# Prescription Pain Reliever Use among Pregnant Women in Tennessee, 2019

## Prescription Pain Reliever Use During Pregnancy

In 2019, **6.5%*** of women who had a recent live birth in Tennessee reported use of any type of prescription pain reliever (PPR).

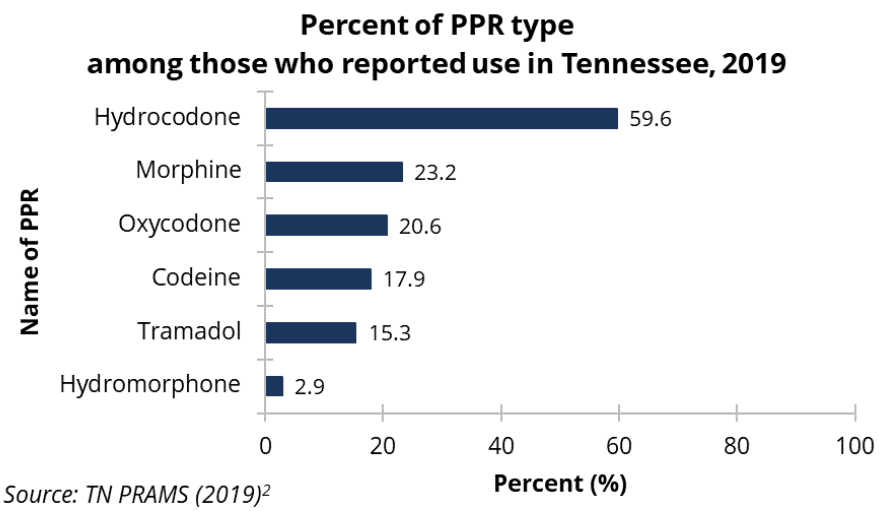
- More women from **rural areas** (11%) reported any use compared to those from urban areas (0.7%).
- More **non-Hispanic** (NH) **white** women (7%) reported any use compared to NH black women (4%), and tended to report higher use of individual PPR types compared to other races/ethnicities.

**3 in 4** women with a recent live birth in Tennessee who used PPRs said it was to **manage pain from an injury, condition, or surgery that occurred *during* pregnancy**.

## Most Common PPRs Used During Pregnancy

Among those who reported PPR use, the most commonly used were *hydrocodone* (**59.6%**), *morphine* (**23.2%**), and *oxycodone* (**20.7%**). The most commonly prescribed PPRs in Tennessee overall are: *hydrocodone*, *oxycodone*, and *tramadol*.

**25.7%** of women who reported PPR use also reported having trouble cutting down or stopping use of PPRs during pregnancy.




*Source: TN PRAMS (2019)[2]*

## Misuse of Prescription Pain Relievers

Nearly **27%** of women with a recent live birth in Tennessee who used PPRs reported "**misuse**" in 2019.

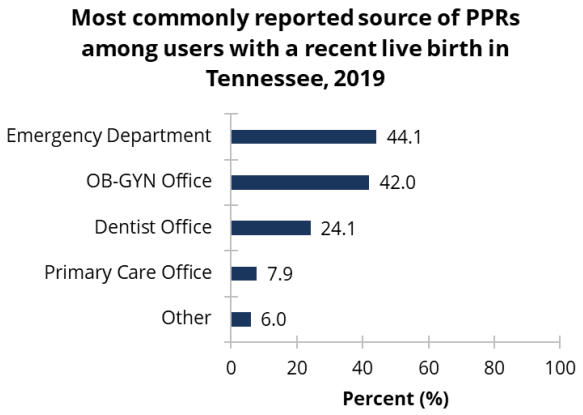
**Misuse** is defined as:

- obtaining PPRs from a non-healthcare-related source *and/or*
- using PPRs for a non-pain related reason.

**Reported use could be underestimated due to a variety of stigmas and fears a pregnant women experiences when discussing substance use, such as legal punishment or having her baby taken away.[1]*
*Unless indicated, all data presented is from the Tennessee Pregnancy Risk Assessment Monitoring System (2019).[2]*

TN Department of Health

## Providers Prescribing PPRS and Risk Counseling




*Source: TN PRAMS (2019)*

*Note: Responses to source question were "check all that apply", and so may sum to more than 100%.*

**Ninety-five percent (95%)** of women reporting PPR use during pregnancy received them from a healthcare provider, but only about **55%** of these women reported receiving counseling from a health care worker on **how use of PPRs could affect a baby**. There was no difference in receipt of counseling between non-users and those who reported use.

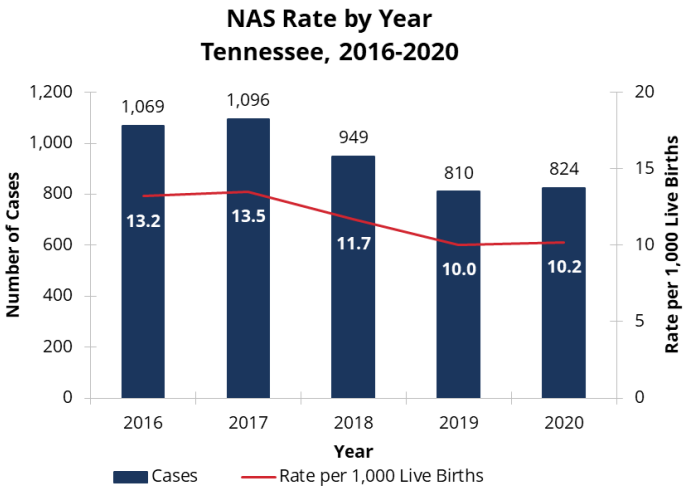
Providers are required (TCA 63-1-164) to provide all women of reproductive age and ability who are prescribed pain medication with counseling on the risks of using prescription pain relievers during pregnancy (i.e., NAS). This counseling is also recommended in the Chronic Pain Guidelines.[3]

# Risks of PPR Use During Pregnancy

Inappropriate use of prescription pain relievers (PPRs) during pregnancy can lead to poor pregnancy outcomes like preterm birth or stillbirth, poor infant growth during pregnancy, and neonatal abstinence syndrome (**NAS**)—in which the baby experiences symptoms of drug withdrawal soon after birth due to exposure to certain medications during pregnancy.[3]

Data from Tennessee's Neonatal Abstinence Syndrome Surveillance System indicate that overall rates of NAS have significantly declined since 2016 but remained stable between 2019 and 2020.

In addition to poor pregnancy outcomes, infants born with NAS have a higher chance of experiencing **educational difficulties**, including "referred for a disability evaluation, meeting criteria for a disability, and requiring classroom therapies or services".[4]




*Source: Neonatal Abstinence Syndrome Surveillance System, Tennessee Department of Health.*

## Insurance and Healthcare Costs

NAS is also linked to **higher healthcare costs** due to affected infants requiring longer hospital stays and requiring transfers to another hospital for care.[5] Between 2004-2014, Medicaid-covered hospital costs for infants born with NAS were nearly 7 times that of infants not born with NAS. [5]

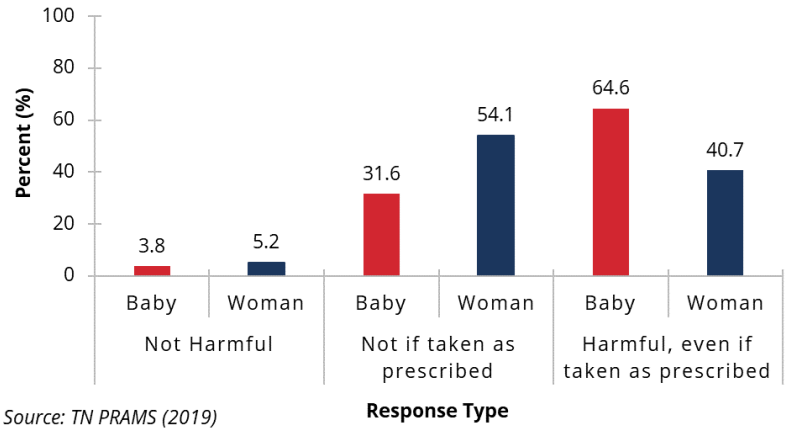
In 2019, nearly 19% of all women with a recent live birth in Tennessee reported not having any insurance coverage prior to pregnancy; around 1% and 11% reported not having coverage during and after pregnancy respectively [5]; advancing policies that increase access through healthcare insurance to treatment for substance use disorders would help in lowering NAS-related outcomes and associated healthcare costs to mothers.

## Perception of Harm from PPR Use by Women

Women were asked "*Do you think the use of prescription pain relievers during pregnancy could be harmful to a baby's or to a woman's own health?*" Questions about baby's and woman's health were asked separately.

Due to small sample size, there was no statistically significant difference between responses for either harm to baby's or harm to woman's own health. There was also no difference between women who reported PPR use and those who didn't.

**Perceptions of PPR's harm to baby's or woman's health among women with a recent live birth in Tennessee, 2019**




*Source: TN PRAMS (2019)*

More **NH white** women perceived PPRs to be "harmful, even if taken as prescribed" for baby (74.3%) and herself (47.4%) compared to NH black (56.4%, 36.2%) and Hispanic women (38.3%, 19.5%).

More **Hispanic** women perceived PPRS were "not harmful at all" for each baby (8.1%) and herself (10.4%) compared to NH white and black women.

## How Tennessee monitors this data

### PRAMS

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a state-run program that collects information on the experiences, feelings, and health of women with a recent (within 2-6 months at the time of survey) live birth.

In 2019, PRAMS collected data on opioid use through a one-time supplemental module to explore the impacts and perceptions of opioid use among pregnant and postpartum women.

For questions related to Tennessee PRAMS, contact the **TN PRAMS Coordinator**:

**E-mail**: tnprams.health@tn.gov

**P**. 615-253-8621

### Neonatal Abstinence Syndrome (NAS) Surveillance System

In 2013, Tennessee became the first state to make NAS a reportable condition. Healthcare providers are required to report all cases of NAS within 30 days of diagnosis.

For more information on Tennessee's NAS Surveillance System—including published reports and other resources—visit the webpage.

## What Tennessee is doing to reduce prescription pain reliever use

- In 2017, Tennessee revised rules for **pain management clinics**, placing more responsibility on the clinic's medical director, who is required to be a pain management specialist.

- In 2018-2019, **Tennessee Together laws** were enacted, limiting prescribing (PC1039) and changing some controlled substance scheduling (PC1040). Resources for fighting addiction in the community are available to the public through TN Together. *https://tntogether.com*

    - These laws: place **maximum opioid prescription limits** on various types of prescriptions; require **detailed informed consent** for alternative treatments and risks/benefits of opioid treatment, including **NAS information** to women patients aged 15-44.

- In 2019, Tennessee created the *Opioid Minimum Discipline Task Force* and placed minimum **disciplinary parameters** for practitioners who inappropriately prescribed opioids, which required a hiatus from prescribing opioids and education.

- In 2020, buprenorphine **prescribing for medication-assisted treatment (MAT) was expanded** to Nurse Practitioners (NPs) and Physicians Assistants (PAs) who also practice in community mental health centers or Federally Qualified Health Centers (FQHCs) [HB0656] and NPs and PAs who practice in Office Based Opioid Treatment (OBOT) Programs [HB1980].

- Publication of *Tennessee Chronic Pain Guidelines: Clinical Practice Guidelines For Outpatient Management Of Chronic Non-Malignant Pain*. Licensing boards for prescribers were asked to adopt these guidelines as policy. *https://www.tn.gov/content/dam/tn/health/healthprofboards/pain-management-clinic/ChronicPainGuidelines.pdf*

- TennCare's Opioid Strategy is intended to reduce new occurrence of PPR use in mothers and increase detection of dependency, increase patient engagement and outreach, and increase availability of treatment and recovery resources. *https://www.tn.gov/tenncare/tenncare-s-opioid-strategy.html*

- Tennessee requires prescribers to first check the Controlled Substance Monitoring Database before prescribing opioids. https://www.tncsmd.com/Login.aspx?ReturnUrl=%2f

- Tennessee publishes a **Drug Overdose Dashboard**, routinely updated with Tennessee data on fatal overdoses, nonfatal overdoses, and drug prescribing. *https://www.tn.gov/health/health-program-areas/pdo/pdo/data-dashboard.html*

- Tennessee Department of Health partnered with the Tennessee Department of Mental Health and Substance Abuse Services and the Division of TennCare to create various educational NAS materials for a variety of readers:

    - **MAT providers**: https://www.tn.gov/content/dam/tn/health/program-areas/rwh/NAS-Education-Material-for-MAT-Providers.pdf

    - **Healthcare professionals**: https://www.tn.gov/content/dam/tn/health/program-areas/rwh/NASProfessionalBrochure.pdf

    - **Patients/clients**: https://www.tn.gov/content/dam/tn/health/program-areas/rwh/NASPatientBrochure.pdf

## References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