PRESCRIPTION DRUG USE AMONG PREGNANT, POSTPARTUM AND WOMEN OF REPRODUCTIVE AGE

COLORADO

Rx Drugs Dispensed to Women of Reproductive Age

• In 2017, 22% (n=1,229,541) of all prescriptions dispensed by Colorado residents were dispensed to women between the ages of 15-44. The average age of women receiving prescriptions was 33 years old.
• A majority of the prescriptions were for opioids (49%) followed by benzodiazepines (23%) and stimulants (21%).
• About 5.3% of women received high dose opioid prescriptions (>90 MME).

Rx Drug Use and Maternal Mortality

• Drug overdose was one of the leading causes of maternal deaths from 2004-2012.
• Among all overdose decedents with toxicology results, a single medication or illicit drug was identified in 24% of women, two medications or illicit drugs were identified in 20% of women, and three or more medications or illicit drugs were identified in 44% of women.
• Opioids were the most commonly detected class of drugs, identified in 42% of women.
• In a majority of the pharmaceutical opioid overdoses, there was documentation of a recent prescription for opioids, a known opioid use disorder, or empty pill bottles at the scene.

Neonatal Abstinence Syndrome (NAS)

• In 2010, an estimated 6% of babies born in Colorado, or 3,958 out of 65,962 births, were exposed to non-medical use of prescription medications.
• In 2013, it was estimated that only 25% of women using substances during pregnancy sought treatment.
• Cases of NAS births have increased 83% from 132 in 2010 to 242 in 2015.

Recommendations

• Educate the public about the addictive potential of prescription opioids and enhance access to reproductive health services.
• Conduct routine universal substance use and mental health screening of all pregnant women through validated screening tools before and throughout pregnancy.
• Improve access to comprehensive services for pregnant women with substance use disorders, including medication-assisted treatment (MAT) and gender-specific substance use treatment programs.
• Improve the identification of infants at risk and identify strategies to mitigate the effects of NAS.