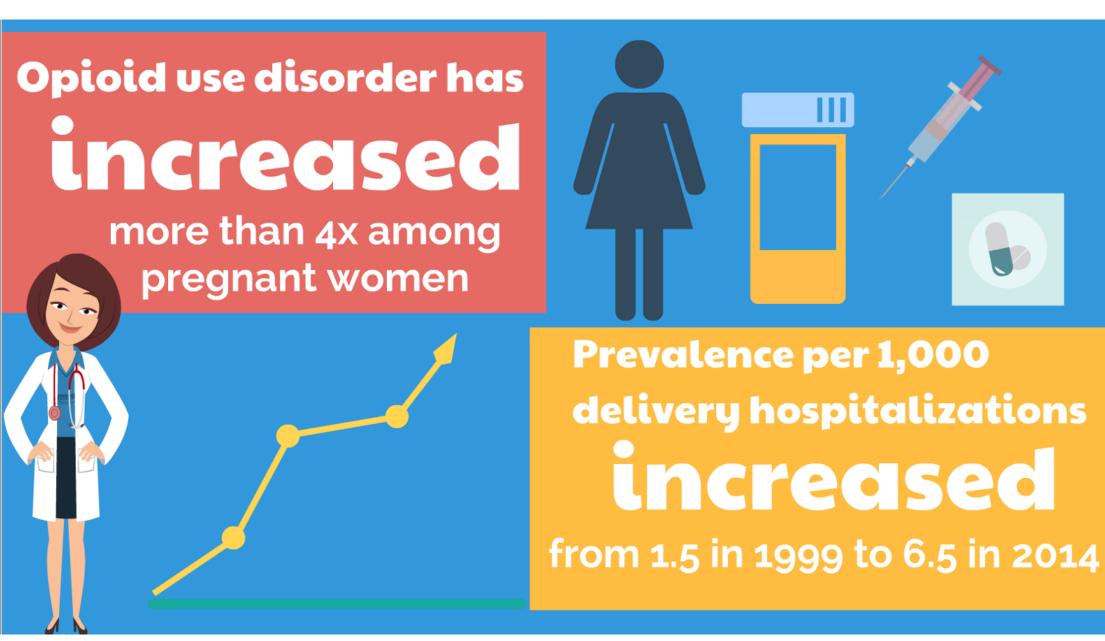
Risk Factors Associated with Severe Neonatal Abstinence Syndrome Requiring Morphine

PRESENTING AUTHOR:

Cassandra Heiselman DO, MPH

INTRO:



Management of OUD with opioid maintenance therapy (OMT) has significantly improved maternal and neonatal outcomes, however, neonatal withdraw symptoms often occur. The aim of the study was to identify which maternal and neonatal characters were most associated with severe NAS requiring morphine treatment.

METHODS:

- 1. Retrospective cohort study identified maternal/neonatal dyads through the institutions' Maternal Opioid Management Support (MOMS) program from 2017 to 2020
- 2. Inclusion:
- Women receiving OMT (methadone or buprenorphine)
- Singleton pregnancies ≥36 weeks gestation
- 3. Primary outcome: Neonatal abstinence syndrome (NAS) requiring morphine treatment
- 4. Maternal demographics, pregnancy behaviors, and medication exposure were collected along with maternal and fetal outcomes
- 5. Statistical analysis, including logistic regression modeling, was performed with significance levels of <0.05 using R Studio (V1.2.5042)

RESULTS:

- 208 neonates exposed to OMT in utero
- 181 (87%) developed NAS
- 68 (33%) were admitted to the NICU
- 48 (26.8%) required NAS morphine treatment
- Birth weight (p=0.005) and active drug use in pregnancy (p=0.016) were the only variables that remained significantly associated with morphine treatment in multivariable logistic regression analysis

Birth weight and active drug use

in pregnancy play larger roles in

the severity of NAS than the

type or dosage of OMT the

neonate was exposed to in utero





Scan for PDF 1



RESULTS:

Table 1: Univariate Analysis for NAS requiring Morphine

| | NAS Requiring Morphine | | p- value |
|---|------------------------------|-------------------------------|----------|
| | Yes* | No* | p- value |
| Age (yrs) | 29.5 (4.4) | 31.1 (5.2) | 0.054 |
| BMI (kg/m ²) | 30.3 (6.0) | 31.1 (6.4) | 0.48 |
| Caucasian | 46 (100) | 117 (89) | 0.15 |
| Employed | 5 (25) | 19 (23) | 1 |
| Single/Unmarried | 39 (81) | 104 (79) | 0.47 |
| Multiparous | 13 (27) | 49 (37) | 0.27 |
| Psychiatric Med - None - One - Two or more | 29 (24) 12 (28) 7 (37) | 88 (75) 31 (72) 12 (63) | 0.54 |
| Tobacco Use | 29 (78) | 72 (73) | 0.72 |
| Active Drug Use | 17 (39) | 21 (17) | <0.01 |
| OMT - Buprenorphine - Methadone | 21 (17) 27 (50) | 104 (83) 27 (50) | <0.01 |
| High Dose OMT | 17 (35) | 88 (67) | <0.01 |
| OMT Prescriber - Obstetrician - Methadone/Pain Clinic | 7 (15) 39 (33) | 39 (84) 78 (67) | 0.03 |
| Maternal Co- morbidities | 10 (21) | 26 (20) | 1 |
| Adequate Prenatal Care | 26 (54) | 68 (52) | 0.92 |
| Initial Trim of Care - First - Second - Third | 12 (24) 9 (41) 27 (26) | 39 (76) 13 (59) 79 (74) | 0.27 |
| Delivery Gestational Age (wks) | 38.4 (1.4) | 38.9 (1.2) | 0.14 |
| Neonate Gender - Male - Female | 22 (24) 26 (30) | 71 (76) 60 (70) | 0.41 |
| Fetal weight (g) | 2890 (463) | 3181 (449) | <0.01 |
| *n(%) or mean(SD) | | | |

Authors: Anna Fuchs, DO, Omar Abuzeid, MD, Megan Gorman, MD, Nicole Iovino, MD, Sha Sha, MS, Diana Garretto, MD No disclosures.



Renaissance School of Medicine Stony Brook University