Dear Opioid-Addicted Moms-To-Be, We Are Here for You

By Dr. Sarah Običan, OBGYN, MotherToBaby Florida

I feel really lucky. I have had the pleasure and privilege to live and work in some great cities and universities as an OBGYN. I spent my formidable residency years in Washington, DC and loved the diversity of my patients. Being that I was located in the heart of our nation’s capital, in one room I would deliver a princess of some far off nation, in the next, it’d be a dignitary from “the Hill.” But it wasn’t always rosy. Working in such a busy labor and delivery unit meant I would also take care of a 36-week pregnant mother who almost overdosed on cocaine and heroin. The experience was humbling and arguably taught me more about medicine and life than any other. My fellowship years at Columbia University I spent living in Harlem. I brought into the world my first son and delivered him into that beautiful and diverse community. It is a community that’s strong and steeped in history where every stroll on the city sidewalk is a moment from a great photo essay. It is also a community of struggles, hard lives, and injustice. It’s unfortunately a “perfect” setting for the drug market to make its mark.

Still nothing could have prepared me for my first job out of fellowship. I relocated to a great university center in Florida. With my training behind me, I was ready to tackle the hardest maternal and fetal diseases. If I’m being honest, though, my first week on the job was an eye-opener. Even with all my training, I was not ready for the sheer volume of patients suffering from opioid use and addiction.

I was seeing pregnant women with chronic opioid use almost every day. To say I was disheartened and scared for my patients would not give the feelings justice. I realized I needed to learn more. I studied the opioid crisis, read more on the subject than ever before, found physicians who were willing to treat pregnant women with opioid addiction and put them on my speed dial. I connected with a local treatment center and found the scarce resources in my new community. My new job was challenging but I wanted to somehow help the new community I serve and love.

So why should you care about all this?

Just like in the general population, opioid use during pregnancy is on a steep rise. Alarmingly, death rates from overdoses are up too. Babies are also suffering; neonatal abstinence syndrome (NAS - drug withdrawal in the baby after birth) happens in more than a third of the newborns born to mothers with chronic opioid use. These babies can experience poor feeding, sleeping, and irritability. Drug abuse during pregnancy also increases the risk of preterm birth (early delivery), decreased fetal growth, and fetal death. In just under 15 years, the rate of NAS-affected live births quadrupled, significantly increasing the emotional, medical and economic burden on society.

Moms with opioid addiction need our help.
Opioid abuse is lonely. Sooner or later, many of my patients feel isolated. They are scared and feel shunned from their community. They can be addicted with very little resources extended to them for their care. You don’t need to be a doctor to know that good prenatal care leads to healthier pregnancies. However, women who abuse opioids are much less likely to get appropriate prenatal care. These moms often suffer from anxiety and depression and may use substances along with opioids that have an impact on their pregnancy, such as alcohol and tobacco.

Hope.
For sure we are in an epidemic. We have heart wrenching clinical scenarios of mothers and their children, but we have some great stories too. Mothers who receive the support they need, babies born to healthier moms now capable to take care of their children. We have to fight for more resources in each of our communities, locally and nationally. It’s not enough to show burden of disease, but more important to enrich our communities with possibilities. That is all of our jobs, no matter if you are a doctor, mother or neighbor.

Dear Moms Struggling with Opioid Addiction,
Please know that I see you and I want to help.

Dear Healthcare Professional,
You may feel lonely, too, scared that you don’t know enough or that you don’t have the resources to find answers to appropriately help the patients you love. I’ve been there and I want to help.

It begins and ends with all of us.

Resources for Moms and Health Care Providers:

- MotherToBaby’s opioid-specific Fact Sheets and free information over its confidential helpline (866) 626-6847, text service (855) 999-3525 and live chat/email on https://mothertobaby.org/opioids/
- Substance Abuse Treatment Services Facility Locator, (800) 662-4357, https://findtreatment.samhsa.gov/
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**About MotherToBaby**

*MotherToBaby* is a service of the Organization of Teratology Information Specialists (OTIS), suggested resources by many agencies including the Centers for Disease Control and Prevention (CDC). If you have questions about exposures during pregnancy and breastfeeding, please call MotherToBaby toll-FREE at 866-626-6847 or try out MotherToBaby’s new text information service by texting questions to (855) 999-3525. You can also visit *MotherToBaby.org* to browse a library of fact sheets about dozens of viruses, medications, vaccines, alcohol, diseases, or other exposures during pregnancy and breastfeeding or connect with all of our resources by downloading the new MotherToBaby free app, available on Android and iOS markets.

**References**


Jones HE, Finnegan LP, Kaltenbach K. Methadone and buprenorphine for the management of opioid dependence in pregnancy. Drugs 2012
