

# Prenatal food insecurity associated with severity of neonatal abstinence syndrome

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A new study shows that food insecurity in pregnant women being treated for opioid use disorder may be associated with increased risk for their infants receiving pharmacologic treatment for neonatal abstinence syndrome. Published in *Addiction*, the Boston Medical Center study indicates that screening for food insecurity in pregnant women who are being treated with opioid agonist therapy (methadone or buprenorphine) for an opioid use disorder could be one way to decrease the severity of neonatal abstinence syndrome in their infants.

Neonatal abstinence syndrome (NAS) is an opioid withdrawal syndrome that occurs after in-utero opioid exposure. Approximately 50 to 80 percent of [infants](#) exposed to methadone or buprenorphine in-utero are treated pharmacologically for NAS, with an average length of hospitalization of 23 days nationally when medication is required. In addition, it is well documented that [food](#) insecurity during pregnancy in the general population is associated with negative maternal and child outcomes including gestational diabetes for the mother, and developmental risk and chronic disease for the child.

The prospective cohort study included 75 pregnant women attending an integrated prenatal care and addiction treatment program for opioid use disorder at an urban academic medical center. The women were interviewed during the third trimester about their demographics, food insecurity and depression. After birth, the infants were managed with the hospital standard of care including rooming-in with their mothers and monitoring for NAS with pharmacological treatment per hospital

guidelines. Breastfeeding was encouraged in women who were stable on their opioid agonist medication.

More than 57 percent of the mothers included in the study reported that they experienced food insecurity during pregnancy. Additional analyses showed that there was a three to four-fold increase in receipt of pharmacologic treatment for NAS for infants whose mothers were food insecure versus food secure.

"To our knowledge, this study is the first to examine whether there is a relationship between food insecurity in [pregnant women](#) receiving opioid agonist treatment and increased risk for the infant to receive pharmacological treatment for NAS severity," said lead author Ruth Rose-Jacobs, ScD, from the department of pediatrics at both BMC and Boston University School of Medicine. "While the mechanisms behind variation in NAS severity is complex and not well understood, screening tools and interventions for food [insecurity](#) are known and available."

The authors note that screening for [food insecurity](#) and providing food security interventions within comprehensive prenatal treatment for women with [opioid](#) use disorders and as an adjunct to other NAS interventions might decrease NAS severity and improve long-term infant and mother outcomes."

Provided by Boston Medical Center

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