



# IHPI BRIEF: Substance use and pregnancy: WHAT WE KNOW AND WHAT WE CAN DO



## TAKEAWAYS FROM OUR RESEARCH

**The U.S. is experiencing a significant increase in births affected by substance use disorders (SUDs),** particularly opioid or methamphetamine (or meth) use disorder. Untreated SUDs during pregnancy pose increased risks for life-threatening health problems, even death, for mothers and their infants.



**1 Opioid-affected births have quadrupled** over the last decade, to 6.5/1,000 deliveries.



**2 Methamphetamine-affected births have also increased** over the last decade, to 2.4/1,000 deliveries.



**3 Opioid use in pregnancy increases the risk of maternal death and life-threatening health issues** by 50%, and meth use increases these risks by 150%.



**4 SUDs are increasing among all groups of childbearing women, but the largest increases are among women in rural communities, low-income communities, and those with Medicaid coverage** for their pregnancy care.



**5 Women of color have greater risk for life-threatening health issues** compared to white women when their pregnancies are complicated by SUD and other behavioral health conditions.



**6 Substance-affected deliveries result in increased healthcare costs.** Neonatal abstinence syndrome, a group of problems that can affect infants exposed to opioids in the womb, accounted for \$3 billion in hospital costs over the last decade.

## WHAT DOES THIS MEAN FOR HEALTH POLICY & PRACTICE DECISIONS?

**Improving health outcomes for pregnant and postpartum women with SUD requires coordinated clinical and policy-level interventions that are tailored to meet the needs of those at greatest risk.**

- Health systems should adopt coordinated evidence-based patient safety practices (bundles) intended to address SUD and racial/ethnic disparities in maternal health. This includes implementing universal screening and referral to treatment for pregnant and postpartum women with SUD.
- Improved quality and availability of local, state, and national surveillance and survey data, specifically linking mothers and newborns, is needed to better understand outcomes after delivery for mothers with SUD and their children, and how to promote continued access to care and long-term recovery.
- Research and clinical guidance on the treatment of methamphetamine use among pregnant and postpartum women is lacking and urgently needed.



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