

## Introduction

- The rate of unwanted pregnancies has been on the rise over the past two decades in patients receiving treatment for opioid addiction
- Neonatal Abstinence Syndrome (NAS)- Is when an infant is born with withdrawal symptoms after the mother was doing drugs such as opioids during pregnancy.
- High rates of both opioid use and misuse among women with high rates of (NAS) make reproductive healthcare for women receiving methadone for opioid addiction a public health imperative (Smith et al., 2019).
- Children whose mothers took methadone during their pregnancy had an increased risk of neurodevelopmental impairment, visual problems, and behavioral difficulties (Monnelly et al., 2018).

## Background and Significance

Between 1999 and 2014 the number of patients in the labor and delivery that were on medication for opioid use disorder (MOUD) quadrupled (Smith k., Lipari R., 2017).

- From a study in Vermont the cost of one unintended pregnancy was \$85,122 (Heil et al, 2021).
- Having onsite education and contraceptives would give more job opportunity in the field of nursing.
  - Also giving current nurses in these facilities the chance to implement a more patient-centered care model for an underserved, stigmatized, population.
- Now more than ever is this topic relevant with limited access to abortion with an exuberant number of children in the foster care system.

## Purpose Statement

To reduce the number of unintended pregnancies and infants born with neonatal abstinence syndrome there is a need for prevention and required education for men and women in medication-assisted facilities.

## Research Question

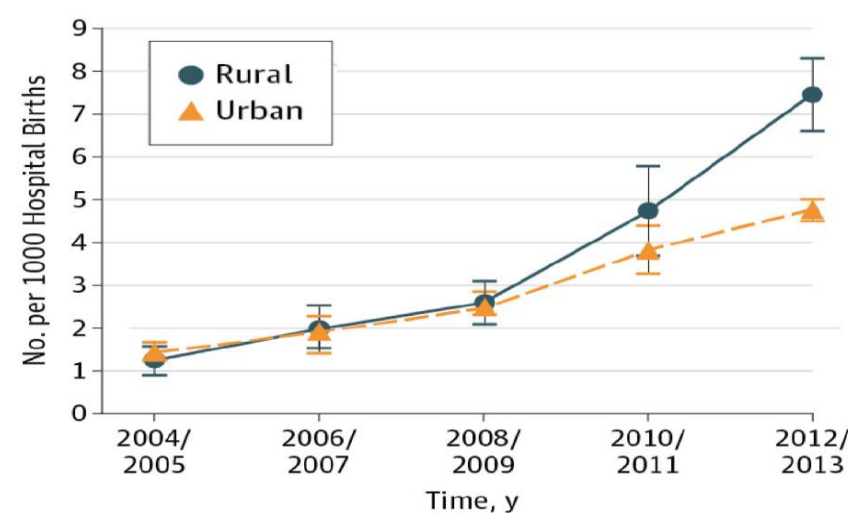
Would required education and contraceptives at medication assisted treatment facilities lower unintended pregnancies and infants born with Neonatal Abstinence Syndrome?

## Literature Review and Methods

A total of twenty articles from 2018 to 2022 were used from peer-reviewed articles and peer-reviewed journals.

Data bases used for this research include:

- CINAHL
- Google scholar
- One Search
- PubMed



Rates of NAS are growing faster in rural areas

CSOURCE: Villapiano NLG, Winkelman TNA, Kozhimannil KB, Davis MM, Patrick SW. Rural and Urban Differences in Neonatal Abstinence Syndrome and Maternal Opioid Use, 2004 to 2013. JAMA Pediatr. 2017;171(2):194-196. doi:10.1001/jamapediatrics.2016.3750.



(KEVIN D. LILES/AP,2022)

## Findings

- A randomized control trial in Vermont weighed the cost-benefit of having onsite contraceptive services with and without incentives compared to usual care. The results suggest that having contraceptives onsite at the facility are associated with better outcomes than current policy recommendations when considering the substantial cost of an unintended pregnancy (Heil et al, 2021).
- Among the self-report questionnaires and semi-structured qualitative interviews conducted for 42 women, 75% of them had unintended pregnancies. Contraception education was recommended as a key pillar to help this generation (Fischbein et al., 2018).
- During this study of the 98 women who had 2 consecutive pregnancies that were on methadone from the medication-assisted treatment facility. It was documented that 84% of the pregnancies were unplanned (Collier et al., 2019).
- Education regarding contraception and opioid treatment services is essential for everyone in these settings (Auerbach et al., 2021).
- The study found that in Maine, consistent medication-assisted treatment resulted in 47% lower rate of hospitalizations when compared to those without (Ahrens et al., 2022).
- Nurses that treat opiate-addicted pregnant women at the bedside can provide further education on receiving rehabilitation treatment as well as improving their skill of using patience with these individuals (Benjaji et al., 2020).

## Nursing Implications

Nurses should always be a sense of emotional security and trust to patients who are suffering from addiction. (Ashford et al., 2021).

Nurses should be able to counsel these women on the impact of opioids on pregnancies and empower the plan pregnancies based on their reproductive goals.(Collier et al., 2019).

”Nurses play a pivotal role in advocating for patients with OUD and ensuring that they are treated without prejudice, educating patients about nonopioid pain management options, and setting realistic self-management goals” (Brown, N. (2021).

"Targeted contraceptive counseling that increases women's knowledge of choices can improve the lifetime health outcomes of women and children and decrease health disparities for women with OUD“ (Smith et al., 2019).

## Conclusion

In summary, there is a need for intervention in this specific population. By adding required education for men and women and onsite contraceptives this could reduce the number of unintended pregnancy and infants diagnosed with NAS. "Contraceptive interventions tailored for this specific population are needed" (Jones et al., 2021).

### References:

