

The Youngest Casualties of the War on Opioids

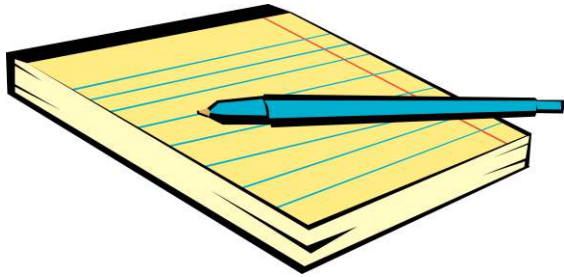
2022 VIRTUAL ATOD SUMMIT

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Learning Objectives

1. To bring awareness of fetal and infant deaths related to opioid use in pregnancy.
2. To show data on the increase of opioid use in pregnancy.
3. To show data on the increase of fetal and infant deaths and how pregnancy-related opioid use has contributed to the increase.
4. To give suggestions of ways to help expectant Mothers recover from opioid use during pregnancy to reduce maternal, fetal, and infant health complications and deaths. (call to action)

Who We are...What We do...



- Reduce infant deaths with help from families, medical, and community groups
- Safe Sleep Campaign: FREE Cribs for babies
- Grieving help and Peer Support

Crib Program: 901-222-9263

Infant Mortality Rates

Between 2017-2019, 372 infants passed away before reaching their 1st birthday

During 2019, in the U.S. there were 5.6 infants deaths per 1,000 live births

During 2019, in TN there were 7.1 infants deaths per 1,000 live births

During 2019, in Shelby County, TN there were 9.8 infants deaths per 1,000 live births



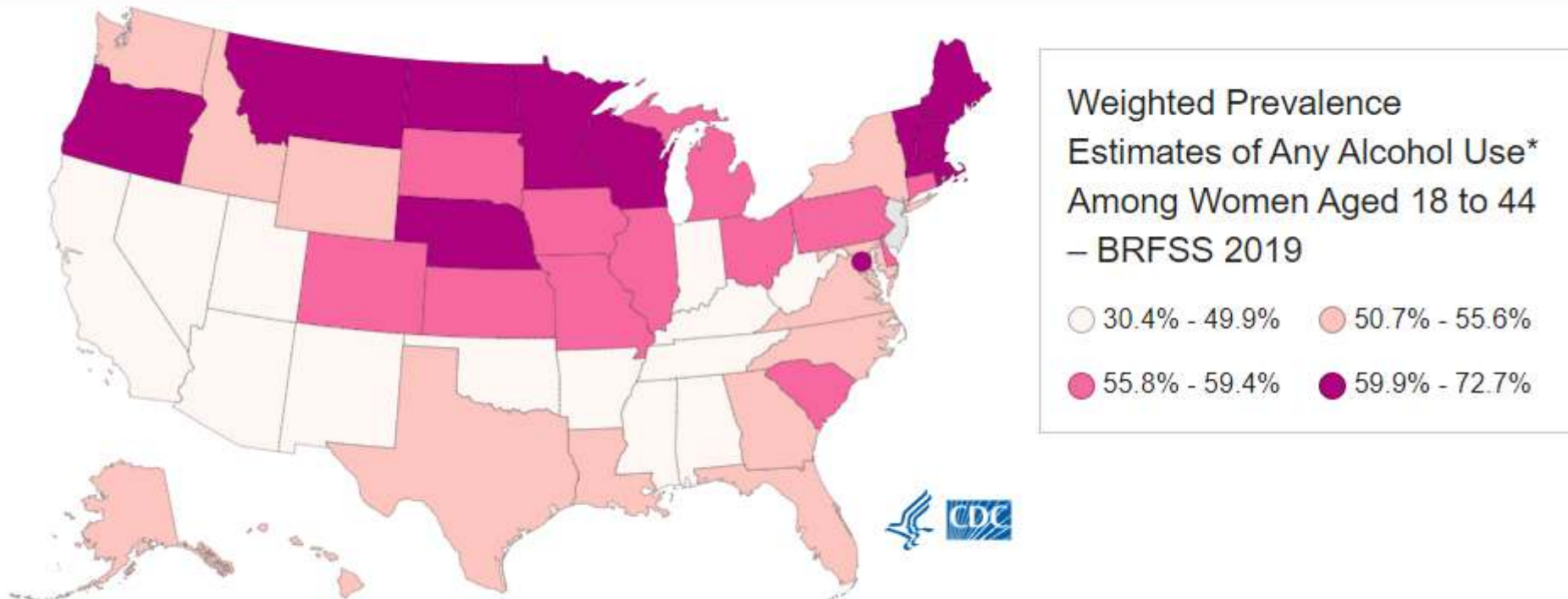
Alcohol in Pregnancy

There is no known safe amount of alcohol use during pregnancy or while trying to get pregnant. There is also no safe time for alcohol use during pregnancy. All types of alcohol are equally harmful, including all wines and beer (CDC, 2021).



Alcohol in Pregnancy

Weighted Prevalence Estimates of Any Alcohol Use* Among Women Aged 18 to 44 – BRFSS 2019



Weighted Prevalence Estimates of Any Alcohol Use* Among Women Aged 18 to 44 – BRFSS 2019



Tobacco in Pregnancy



Risks for fetuses

- Delayed growth
- Higher chance of being born too early
- Permanent brain and lung damage
- Higher risk of stillbirth

ACOG, 2022

Risks for newborns

- Smaller size at birth
- Colic with uncontrollable crying
- Sudden infant death syndrome (SIDS)
- Development of obesity and asthma during childhood

ACOG, 2022

Opioid Use in Pregnancy



Research on Opioid Use in Pregnancy

According to research by Ko, et. al., 2019, in a survey of 34 U.S. jurisdictions, “Prescription opioid use during pregnancy has been associated with poor outcomes for mothers and infants. Studies using administrative data have estimated that 14%–22% of women filled a prescription for opioids during pregnancy.”

“An estimated 6.6% (N = 1,405) of respondents (N= 20,643) reported prescription opioid use during pregnancy. Among these women, 21.2% reported misuse (a source other than a health care provider or a reason for use other than pain), 27.1% indicated wanting or needing to cut down or stop using, and 68.1% received counseling from a provider on how prescription opioid use during pregnancy could affect an infant.” (Ko, et. al., 2019)

Age Group with Highest Pregnancy Opioid Use

TABLE 1. Prevalence of self-reported prescription opioid use during pregnancy by maternal characteristics — 34 U.S. jurisdictions, 2019

Characteristic	No. of respondents*	Prevalence of prescription opioid use during pregnancy	
		No.*	% [†] (95% CI)
Total	20,643	1,405	6.6 (6.0–7.2)
Age group (yrs)			
≤19	761	56	9.6 (5.8–15.4)
20–24	3,340	246	7.5 (6.0–9.2)
25–34	12,178	822	6.5 (5.7–7.3)
≥35	4,364	281	5.5 (4.6–6.6)

Race with Highest Pregnancy Opioid Use

TABLE 1. Prevalence of self-reported prescription opioid use during pregnancy by maternal characteristics — 34 U.S. jurisdictions, 2019

Characteristic	No. of respondents*	Prevalence of prescription opioid use during pregnancy	
		No.*	% [†] (95% CI)
Race/Ethnicity			
White, non-Hispanic	9,833	544	5.9 (5.1–6.8)
Black, non-Hispanic	2,798	255	8.6 (6.9–10.5)
Hispanic	5,072	367	7.0 (5.8–8.4)
Other, non-Hispanic [§]	2,665	218	6.6 (5.3–8.2)

Additional Demographics with Highest Pregnancy Opioid Use

TABLE 1. Prevalence of self-reported prescription opioid use during pregnancy by maternal characteristics — 34 U.S. jurisdictions, 2019

		Prevalence of prescription opioid use during pregnancy	
Characteristic	No. of respondents*	No.*	% [†] (95% CI)
Health insurance at delivery[¶]			
Private**	10,653	591	5.2 (4.6–6.0)
Medicaid	8,317	712	8.5 (7.5–9.7)
Other ^{††} or none	1,068	59	4.4 (2.9–6.5)
Number of previous live births			
None	7,982	504	6.3 (5.4–7.3)
One or more	12,508	885	6.7 (6.0–7.5)
Smoked cigarettes during last 3 months of pregnancy[¶]			
Yes	1,279	192	16.2 (12.7–20.4)
No	19,227	1,200	5.9 (5.4–6.5)

TABLE 2. Sources of prescription opioids and reasons for use among respondents reporting use during pregnancy (N = 1,405) — 34 U.S. jurisdictions, 2019

Sources of opioids/Reasons for use	No.*	Prevalence % [†] (95% CI)
Source of prescription opioid	1,335	—
Any health care provider source	1,233	91.3 (88.0–93.7)
Ob/gyn, midwife, or prenatal care provider	787	55.4 (50.4–60.2)
Family doctor or primary care provider	203	14.9 (11.6–18.9)
Dentist or oral health care provider	139	12.8 (9.7–16.8)
Doctor in the emergency department	352	26.0 (22.0–30.4)
Other health care provider	50	2.7 (1.6–4.7)
Any non-health care provider source	132	8.9 (6.7–11.8)
Pain relievers left over from old prescription	74	5.4 (3.6–7.9)
Friend or family member	36	1.9 (1.2–3.1)
Some other way without a prescription	52	3.0 (1.9–4.7)
Other/Undetermined	53	4.3 (2.6–7.1)

TABLE 2. Sources of prescription opioids and reasons for use among respondents reporting use during pregnancy (N = 1,405) — 34 U.S. jurisdictions, 2019

Sources of opioids/Reasons for use	No.*	Prevalence % [†] (95% CI)
Reason for prescription opioid use	1,303	—
Any pain reason	1,131	88.8 (85.9–91.2)
To relieve pain from an injury, condition, or surgery before pregnancy	264	22.2 (18.3–26.7)
To relieve pain from an injury, condition, or surgery during pregnancy	807	63.8 (59.1–68.2)
To relieve pain from an injury, condition, or surgery unstated time frame	183	11.7 (9.1–14.9)
Any reason other than pain	204	14.4 (11.2–18.4)
To relax or relieve tension or stress	118	7.7 (5.5–10.8)
To help with feelings or emotions	45	3.7 (2.0–6.8)
To help sleep	115	7.9 (5.4–11.3)
To feel good or get high	23	1.1 (0.6–2.0)
Because “hooked” or had to use	32	2.4 (1.2–4.8)
Other/Undetermined	88	4.9 (3.7–6.6)
Any misuse (non–health care provider source or reasons other than pain)	277	21.2 (17.3–25.6)

Opioid Use in Pregnancy

According to the Centers for Disease Control and Prevention, opioid use in pregnancy has been linked to stillbirths and birth defects. The number of women with opioid-related diagnoses documented at delivery increased by 131% from 2010 to 2017.

Our local FIMR Team has seen an increase in ATOD use in our fetal and infant death cases. In a recent case that resulted in a pre-term stillborn birth, Mom became non-compliant with prenatal care after testing positive. After delivery, Mom obtained opioids and other drugs from the Father of the child while in the hospital. The hospital staff counseled her about the drug use and offered alternative treatment options. The same counseling could have been available earlier if Mom decided to continue prenatal care.

Causes of Infant Mortality

Almost 21,000 infants died in the United States in 2018. The five leading causes of infant death in 2018 were:

1. Birth Defects
2. Pre-term birth and low birth weight
3. Injuries
4. Sudden Infant Death Syndrome (SIDS)
5. Maternal Pregnancy Complications

S.T.O.P. Event Response

When hosting Street Team for Overdose Prevention (S.T.O.P.) events, Public Health Outreach workers have rarely seen pregnant women coming to receive care.

The Public Health Outreach workers are creating new ways to encourage pregnant women to seek help to receive addiction treatment without stigma.



Treatments for Mothers with Opioid Use Disorder

Improved screening for opioid misuse and treatment of opioid use disorder in pregnant patients might prevent adverse outcomes.

The CDC recommends that pregnant women be encouraged to start treatment with methadone or buprenorphine (without naloxone).

Summary

There has been an increase in fetal and infant death cases where the Mother was positive for alcohol, tobacco, and other drugs including opioids, and was a major cause of pregnancy complications and fetal deaths in Shelby County, TN. Many of the Mothers received little to no prenatal care after testing positive for substances at a prenatal visit.

We can reduce the chances of continued substance use by destigmatizing, treating, and counseling before, during, and after pregnancy.

Questions and Answers



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Sources

The American College of Obstetricians and Gynecologists (ACOG). Tobacco and Pregnancy. 2022. <https://www.acog.org/womens-health/infographics/tobacco-and-pregnancy>

Centers for Disease Control and Prevention. Fetal Alcohol Spectrum Disorders (FASDs): Alcohol Use in Pregnancy. December 21, 2021. <https://www.cdc.gov/ncbddd/fasd/alcohol-use.html>

Centers for Disease Control and Prevention. Pregnancy: About Opioid Use During Pregnancy. July 20, 2021. <https://www.cdc.gov/pregnancy/opioids/basics.html>

Centers for Disease Control and Prevention. Pregnancy: Data and Statistics. July 16, 2021. <https://www.cdc.gov/pregnancy/opioids/data.html>

Sources Continued

Centers for Disease Control and Prevention. Pregnancy: Treatment Before, During, and After Pregnancy. July 20, 2021.

<https://www.cdc.gov/pregnancy/opioids/treatment.html>

Centers for Disease Control and Prevention. Reproductive Health: Infant Mortality. September 8, 2021.

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm#causes>

Ko JY, D'Angelo DV, Haight SC, et al. *Vital Signs*: Prescription Opioid Pain Reliever Use During Pregnancy — 34 U.S. Jurisdictions, 2019. MMWR Morb Mortal Wkly Rep 2020;69:897–903.

DOI: <http://dx.doi.org/10.15585/mmwr.mm6928a1> external icon.

Additional Resources

https://www.cdc.gov/drugoverdose/pdf/pregnancy_opioid_pain_factsheet-a.pdf

<https://store.samhsa.gov/sites/default/files/d7/priv/sma18-5054.pdf>

<https://www.cdc.gov/reproductivehealth/opioid-use-disorder-pregnancy/pdf/MMWR-Opioids-Use-Disorder-Pregnancy-Infographic-h.pdf>

<https://www.cdc.gov/pregnancy/opioids/resources.html>