Opioid use disorder (OUD) can cause many negative health outcomes for mothers and their babies, both during pregnancy and after delivery. Infants can be born with breathing and feeding problems, and mothers are at risk of opioid-related overdoses. As part of its overarching five-point strategy to prevent opioid overdoses and harms, CDC is taking specific actions to prevent OUD among pregnant women and women of reproductive age and to make sure women with OUD get proper treatment.

**The Toll**

- **2015**
  - The rate of overdose deaths among women rose 20% in one year.

- **2016**
  - Opioid use disorder has gone up more than 4 times among pregnant women.

- **1999**
  - 4 times as many infants were born with neonatal abstinence syndrome (NAS) in 2014 than in 1999.

**Health Outcomes**

Opioid use disorder during pregnancy has been linked to:

- Preterm Birth
- Low Birthweight
- Breathing Problems
- Feeding Problems
- Maternal Mortality
Strategies for Addressing OUD among Pregnant Women

- Ensure mothers with OUD receive adequate post-birth care, including substance use treatment and relapse-prevention programs.
- Ensure pregnant women with OUD have access to medication assisted treatment and related services.
- Maximize & enhance prescription drug monitoring programs.
- Ensure appropriate prescribing.

CDC’s Response

- Issuing guidance on opioid prescribing for chronic pain, including for pregnant women
- Conducting surveillance using the Pregnancy Risk Assessment Monitoring System (PRAMS) to document substance use before and during pregnancy among mothers who recently gave birth
- Improving data quality and standardization for pregnancy-associated overdose deaths to inform prevention
- Building state capacity to better identify women with OUD during pregnancy and standardize care for mothers and NAS-affected infants through perinatal quality collaboratives (PQCs)
- Monitoring and reporting on the incidence of NAS