Opioid Use during Pregnancy, Reporting Standards and Implications for Improving Practice

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Opioid misuse effects females across all socioeconomic groups, races, ethnicities, and regions, including those who are or may become pregnant. The increasing prevalence of opioid abuse among pregnant females has increased by 127%. In recent years, there has been a fivefold increase in neonatal abstinence syndrome (NAS). The associated criminality or punitive risk associated with substance use deters pregnant females from reporting opioid use, further inhibiting necessary and imperative prenatal care. Many states criminalize substance use during pregnancy, although the threat of incarceration has not been effective in reducing substance use. Many maternal and neonate sequela could be avoided with effective interventions; substance abuse may only be identified at the time of birth. Many health professionals and their organizations oppose the prosecution of drug-addicted mothers; they support treatment and education. To improve outcomes a non-criminalized, non-punitive, supportive multidisciplinary approach consisting of early substance use screening/identification, comprehensive referrals, and long-term support service is necessary.