

Risk for neonatal opioid withdrawal syndrome examined

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Neonates exposed to strong agonists and long half-life prescription

opioids in the third trimester of pregnancy have an increased risk for neonatal opioid withdrawal syndrome (NOWS), according to a study published online Aug. 24 in *JAMA Network Open*.

Daina B. Esposito, Ph.D., M.P.H., from the Boston University School of Public Health, and colleagues compared the risk for NOWS across common types of opioids when prescribed as monotherapy during the last three months of [pregnancy](#). The researchers analyzed administrative claims data of Medicaid-insured mothers and newborns from 46 states and Washington, D.C. Participants were mothers with two or more dispensed [opioid](#) prescriptions within 90 days before delivery and their live-born neonates from Jan. 1, 2000, through Dec. 31, 2014. Data were included for 48,202 opioid-exposed pregnancies with live newborns.

The researchers found that 2.2 percent of [neonates](#) had NOWS, and 1.2 percent had severe NOWS. Codeine had a lower adjusted relative risk (RR) for NOWS compared with hydrocodone (RR, 0.57), with a similar adjusted RR for tramadol (1.06; 95 percent confidence interval, 0.73-1.56) and increased RRs for oxycodone (1.87), morphine (2.84), methadone (3.02), and hydromorphone (2.03). Compared with weak agonists, strong agonists were associated with a higher risk for NOWS (RR, 1.97), and increased risk was seen for long half-life opioids versus short half-life products (RR, 1.33).

"Although [pain](#) management needs vary substantially across patients, information on opioid-specific risks of NOWS may help prescribers select an opioid to treat pain in late stages of pregnancy," the authors write.

Two authors disclosed financial ties to the [pharmaceutical industry](#).

More information: Daina B. Esposito et al, Characteristics of Prescription Opioid Analgesics in Pregnancy and Risk of Neonatal

Opioid Withdrawal Syndrome in Newborns, *JAMA Network Open* (2022). [DOI: 10.1001/jamanetworkopen.2022.28588](https://doi.org/10.1001/jamanetworkopen.2022.28588)

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