# Injectable Opioid Agonist Therapy in the Perinatal Population

Category: Oral Presentation

Abstract Body

North America faces a growing opioid crisis, with the Government of Canada declaring it a national public health emergency in 2015. Rates of opioid use disorder (OUD) within the perinatal population parallel that of the general public; the incidence of affected perinatal women tripled in British Columbia from 2000-2019. Untreated OUD can lead to significant adverse perinatal outcomes for the birth parent by increasing risk of maternal morbidity and mortality, as well as harms to the fetus or infant with increased risk of preterm birth, small for gestational age, and stillbirth. To combat the ongoing public health emergency, opioid agonist therapy (OAT) has been used as an effective, evidence-based, pharmacologic intervention as part of a treatment plan for persons with OUD. Injectable opioid agonist therapy (iOAT) is the highest intensity treatment option available in Canada and is well supported by evidence for treatment of severe refractory OUD. However, literature on iOAT in the peripartum remains sparse, with only 4 case studies published to-date. To address the significant gap in the literature on perinatal iOAT administration, we present the first known case series of 13 pregnant or postpartum participants who received IV hydromorphone while admitted to the Families in Recovery (FIR) unit, an in-patient perinatal stabilization unit in Canada. Medical/social backgrounds of participants at admission, iOAT and other OAT administration, and health/social outcomes of birth parent and infant at discharge were collected via retrospective maternal and infant medical chart review.

Participants initiated iOAT while pregnant (n=5) or postpartum (n=8) and received iOAT for 23 days on average. At discharge, 8 participants underwent planned transition to community with infant in their care and a discharge plan including outpatient prescriptions, housing arrangements, follow-up appointments, and supportive programming. All infants received infant morphine after delivery and were discharged in good health. This study demonstrates that for perinatal individuals whose OUD has not successfully been treated with OAT alone, iOAT in conjunction with oral OAT can be a feasible option that may provide sufficient relief of opiate withdrawal symptoms to support engagement and retention in care with promising health and social outcomes. For peripartum individuals, this means efforts can then be directed towards infant care and bonding to support outcomes for infant as well.

Key Words

- Caring in Crisis
- Concurrent Disorders
- Equity, Diversity, Inclusion issues
- Indigenous Groups
- Opiate Agonist Therapy
- Women/Pregnancy/Neonatal Issues

Learning Objective # 1

1) Participants will be able to define the key elements of the WHRI catalyst pilot study for iOAT for perinatal persons at BCWH

Learning Objective # 2

2) Participants will be able to describe the health and social outcomes for perinatal women and infants treated with injectable Opioid Agonist Therapy in the iOAT-APP research study

Reference # 1

Patricelli CJ, Chai J, Gordon S, Gouin I, Carter N, Stewart K, Paquette V, Urbanoski K, Albert A. Perinatal Injectable Opioid Agonist Therapy (iOAT) Administration: A Case Series. J Addict Med [Internet]. 2022; Publish Ahead of Print. Available from: https://pubmed.ncbi.nlm.nih.gov/36804862

Reference # 2

) Patricelli CJ, Gouin IJ, Gordon S, Carter N, Albert A, Paquette V, et al. Breastfeeding on injectable opioid agonist therapy: A case report. J Addict Med [Internet]. 2022;Publish Ahead of Print. Available from: http://dx.doi.org/10.1097/ADM.0000000000001055

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