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US Hospital Data About Neonatal Abstinence Syndrome and Maternal Opioid-Related Diagnoses-Reply

Ashley H. Hirai, PhD,

Health Resources and Services Administration, US Department of Health and Human Services, Rockville, Maryland

Jean Y. Ko, PhD,

Centers for Disease Control and Prevention, US Department of Health and Human Services, Atlanta, Georgia

Stephen W. Patrick, MD, MPH, MS

Departments of Pediatrics and Health Policy, Vanderbilt Center for Child Health Policy, Nashville, Tennessee

In Reply

Medications for OUD, including methadone and buprenorphine, improve pregnancy outcomes by reducing relapse and risk of preterm birth¹; however, in many parts of the US, equitable access to these medications for pregnant women remains elusive.² In our study, we found notable variation across states in both MOD and NAS rates.³

As noted by Dr Meyer and Ms Metayer, states in the US with higher MOD and NAS rates relative to other states may be the result of enhanced screening and treatment in pregnancy. The considerably higher MOD vs NAS rates in Vermont may be expected because the clinical presentation of NAS is dependent on multiple factors.⁴ As mentioned in our study, observed state variation between MOD and NAS may also be influenced by coding practices, surveillance definitions, punitive responses, and prevalence of other substance use that may contribute to NAS. Given these limitations and the complexity of the opioid crisis, we agree that hospital discharge data should not be the only source of information used to understand the extent of the crisis. Statewide discharge databases with maternal-newborn linkages and institutional electronic medical record data, cited by Meyer and Metayer, may help identify the type of maternal opioid exposure and NAS rates. These data are critical to real-time monitoring for quality improvement.

Despite limitations, our analysis provides evidence that MOD and NAS rates continued to increase nationally and for most states through 2017 in parallel with other indicators of the opioid crisis, including overdose deaths.⁵ To improve outcomes for pregnant women and

Corresponding Author: Ashley H. Hirai, PhD, Office of Epidemiology and Research, Maternal and Child Health Bureau, Health Resources and Services Administration, 5600 Fishers Ln, Rockville, MD 20857 (ahirai@hrsa.gov).

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newborns affected by the opioid crisis, it is imperative to focus on primary prevention and expansion of treatment.⁴ Furthermore, states could consider a multidisciplinary approach to improve collaboration, such as the approach developed by the Opioid Use Disorder, Maternal Outcomes, and Neonatal Abstinence Syndrome Initiative Learning Community. This multistate initiative, which included Vermont, recommended focusing on access to and coordination of quality services; provider awareness and training; data monitoring and evaluation; financing and coverage; and ethical, legal, and social considerations to help improve outcomes for pregnant women and newborns affected by the opioid crisis.⁶

Disclaimer:

The findings and conclusions are those of the authors and do not necessarily represent the official position of the Health Resources and Services Administration or the Centers for Disease Control and Prevention.

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