



PAUSE

BEFORE YOU PRESCRIBE

Prescription drug dependency is harming mothers and their infants at alarming rates. You can be part of the solution.

Retail pharmacy prescriptions for opioids, such as the pain medicines hydrocodone and oxycodone, have more than doubled since 1998, with nearly a quarter of a billion prescriptions written in 2012.¹ Nationally, the number of pregnant women using opioids has increased nearly fivefold from 2000 to 2009,² while the rate of NAS has increased nearly fourfold from 2000 to 2012.³

Neonatal Abstinence Syndrome (NAS), also known as neonatal withdrawal, is a set of distressing physical symptoms in infants born to mothers who took opioids or other drugs during pregnancy.

The symptoms for NAS can range from mild to severe and may include:

- Feeding difficulties
- Tremors and irritability
- Vomiting and diarrhea
- Low birth weight
- Breathing problems
- Excessive crying

“Five years ago, I rarely saw babies with neonatal withdrawal. Now, I treat a baby with NAS on a near daily basis. By partnering with women of reproductive age to carefully manage pain, physicians can be part of the solution.”

– JUSTIN JOSEPHSEN, MD
ILPQC NEONATAL CLINICAL LEAD

“One of the most heartbreaking periods of my life was the six weeks when my daughter was in the neonatal intensive care unit—and realizing that my using was what put her there. Doctors should talk to women about risks of pain meds so that they can avoid this kind of heartbreak.”

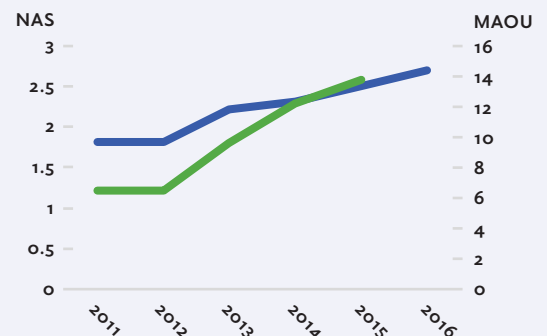
– TRACY



A Public Health Epidemic

- **Every 25 minutes**, an infant is born with NAS in the United States.⁴
- In Illinois, infants with NAS stay 11 days longer and have total charges for hospital care nearly **\$18 million higher** than infants born without NAS.⁵
- There was a **116% increase** in maternal opioid use and a **53% increase** in the NAS rate in Illinois between 2011 and 2015/2016.

Maternal Antenatal Opioid Use Rate per 1,000 Deliveries (—) and Neonatal Abstinence Syndrome Rate per 1,000 births (—), Illinois 2011–2016



Source: Illinois Department of Public Health.
Note: 2016 data not available for maternal antenatal opioid use.

How You Can Help Stem the Epidemic in Illinois

1. PRESCRIBE SAFELY



Prescribe minimum amounts of opioids for the shortest duration required to treat acute pain. At delivery, talk with your patient about alternate strategies for pain control and only prescribe the minimum amount needed. Look for non-narcotic alternatives for chronic pain.

1 in 300 opioid naïve women become chronic opioid users following cesarean section. Overprescribing leads to excess opiate tablets subject to misuse and diversion. 75% of heroin users were introduced to opioids through prescription pain killers.⁶

2. TALK WITH YOUR PATIENTS ABOUT ADDICTION RISKS AND CONTRACEPTION OPTIONS



Ask your patient about their health history or family history of addiction. Counsel all patients regarding the risk of opioid use disorder when discussing pain management strategies. Also, ask if she is on birth control and suggest long-acting reversible contraception (LARC).

3. CONSULT THE ILLINOIS PRESCRIPTION MONITORING PROGRAM (ILPMP) PRIOR TO WRITING OPIOID PRESCRIPTIONS



Illinois state law, as of January 1, 2018, requires that all providers with a controlled substance license must register with the Illinois Prescription Monitoring Program (ILPMP). Providers are required by law to check and document ILPMP patient look-up prior to prescribing any schedule II controlled substance, including opioid pain medications. All Illinois hospitals' EMRs must be linked to ILPMP by 2021.

“When we’re prescribing opioids to a woman of reproductive age, it’s a constant balance. We have to weigh her need for effective pain control with her risk of developing opioid use disorder and risks to future pregnancies. It is critical to discuss plans for future pregnancies and highly effective contraception options when we prescribe.”

– ANN BORDERS, MD
ILPQC EXECUTIVE DIRECTOR AND
OBSTETRIC CLINICAL LEAD



The Illinois Perinatal Quality Collaborative (ILPQC) is a statewide network of perinatal clinicians, nurses, hospitals, public health leaders, and policymakers that aims to improve outcomes for mothers and babies across Illinois.

ILPQC collaborates with the Illinois Department of Public Health, the IDPH Regionalized Perinatal System and State Quality Council, Illinois Department of Healthcare and Family Services, Illinois Department of Human Services, Illinois Chapter of the March of Dimes, Illinois Hospital Association, ACOG, AAP, AWHONN, ACNM, AFP, EverThrive Illinois, and additional stakeholders.

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