

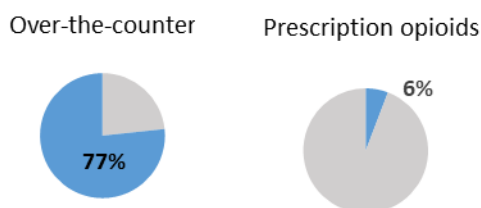
### NH PRAMS 2019 – Prescription Opioids Data Brief

The New Hampshire Pregnancy Risk Assessment Monitoring System (NH PRAMS) collects data on maternal behaviors and experiences just before, during, and just after pregnancy. This report represents the New Hampshire population who had a live birth in 2019, based on respondents who completed the 13-question supplement on the use of prescription opioids, in addition to the standard PRAMS survey.

The point estimate for each indicator is expressed as a single number (e.g. 75%); 95% confidence intervals are expressed as a range (e.g. CI = 72-77%). Data are shaded when the relative standard error of the estimate is large ( $\geq 30\%$  of the estimate), which indicates that the estimate has high variability and is unreliable; shaded numbers should be interpreted with caution.

Pregnant people are generally mindful about what they consume during pregnancy, to protect their unborn child. This includes the use of pain relievers. It was found that around three out of four people who recently gave birth used pain relievers during pregnancy, but the products used were usually not prescription opioids.

#### Pain relievers used during pregnancy



Approximately 77% (CI=72-81%) used **over-the-counter pain relievers** during pregnancy, primarily acetaminophen (74%; CI=69-78%). And nearly 6% (CI=4-9%) used **prescription (opioid) pain relievers**, primarily oxycodone (3%; CI=2-5%), or one of the following: hydrocodone, codeine, tramadol, hydromorphone, oxymorphone, morphine, or fentanyl. The use of illicit drugs was not assessed in this survey.

The **main source or location** where prescription drugs were obtained was:

- from an ObGyn, midwife, or during prenatal care: 78% (CI=59-89%)
- from an Emergency department 26% (CI=13-47%).

Numbers for other sources (primary care provider, dentist, family, friend, an old left-over prescription, or some other way without a prescription) were too small to report.

Regarding **perceived risk to the baby**:

- 2% (CI=1-3%) thought prescription pain relievers (opioids) were not harmful at all
- 25% (CI=21-30%) thought it was not harmful if prescribed – of these, 14% used opioids
- 73% (CI=69-77%) thought it was harmful even if prescribed – of these, 3% took opioids.

Regarding **perceived risk to the mother**:

- 2% (CI=1-4%) thought prescription pain relievers (opioids) were not harmful at all
- 44% (CI=40-49%) thought it was not harmful if prescribed – of these, 10% took opioids
- 53% (CI=49-58%) thought it was harmful even if prescribed – of these, 3% took opioids.

In both cases (perceived risk for baby; perceived risk for mother), the use of prescription opioids was proportionately lower when there was a perception of potential harm (3% for each) than when there was no perception of harm (14% and 10%); this represents approximately 200 users of prescription opioids in the pregnant population, even when they thought it was harmful.

The **main reason for using** prescription pain relievers during pregnancy was to relieve pain from an injury, condition or surgery during pregnancy 69% (CI=44-86%).

Other reasons (to relax, help sleep, relieve anxiety, because of addiction, or MAT treatment for addiction) were too few to report.

Other medications or drugs used during pregnancy included the following:

- Medication for depression 10% (CI=8-14%)
- Medication for anxiety 3% (CI=1-5%)
- Methadone 4% (CI=2-6%)
- Naloxone <10
- Cannabidiol (CBD) products 3% (CI=2-6%)

Birth outcomes (low birth weight, preterm birth, and small for gestational age) showed apparent small differences in prevalence according to use or non-use of prescription opioids during pregnancy, but the differences were not statistically significant and are not reported here. With a larger dataset, these differences might become statistically significant.

There were no significant differences in prevalence of prescription opioid use according to maternal demographic characteristics: race/ethnicity, maternal age, maternal education, household income, urban/rural residence, or insurance status. Other health indicators were analyzed and likewise showed no significant differences in prevalence according to prescription opioid use: pregnancy intention, depression, use of marijuana, smoking cigarettes, breastfeeding, or domestic partner violence.

**SUMMARY:** Some 6% of people who recently gave birth took prescription opioids during pregnancy; nearly all of these were obtained from an ObGyn or Emergency Department, to relieve pain that began during the pregnancy. There were no significant differences in prescription opioid use by demographic characteristics. There were apparent small differences in birth outcomes according to prescription opioid use, but these were not statistically significant (perhaps due to small sample size). There were no significant differences in selected health indicators according to prescription opioid use. A supporting table of counts, population estimates and confidence intervals is available **online** at: <https://www.dhhs.nh.gov/dphs/bchs/mch/prams/documents/prams-datatable-2019-prescription-opioids.pdf> .

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Other NH PRAMS publications, including prior years of data and survey questions are available on the **NH PRAMS publications** page: <http://www.dhhs.nh.gov/dphs/bchs/mch/prams/prams-pubs.htm>

#### Disclaimers

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