

Prescription Opioid Pain Reliever Use During Pregnancy: Data from the Kansas Pregnancy Risk Assessment Monitoring System (PRAMS)



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Background

Opioid use during pregnancy may increase the risk for adverse outcomes, including neonatal abstinence syndrome. The American College of Obstetricians and Gynecologists (ACOG) recommends:

- ✓ **universal screening** of pregnant patients for opioid use and misuse
 - ✓ **discussing** the risks and benefits of opioid use with pregnant patients
- Source: ACOG

Study Questions

- How many Kansas women with a recent live birth self-report prescription opioid pain reliever use during pregnancy?
- How many Kansas women are counseled about the potential risks of prescription pain reliever use?

Methods

- Data from the Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2019
- Weighted prevalence estimates, 95% confidence intervals (CIs), and Chi-square tests calculated using SAS-callable SUDAAN version 11
- Opioid use was estimated from Question O2 in the Opioid Supplement
- Other questions in the Opioid Supplement were used to characterize prescription opioid pain reliever use during pregnancy

Contact information:

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O2. During your most recent pregnancy, did you use any of the following **prescription** pain relievers? For each one, check **No** if you did not use it *during* your pregnancy or **Yes** if you did. Do **not** include pain relievers you used *only* during labor and delivery.

	No	Yes
a. Hydrocodone (like Vicodin®, Norco®, or Lortab®).....	<input type="checkbox"/>	<input type="checkbox"/>
b. Codeine (like Tylenol® #3 or #4, <u>not</u> regular Tylenol®).....	<input type="checkbox"/>	<input type="checkbox"/>
c. Oxycodone (like Percocet®, Percodan®, OxyContin®, or Roxicodone®).....	<input type="checkbox"/>	<input type="checkbox"/>
d. Tramadol (like Ultram® or Ultracet®).....	<input type="checkbox"/>	<input type="checkbox"/>
e. Hydromorphone or meperidine (like Demorol®, Exalgo®, or Dilaudid®).....	<input type="checkbox"/>	<input type="checkbox"/>
f. Oxymorphone (like Opana®).....	<input type="checkbox"/>	<input type="checkbox"/>
g. Morphine (like MS Contin®, Avinza®, or Kadian®).....	<input type="checkbox"/>	<input type="checkbox"/>
h. Fentanyl (like Duragesic®, Fentora®, or Actiq®).....	<input type="checkbox"/>	<input type="checkbox"/>

Our Mission:

To protect and improve the health and environment of all Kansans

Prevalence of Self-Reported Prescription Opioid Pain Reliever Use During Pregnancy, Among Kansas Women with a Recent Live Birth (N = 997)*

Characteristic	Weighted %	95% CI
All	7.0	5.1 - 9.4
Age, years		
<25	9.1	5.3 - 15.2
≥25	6.2	4.3 - 9.0
Race/ethnicity		
Non-Hispanic White	5.4	3.7 - 7.9
Non-Hispanic Black†	15.2	7.1 - 29.5
Hispanic†	8.5	3.9 - 17.5
Non-Hispanic Other/Multiracial†	12.8	4.6 - 30.7
Education level‡		
H.S. Diploma or less	10.2	6.7 - 15.2
More than high school	5.1	3.3 - 7.9
WIC status during pregnancy‡		
WIC recipient	13.7	9.0 - 20.3
Not a WIC recipient	4.2	2.7 - 6.5
Source of payment for delivery‡		
Medicaid	15.7	10.8 - 22.2
Non-Medicaid	2.8	1.7 - 4.7
Self-reported cigarette smoking status, last 3 months of pregnancy‡		
Nonsmoker	5.4	3.8 - 7.8
Smoker	22.7	13.3 - 36.0
Self-reported depression during pregnancy‡		
No	5.4	3.6 - 7.9
Yes	13.4	8.3 - 21.0
Self-reported anxiety during pregnancy‡		
No	5.2	3.4 - 7.9
Yes	12.0	7.7 - 18.2

* Unweighted sample size.

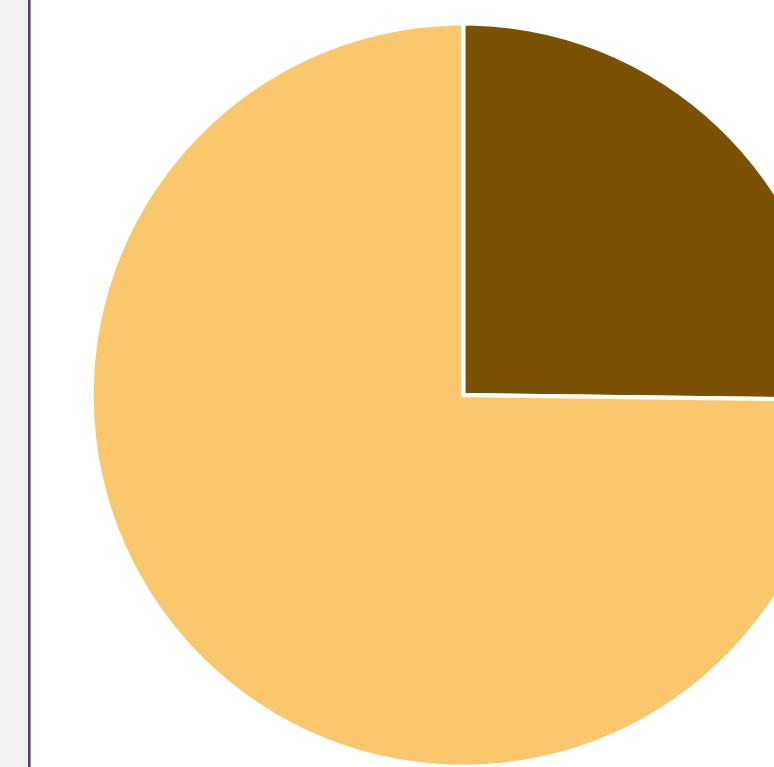
† Estimate may be statistically unreliable (relative standard error > 30%).

‡ Statistically significant association (p-value < 0.05).

Source: Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2019

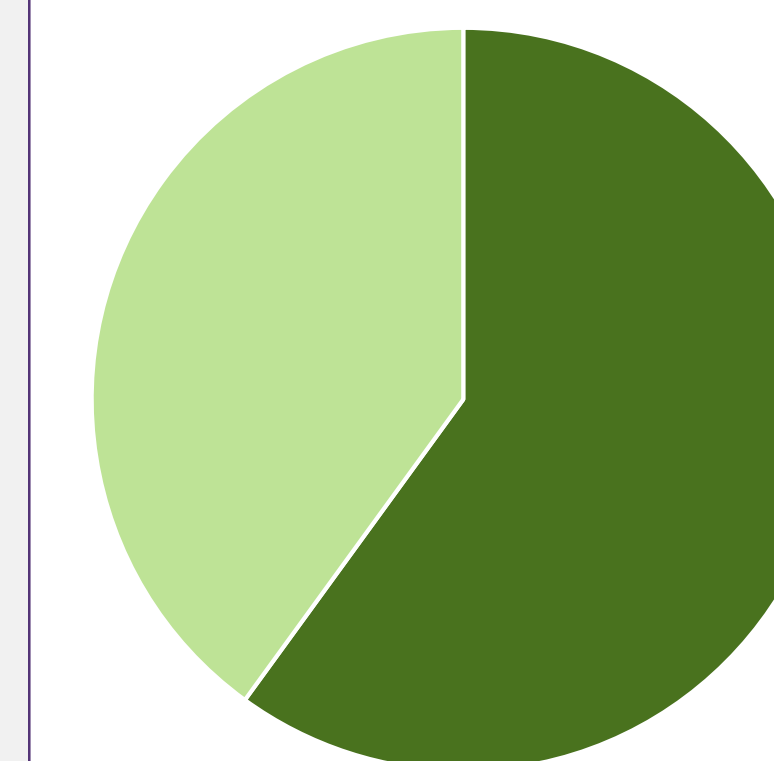
Characteristics of Prescription Opioid Pain Reliever Use During Pregnancy

Source of Pain Reliever and Reasons for Using During Pregnancy (N=85)*



Around **1 in 4** women who used prescription opioid pain relievers (**25.2%**) reported getting the pain reliever from a non-health care source and/or using it for a reason other than to relieve pain (95% CI: 13.6%, 41.8%).

Health Care Worker Counseling about Potential Risks to Infant (N=90)*



3 in 5 women who used prescription opioid pain relievers (**60.0%**) reported that a health care worker had talked with them about how prescription pain reliever use during pregnancy could affect a baby (95% CI: 44.0%, 74.0%).

* Unweighted sample size

Source: Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2019

Results

- **7.0%** of Kansas women with a recent live birth reported prescription opioid pain reliever use during pregnancy (95% CI: 5.1%, 9.4%).
- The prevalence varied significantly by socioeconomic status, self-reported smoking status during pregnancy, and self-report of mental health conditions during pregnancy.
- Among those who used prescription opioid pain relievers:
 - **40.0%** had **not** been counseled by a health care worker about how prescription pain reliever use during pregnancy could affect a baby (95% CI: 26.0%, 56.0%).
 - **25.2%** reported getting the pain reliever from a non-health care source and/or using it for a reason besides pain (95% CI: 13.6%, 41.8%).

Conclusions

Increased communication about the potential risks of opioid use may be needed between health care providers and pregnant patients.