

Rapid Assessment of Maternal Opioid Use and Overdose

The Issue

Opioid use by pregnant women represents a significant public health concern. The number of pregnant women with an opioid use disorder (OUD) more than quadrupled during 1999 to 2014. Using opioids during pregnancy can cause adverse maternal and infant outcomes that include maternal mortality, preterm labor, stillbirth, and neonatal abstinence syndrome (NAS). It is estimated that one infant was born with NAS every 15 minutes in the United States during that 15-year timeframe.



CDC's Response

Using a multipronged approach, CDC is taking specific actions to prevent OUD among pregnant and postpartum women, and to make sure women with OUD get proper treatment.

The **Pregnancy Risk Assessment Monitoring System (PRAMS) Opioid Supplement and Call-Back Survey** uses the existing PRAMS infrastructure to identify factors associated with opioid use and misuse during and after pregnancy. Data from these surveys will help inform programs and policies to reduce the risk of opioid exposure during pregnancy and ensure that women and infants receive access to recommended clinical care.



- Thirty-two states added a set of questions about opioid use and misuse to their PRAMS survey.
- Two states are using their existing Maternal and Child Health (MCH) surveillance systems to collect the same data collected on the PRAMS opioid supplement.
- Seven states with a high rate of opioid-related overdose deaths are receiving funding for a call-back survey at 9 months postpartum of previously interviewed mothers.

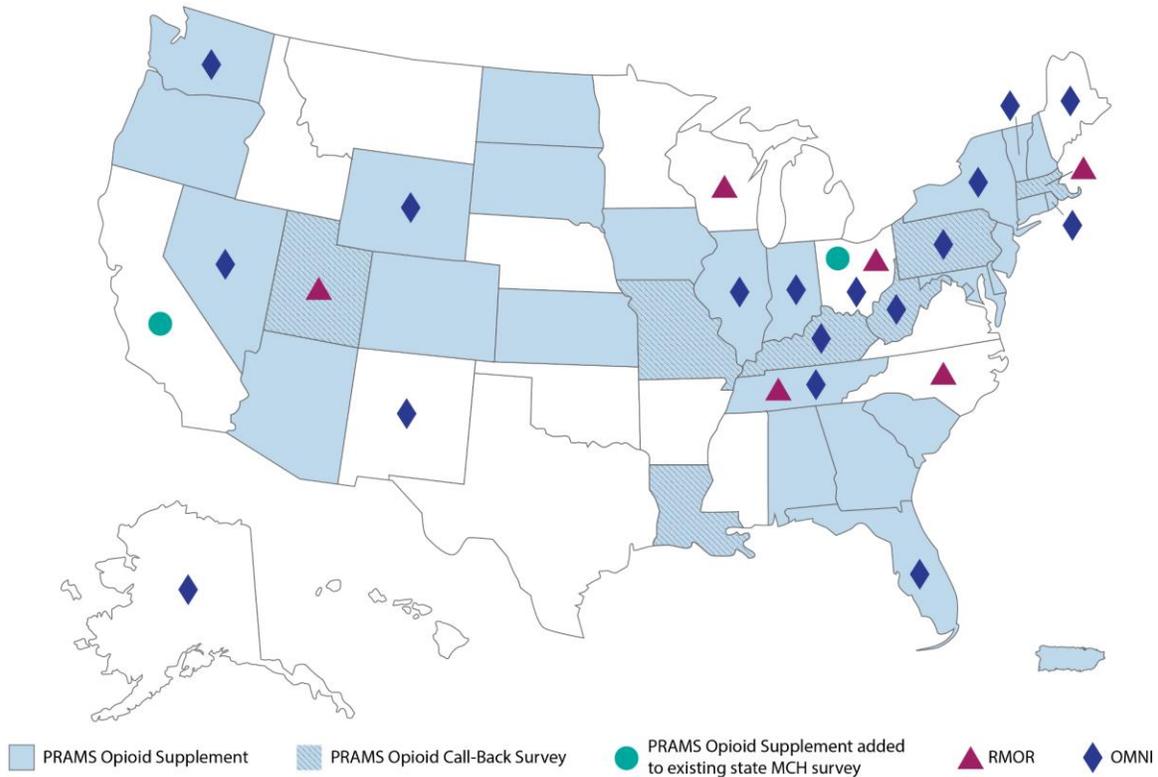
Rapid Maternal Overdose Review (RMOR) supports six Maternal Mortality Review Committees (MMRCs) to review all pregnancy-associated overdose deaths in their state. Pregnancy-associated deaths are deaths that occur during pregnancy or within one year of when the pregnancy ends. MMRCs get the most detailed, comprehensive data on maternal deaths. Through RMOR, CDC is developing processes and tools that MMRCs can use to improve data quality to better capture, analyze, and prevent maternal overdose deaths. Data from this effort will be used to develop strategies for preventing overdose deaths.

The **Opioid Use Disorder, Maternal Outcomes, and Neonatal Abstinence Syndrome Initiative (OMNI)** is a collaborative learning community that shares strategies and best practices for policies and programs designed to improve the identification and treatment of pregnant and postpartum women with OUD and infants with NAS. OMNI, a collaboration with the Association of State and Territorial Health Officials, supports state leadership teams with achieving goals outlined in their state action plans through technical assistance, opportunities for connection and collaboration, and on-site field support.



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What States Does CDC Support?



A Spotlight on States

Shared Learning to Enhance Maternal Mortality Review Committees

Working through RMOR, Utah's MMRC developed and shared with other participating states specific criteria for reviewing mental health-related deaths, including deaths that involve a substance use disorder. Funded states are abstracting data on all pregnancy-associated overdose deaths and have expanded the scope of the committee membership to include mental health providers, addiction medicine specialists, and law enforcement. The shared learning has also led to states identifying new data sources for finding more information surrounding overdose deaths, including infant plans of safe care, child protective services, prescription drug monitoring program databases, and the violent death reporting system.

A Success Story from the OMNI Learning Community

The OMNI Team from Rhode Island identified how strengthening partnerships is a key component of their work in implementing a NAS pilot into First Connections, a Rhode Island Department of Health and Department of Human Services home-visiting program. The goal of the pilot program is to ensure that women have care coordination and postpartum care following hospital discharge. The pilot program also helps to integrate First Connection nurses into the NAS hospital care team who works with the mother and infant in their community and serves as their point person for early intervention referral and services, appointments with the NAS follow-up clinic, and other support services. Addressing gaps in care coordination ensures that community-based support services may improve the health of women, infants, and families.



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