

THE CHANGING PATTERN OF DRUG USE IN PREGNANCY - A TEN YEAR REVIEW

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BACKGROUND

Ireland – 3rd highest rate of opioid use in Europe at 6.2 per 1,000. Heroin – cause of 38% of all treatment centre entrants

This affects rate of opioid use in pregnancy.

Illicit opioid use in pregnancy can lead to:

- Maternal death
- **6 fold increase in obstetric complications** – such as low birth weight, PET, bleeding, malpresentation, foetal distress & meconium aspiration syndrome
- **Neonatal complications** of narcotic withdrawal, postnatal growth deficiency, microcephaly, neuro-behavioural problems, increased neonatal mortality
- **74 fold increase in sudden infant death syndrome**

Coombe specialised clinic – the Addiction and Infectious Diseases Antenatal Clinic.

Pregnancy is an opportune time to change behaviour

Role of the Drug Liaison Midwife

- Building trust and good working relationships
- Facilitating attendance at ANC
- Coordination of methadone treatment programmes
- Coordination of in-patient drug treatment programmes

METHODS

Retrospective observational cohort study. All women with illicit opioid or substance use in pregnancy delivered under our multidisciplinary service between 2010-2019 were included. Drug-exposure was self-reported. Data was collected by combining electronic and hand-held patient records. Trends and outcomes were analysed by year of delivery. Approval for the study was granted by the institution's clinical governance committee.

RESULTS

Of the 82,669 women delivered, 525 had **illicit opioid** or substance use in pregnancy (**1 in every 160 women booking**). Over the ten years, **there was a significant reduction in number of women delivered with illicit opioid or substance use in pregnancy** (0.8% to 0.4%, RR 0.55, 95% CI 0.36 to 0.85), with **significant reduction in the proportion of women on Opioid-Substitute-Treatment (OST, RR 0.66 95% CI 0.51 to 0.87)** and an increase in mean maternal age (30.7 to 32.0 years).

Rates of cocaine and cannabis consumption increased (20.6%, RR 3.8, 95% CI 1.57-9.44: 24.0%, RR 3.7, 95% CI 1.58-8.86 respectively). **Polydrug exposure was common** (23.9% with prescribed and 15.2% abused benzodiazepines).

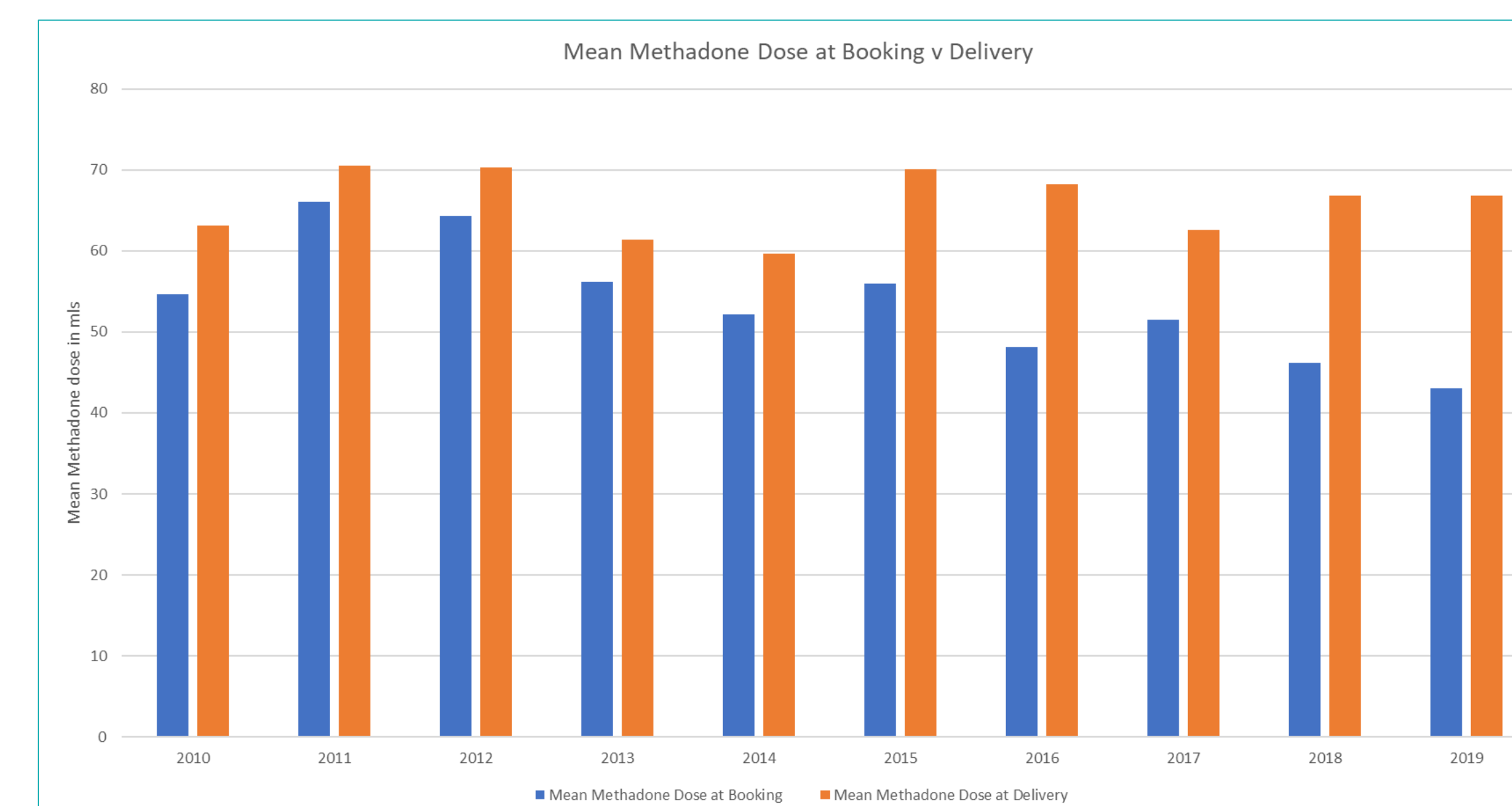
RESULTS CONTD:

The maternal mortality rate was 378:100,000 births.

The perinatal mortality rate was 15.6:1000 births.

The **preterm birth rate was 17.9%,. The rate of NICU admission was 52.0%** and the mean length of stay was 22.4 days.

Amongst the smaller illicit opioid use population, **the rate of NICU admission for Neonatal Abstinence Syndrome (NAS) and treatment for NAS increased over the study timeframe** (36.0%, RR 2.97, 95% CI 1.86 – 4.75: 28.5%, RR 2.92, 95% CI 1.70-5.0 respectively). **The mean methadone dose at booking was *less* than the mean methadone dose at delivery in every year from 2010 to 2019.**



CONCLUSIONS

Opioid use disorder in pregnancy is changing.

Decrease in Heroin/Methadone use is multifactorial:

- Government investment into long-term drug policies
- Availability of places in treatment centres
- Declining use of heroin/methadone amongst younger population incl. pregnant population

Cocaine and Cannabis more prevalent.

Service provision needs to adapt to new trends

- Difficult to treat cocaine/cannabis addiction as no substitution
- Mental Health a major co-morbidity – importance of peri-natal mental health service.

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