

# Report identifies those likely to receive meds for opioid use disorder in pregnancy

May 5 2023, by Elana Gotkine

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Persons receiving medication for opioid use disorder (MOUD) in

pregnancy are more likely to be older and White and to have public insurance, according to research published in the May 5 issue of the U.S. Centers for Disease Control and Prevention *MMWR. Surveillance Summaries*.

Kathryn Miele, M.D., from the CDC in Atlanta, and colleagues examined best practices for management of OUD during pregnancy using data from the Maternal and Infant Network to Understand Outcomes Associated with Medication for Opioid Use Disorder During Pregnancy (MAT-LINK) surveillance network of seven clinical sites, established in 2019. Four clinical sites were included in 2019, and three additional sites were added to the network in 2021.

Data were obtained for 5,541 reported pregnancies with a known pregnancy outcome during 2014 to 2021 among persons with OUD. The researchers found that persons receiving MOUD during pregnancy were more likely to be older and White and to have [private insurance](#) compared with those not receiving MOUD during pregnancy. The initial four clinical sites were not representative of demographics of the South or Southwest regions of the United States and had low representation of certain racial and ethnic subgroups; the surveillance network was more representative after the addition of three clinical sites in 2021.

"This timely and [flexible system](#) has obtained data on approximately 5,600 dyads; ongoing analyses of those and future data will provide information to support clinical and public health guidance to improve health outcomes among pregnant persons with OUD and their children," the authors write.

**More information:** Kathryn Miele et al, Medication for Opioid Use Disorder During Pregnancy—Maternal and Infant Network to Understand Outcomes Associated with Use of Medication for Opioid Use Disorder During Pregnancy (MAT-LINK), 2014–2021, *MMWR*.

*Surveillance Summaries* (2023). [DOI: 10.15585/mmwr.ss7203a1](https://doi.org/10.15585/mmwr.ss7203a1)

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Citation: Report identifies those likely to receive meds for opioid use disorder in pregnancy (2023, May 5) retrieved 11 July 2024 from <https://medicalxpress.com/news/2023-05-meds-opioid-disorder-pregnancy.html>

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