

Treating infants of mothers with opioid dependence—rising rates, rising costs

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As more infants are born to mothers with dependence on prescription pain medications, the costs of treatment for babies with neonatal abstinence syndrome (NAS) have increased dramatically, suggests a report in the March/April issue of the *Journal of Addiction Medicine*, the official journal of the American Society of Addiction Medicine.

"At our institution, [costs](#) associated with treating [infants](#) with NAS are exponentially higher than the costs associated with infants not affected," write Dr. Kay Roussos-Ross, Assistant Professor of Obstetrics and Gynecology, and colleagues of University of Florida College of Medicine, Gainesville. The researchers believe their findings support recent recommendations to screen or test for substance use in [pregnant women](#).

Rising Treatment Costs for Neonatal Abstinence Syndrome

Nonmedical use of prescription [opioid](#) pain medications during pregnancy has increased fivefold since the late 1990s, according to a recent study. Some infants born to women with opioid use disorder will develop [neonatal abstinence syndrome](#)—symptoms and complications related to withdrawal from the opioid pain medication to which they were exposed in utero.

Dr. Roussos-Ross and coauthors analyzed cost trends for infants with NAS at one university-affiliated hospital between 2008 and 2011. They identified 160 opioid-exposed newborns: 40 in the first year of the study, 57 in the second year, and 63 in the third year.

Ninety-five of the infants were exposed to "opioid agonist" drugs—methadone or buprenorphine—given during pregnancy to treat the mother's opioid use disorder. The rest were exposed to various "short-acting" prescription opioids taken illicitly by the mother.

In each year, about 50 to 60 percent of opioid-exposed infants developed symptoms of NAS. These infants remained in the hospital after birth for an average of 23 days, compared to the usual post birth stay of one or two days for a normal healthy newborn. For opioid-exposed infants who did not develop opioid withdrawal symptoms, the average hospital stay was about five days.

The total costs of treatment for NAS rose sharply: from about \$1.1 million in the first year, to \$1.5 million in the second year, to \$1.8 million in the third year. These costs were 15 to 16 times higher than of healthy infants.

The rising rates and costs of NAS reflect the ongoing "opioid epidemic" in the United States. The results add to other recent studies showing high costs for treatment for babies born to women with [opioid dependence](#). Those previous studies found that most of the costs are paid by state Medicaid programs.

Dr. Roussos-Ross and coauthors suggest some steps to help address the high financial and human costs associated with neonatal abstinence syndrome. They encourage doctors to be "proactive in screening for drug use, urging women who use chronic opioids to actively engage in family planning and contraception, and encouraging pregnant women who use opioids to seek substance treatment."

The researchers note that although universal screening for drug use during pregnancy has been recommended by major specialty organizations, it is not yet standard practice. They also call for studies to improve the management of NAS and for follow up of evidence that buprenorphine may lead to better treatment outcomes, in comparison to methadone, in the treatment of pregnant women with opioid use disorder.

More information: "Opioid Use in Pregnant

Women and the Increase in Neonatal Abstinence

Syndrome: What Is the Cost?" [DOI:](#)

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