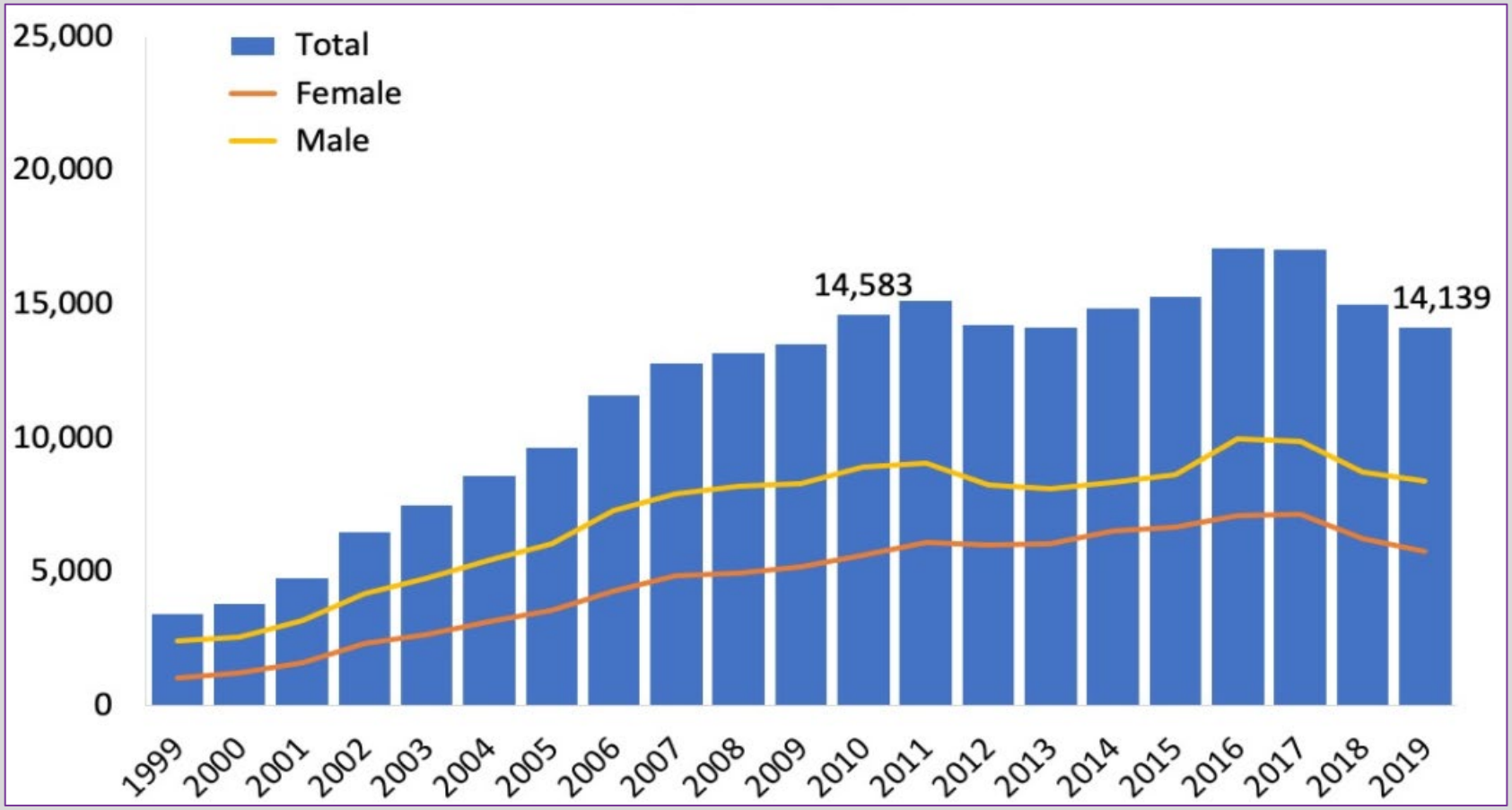
U.S. State Opioid Dispensing Rates, 2012



How have rates improved over time?



National Overdose Deaths Involving Prescription Opioids

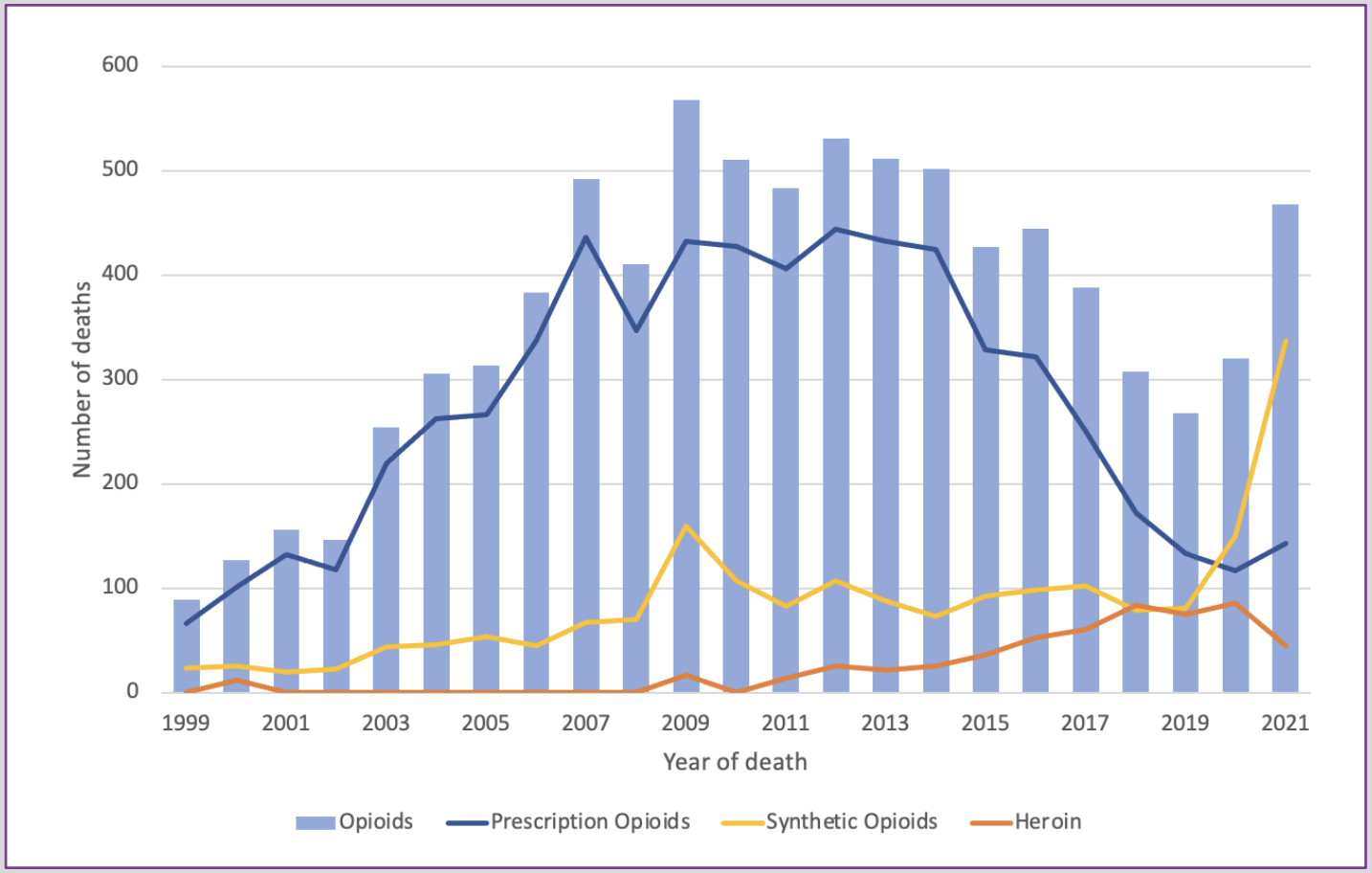


CDC WONDER, online database 2020

Addressing the Opioid Crisis

- Re-examination of the risk-benefit paradigm
- Governing organizations (IOM, the Joint Commission, Department of Human Services, FDA, CDC, etc.)
  - Develop guidelines for a multidisciplinary and multimodal approach to pain management – emphasize prevention, not just treatment
  - 2009 – The Joint Commission eliminated the assessment of the 5th Vital Sign
  - Department of Human Services and CMS worked together to set priorities including addressing opioid prescribing practices
  - 2016 – the CDC released guidelines with 12 specific recommendations to treat pain
  - 2017 – Federal Legislation limit 7 day supply for acute pain

Opioid Overdose Deaths, Oklahoma, 1999-2021

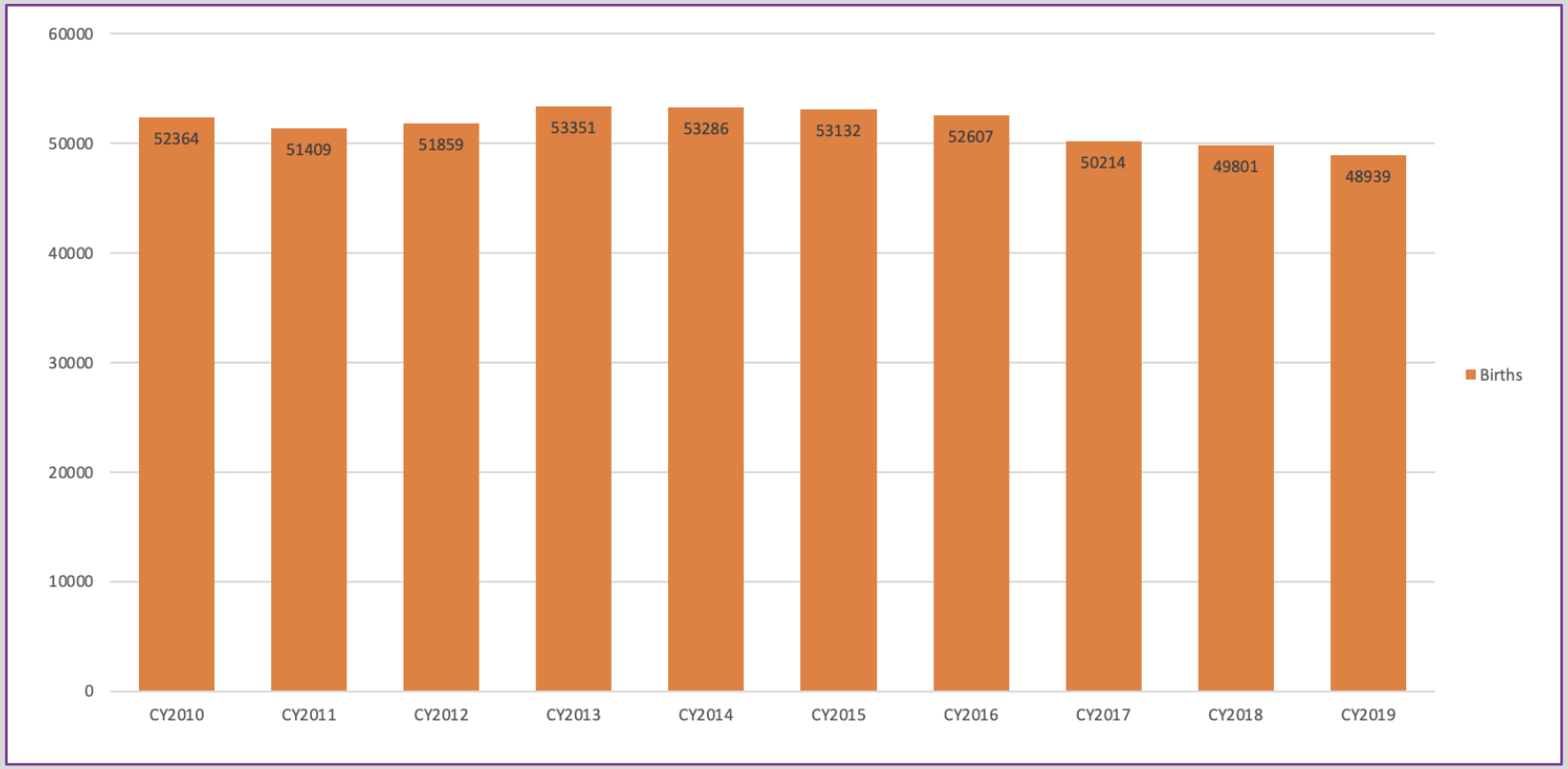


Source: CDC, National Center for Health Statistics, WONDER Multiple Cause of Death File

An All Too Common Scenario

A patient is six months pregnant and after prematurely giving birth, she lost custody of her newborn. The patient is now in recovery.

Numbers of Births in OK by Calendar Year



Compiled by Office of Data Governance and Analytics

OKLAHOMA OPIOID PRESCRIBING GUIDELINES

RISKS OF OPIOIDS IN PREGNANCY: WHAT YOU NEED TO KNOW

COMPLIANCE AND BEST PRACTICE FOR AN ACT REGULATING THE USE OF OPIOID DRUGS

OKLAHOMA SENATE BILLS 1446 & 848

Use of Opioids for the Treatment of Pain During Pregnancy

- Opioids pose a risk to all pregnant patients (PTB, LBW, and NAS)
- When treatment of pain is indicated during pregnancy
  - Consider nonpharmacologic therapies (heat, ice, and rest)
  - Consider nonopioid pain medications (acetaminophen not > 3,000 mg daily)
    - NSAIDS during the first and third trimester **(greater than 32 weeks gestation)** may be associated with increased risk of fetal harm
    - In the second trimester, NSAIDs may be considered for short courses, **no more than 48 hours**
- When opioids are necessary
  - Use lowest effective dose of immediate release opioids for no more than 3-7 days

27 yo G3P2002 CF at 26 weeks 4 days transported to our facility after a MVC. The trauma team performed their primary and secondary surveys. We performed a bedside ultrasound which demonstrated a viable IUP in cephalic presentation with a FHR in the 120's. The EGA was consistent with the patient's reported 26 weeks and 4 days. The placenta was anterior without any evidence of abruption. Further sonography revealed an EFW of 1084g (consistent with stated EGA of 26/4). A sterile vaginal exam as performed and the patient was noted to be 5 cm dilated with intact membranes and vaginal bleeding. The FHT showed a baseline of 145, mod variability, and early with occasional variable decelerations with contractions every 3 minutes.

The patient was re-examined and found to be 6 cm dilated (11:15). At this point, we began to prepare for possible delivery. The patient continued to labor and at 11:35 was complete. The NICU team arrived. Anesthesia was notified and was at the bedside in case there was a need for intubation or cesarean section. The FHT showed repetitive spontaneous variable decelerations. While awaiting intubation the patient was prepped and draped emergently with sterile towels. At 11:50 an emergent primary classical cesarean section was performed and the infant was delivered at 11:51. The infant was handed to the NICU team. Apgars were 2/6/7, the infant was intubated and resuscitated by the NICU team. The patient transitioned well and discharged home on POD#4.

Prior to Initial Prescription for Pain a Prescription for any Opioid

Discuss risks including:

- Risks of addiction and overdose, dangers of taking opioids with alcohol, benzodiazepines and other CNS depressants
- Reason the prescription is necessary
- Alternative treatment available
- Risks can include fatal respiratory depression
- Practitioner shall document the discussion in the medical record

Prior to Initial Prescription for Pain a Prescription for any Opioid

- Take and document a thorough medical history and perform H&P
- Develop a treatment plan
- Access the PMP
- Limit supply to no more than seven (7) days for acute pain
- If the patient is under 18, enter into a Patient-Provider Agreement with the parent or legal guardian

Acute Pain Prescription Guidance

- Do not issue an initial prescription for an opioid drug in a quantity exceeding seven (7) day supply
- Prescription shall be for the lowest effective dose of immediate-release opioid drug and must state “acute pain” on the face of the prescription
- Following the initial seven (7) days, after consultation (in person or by telephone)
- A subsequent 7-day prescription may be issued if:
  - Prescriber determines the prescription is necessary and appropriate
  - Document the rationale for prescribing
  - Document the prescription does not present undue risk of abuse, addiction or diversion

The Second Prescription

A second 7-day prescription of an immediate-release opioid drug in a quantity not to exceed seven (7) days may be issued on **the same day** as the initial prescription if:

- The subsequent prescription is due to a major surgical procedure and/or “confined to home”
- The subsequent prescription on the same day as the initial prescription
- The practitioner provides written instruction on the subsequent prescription:
  - Earliest date the Rx may be filled (i.e. “do not fill until” date) & the Rx is dispensed no more than five (5) days after the “do not fill until” date indicated on the prescription
- The 7-day consultation should be performed and documented
- Allergy, ineffective dose or other medical condition, document thoroughly in the record the need and rationale for change

This horror is a national crisis. If look closely, we don't see deviants. We see friends, relatives, and good people who may have made poor decisions. No one wakes up one morning and says, "hey, I think I'll become an addict." We cannot allow this problem to define us. We must define ourselves as a nation by finding the solutions. We must join their struggles and provide help and hope.

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