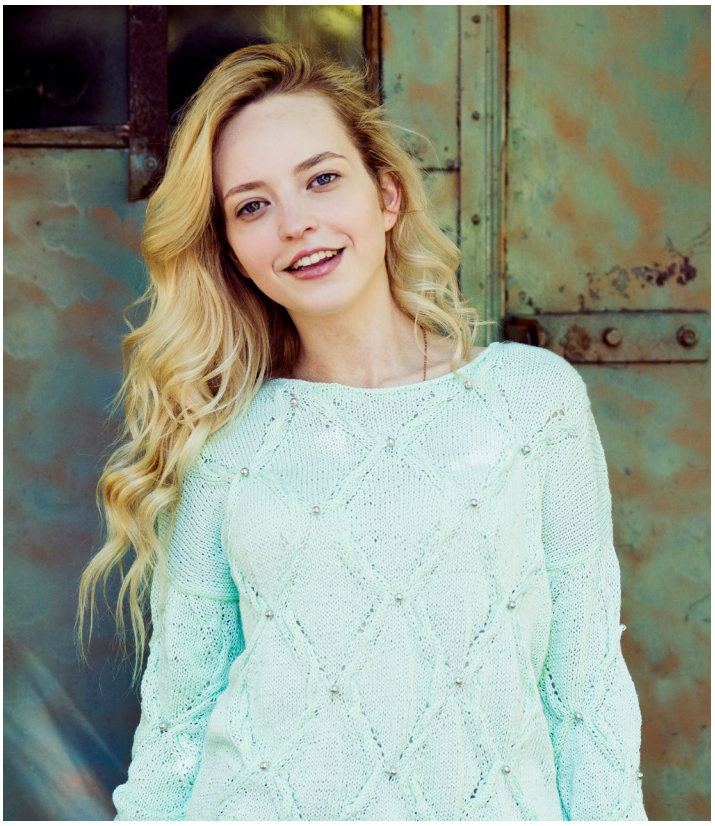
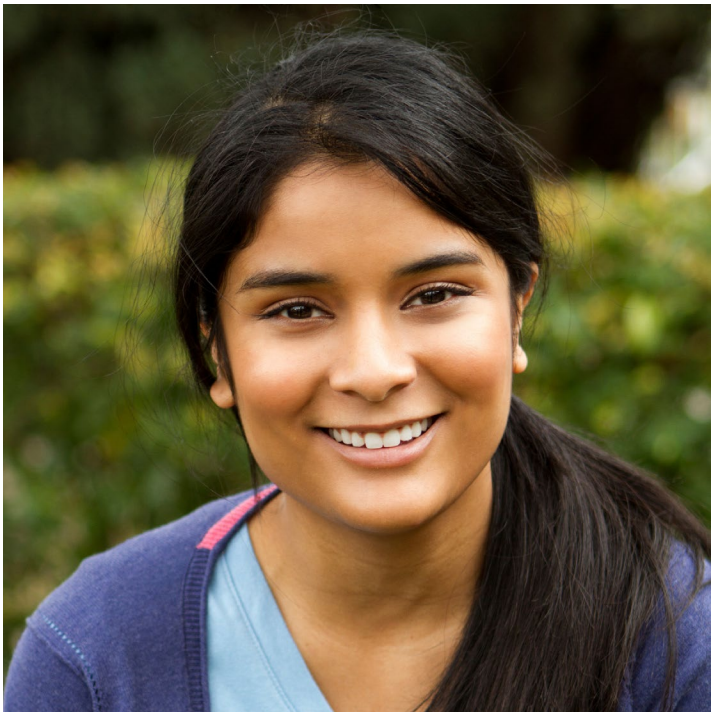
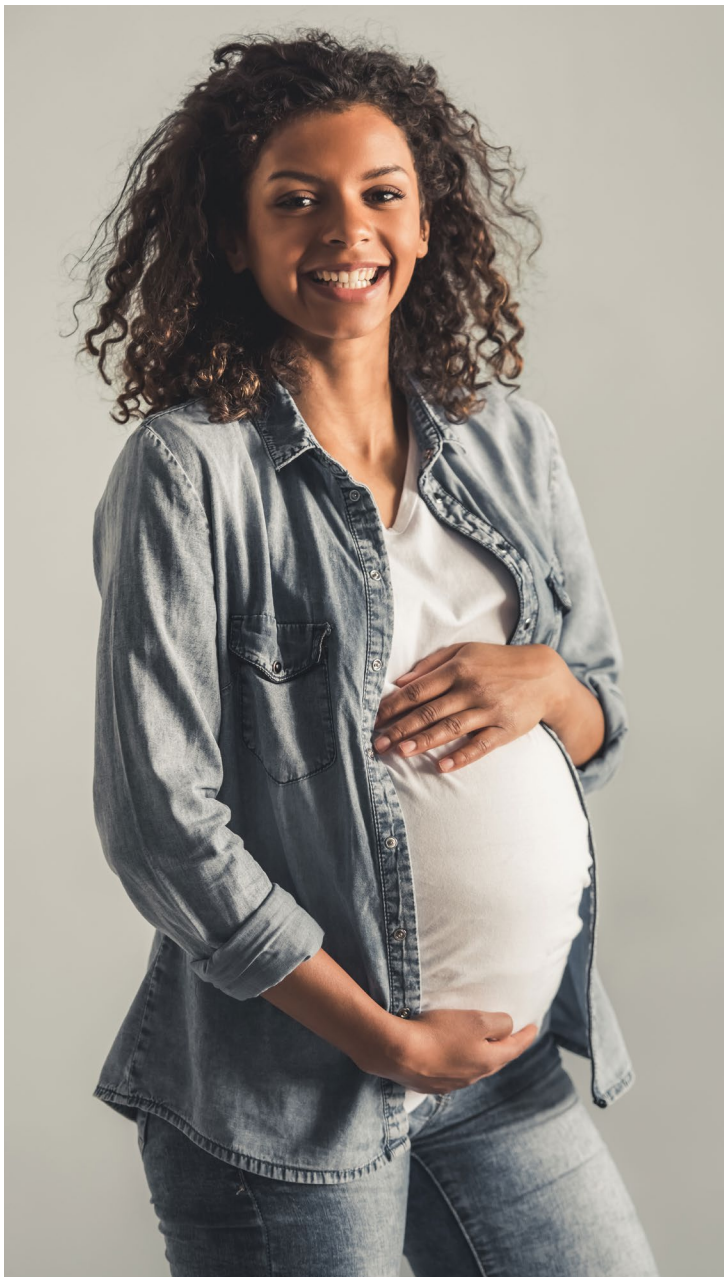
Prescribing Opioids for Women of Reproductive Age: Information for Dentists



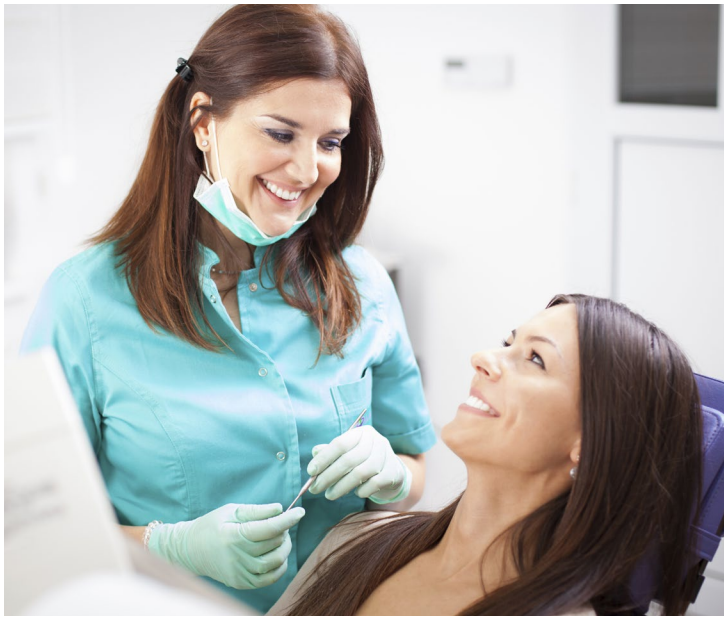




by Ruth Barzel, Katrina Holt, and Sarah Kolo

Background

Pain management is necessary for some dental procedures. Most often, short-term prescriptions are needed for acute or episodic situations. In many cases, non-opioid over-the-counter (OTC) medication combinations can be as effective as opioid combinations, with fewer side effects.[1] In some other cases, small amounts of opioids, followed by acetaminophen or ibuprofen, may need to be prescribed.[2] Common prescription opioids include codeine, fentanyl, hydrocodone, morphine, oxycodone, and oxymorphone.[3]



Pharmacological Considerations for Pregnant Women[4]

The pharmaceutical agents listed below are to be used only for indicated medical conditions and with appropriate supervision.

Pharmaceutical Agent	Indications, Contraindications, and Special Considerations
Acetaminophen	May be used during pregnancy.[a] Oral pain can often be managed with non-opioid medication. If opioids are used, prescribe the lowest dose for the shortest duration (usually less than 3 days), and avoid prescribing refills to reduce risk for dependency.
Acetaminophen with codeine, hydrocodone, or oxycodone	
Codeine	
Meperidine	
Morphine	
Aspirin	May be used in short duration (48 to 72 hours) during pregnancy. Avoid in 1st and 3rd trimesters.
Ibuprofen	
Naproxen	

[a]Ensure that women understand that maximum dose of acetaminophen is 4,000 mg per 24-hour period and that many OTC medications contain acetaminophen.

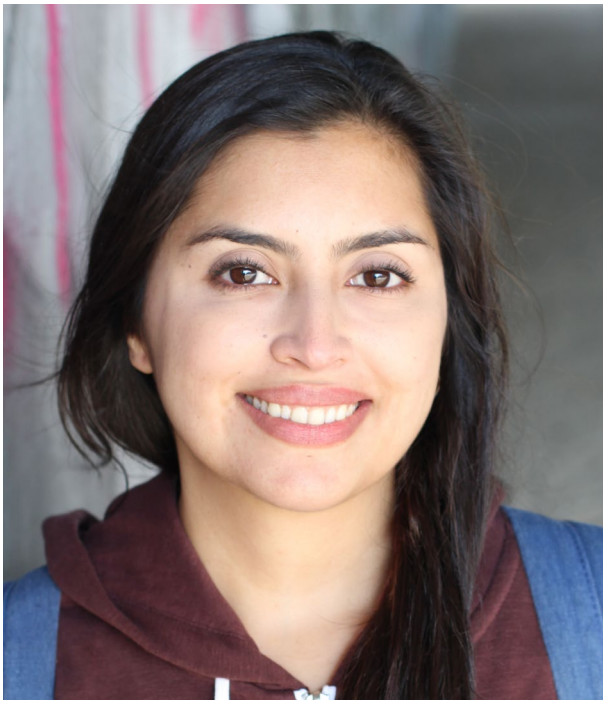
Neonatal Opioid Withdrawal Syndrome

If a pregnant woman uses opioids for a prolonged period, her infant may develop neonatal opioid withdrawal syndrome (NOWS), a condition also referred to as neonatal abstinence syndrome, after birth. This condition can occur when the infant is no longer receiving opioids from the mother's bloodstream. Not all infants born to women who use opioids for a prolonged period will develop NOWS. Withdrawal symptoms may include shaking and tremors, poor sucking or feeding, crying, fever, diarrhea, vomiting, and sleep problems.[5,6] The Food and Drug Administration has issued a warning that appears on all prescription opioids that NOWS is a risk of prolonged use of opioids during pregnancy.

NOWS usually lasts days or weeks. Medications and other measures, such as swaddling, skin-to-skin contact, and breastfeeding, can help relieve withdrawal symptoms. NOWS causes no known lasting physical or intellectual problems in the infant.[7]

Guidelines for Prescribing Opioids[8–10]

- Be aware of and understand federal and state laws, regulatory guidelines, and policy statements that govern prescribing legal opioids.
- Consider using local anesthesia techniques, including local infiltration of anesthetics and regional nerve blocks, whenever possible to assist in pain management and reduce the need for opioids.
- Assess women in the dental office or clinic (rather than over the phone) to determine if opioids need to be prescribed. As part of the assessment, include the following:
  - Ask all women of reproductive age if they are or plan to become pregnant before prescribing any opioid or refilling an opioid prescription.
  - Learn what medications, including OTC medications, the woman is taking. Consult a pharmacist if you are concerned about interactions between medications.



- Ensure that the health questionnaire has questions about current medications, including OTC medications, and about substance-use disorder.
- If your state has a Prescription Drug Monitoring Program (PDMP), check it to determine whether the woman may have a substance-use disorder. (See "Prescription Drug Monitoring Programs" below for more information.)
- If you suspect that a woman may have a substance-use disorder, contact her primary care health professional, and encourage her to seek evaluation and possible treatment through her primary care health professional, local substance-use-disorder treatment programs, or other appropriate referral sources.
- For a woman taking opioids on a regular basis, who has a history of a substance-use disorder, or who is at high risk for aberrant drug-related behavior, coordinate pain therapy with her primary care health professional before the procedure, whenever possible.
  - For a pregnant woman without an opioid-use disorder who needs pharmacologic management for acute pain (e.g., dental pain, surgical pain, pain due to injury), manage pain with a multimodal approach, minimizing the use of opioids.
  - Before prescribing opioids to a pregnant woman, discuss the benefits and risks of opioids, and review treatment goals with her.[11]
- If an opioid is prescribed, it should be for a short duration and for conditions associated with acute pain.
  - When opioids are indicated, choose the lowest-potency opioid necessary to relieve pain.
  - Do not use long-acting or extended-release opioids to treat acute pain.
- For any woman reporting unexpectedly prolonged pain, evaluate whether there is an underlying cause, and consider whether continued use of opioids is appropriate.
- Unless you have training and experience in the use of opioids for the treatment of chronic facial pain, do not prescribe long-acting or extended-release opioids.

Prescription Drug Monitoring Programs

PDMPs are state-controlled electronic databases that collect data on controlled substances dispensed in the state. PDMPs make available data about individuals' controlled-substance prescription histories to those authorized under state law to receive the information for purposes of their profession. PDMPs can be used to improve individuals' safety by providing context for prescribing, dispensing, and treatment decisions.[12,13]

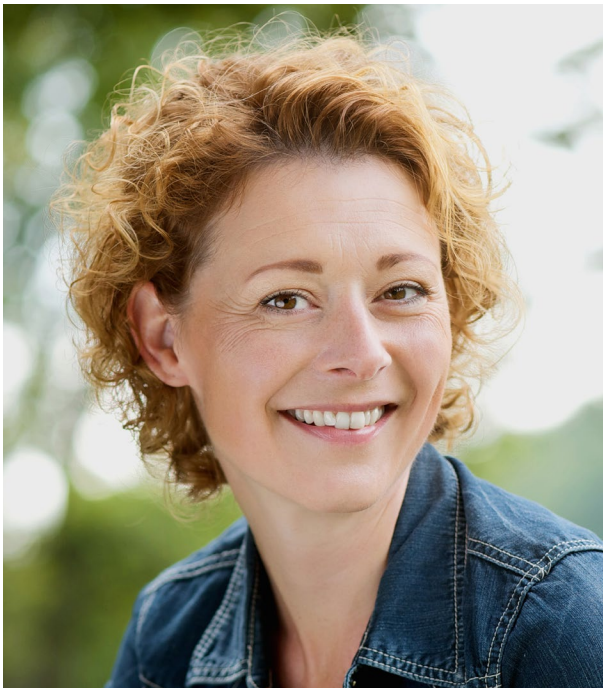
Learn about PDMPs
https://www.deadiversion.usdoj.gov/faq/rx_monitor.htm#4

Learn about requirements for enrolling in your state's PDMP
http://www.namsdl.org/library/03809318-0000-67D5-4FE157678A176DF0

Register for your state's PDMP
https://searchandrescueusa.org/monitoryourpatients/?utm_source=google&utm_medium=ppc&utm_campaign=2018_PFDK_Nonbrand_PDMP&utm_term=prescription%20drug%20monitoring%20program

Managing Acute Dental Pain

Assess each woman individually to determine how best to manage pain, working in collaboration with her primary care and prenatal care health professionals and substance-use-disorder professionals, as appropriate. Refer to professional, evidence-based resources for guidance, including *ACOG Committee Opinion: Postpartum Pain Management*[14] and *The ADA Practical Guide to Substance Use Disorders and Safe Prescribing.*[15]

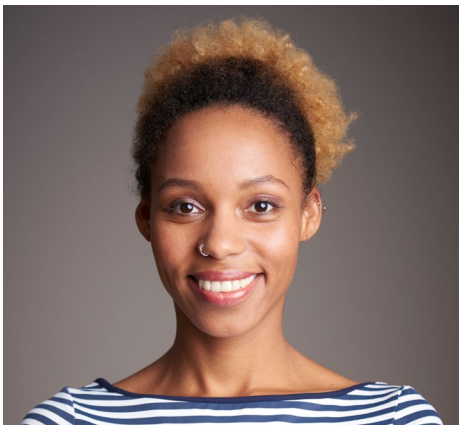


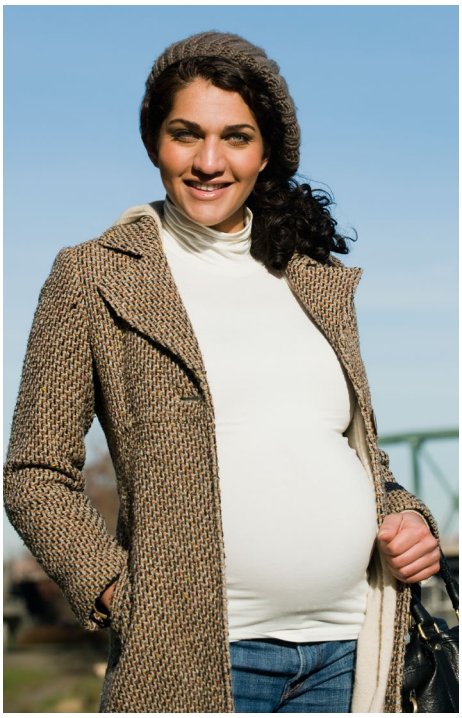
Guidelines for Discharging Women with Opioid Prescriptions[16]

- Discuss expectations about recovery and pain-management goals with the woman.
- Educate the woman about safe use of opioids (including safe storage of and disposal of medications), potential side effects, overdose risks, and developing dependence or addiction.
- Emphasize not using opioids in conjunction with alcohol or sedative medications (e.g., benzodiazepines).
- Educate the woman about tapering the use of opioids as oral pain resolves.

References

1. Moore P, Hirsch E. 2013. Combining ibuprofen and acetaminophen for acute pain management after third-molar extractions. *Journal of the American Dental Association* 144(8):898–908.
2. Oregon Pain Guidance. 2018. *Recommended Opioid Policy for Dentists* [webpage].
3. National Institute on Drug Abuse. 2018. *Prescription Opioids* [webpage].
4. Oral Health During Pregnancy Expert Workgroup. 2017. *Oral Health Care During Pregnancy: A National Consensus Statement*. Washington, DC: National Maternal and Child Oral Health Resource Center.
5. National Library of Medicine. 2018. *Neonatal Abstinence Syndrome* [webpage].
6. March of Dimes. 2017. *Neonatal Abstinence Syndrome (NAS)* [webpage].
7. American College of Obstetricians and Gynecologists. 2017. *Patient Education Fact Sheet: Important Information About Opioid Use Disorder and Pregnancy*. Washington, DC: American College of Obstetricians and Gynecologists.
8. Oregon Health Authority. 2017. *Opioid Prescribing: Guidelines for Dentists*. Salem, OR: Oregon Health Authority.
9. Oregon Health Authority. 2018. *Opioid Pregnancy and Opioids Workgroup Recommendations*. Salem, OR: Oregon Health Authority.
10. Pennsylvania Dental Association. N.d. *Pennsylvania Guidelines on the Use of Opioids in Dental Practice*. Harrisburg, PA: Pennsylvania Dental Association.
11. American College of Obstetricians and Gynecologists, Committee on Obstetric Practice. 2018. ACOG committee opinion: Postpartum pain management. *Obstetrics & Gynecology* 132(1):e35–e43.
12. Centers for Disease Control and Prevention. 2017. *What States Need to Know About PDMPs* [webpage].
13. PEW Charitable Trusts. 2018. *Improvements to Prescription Drug Monitoring Programs Can Inform Prescribing* [webpage].
14. American College of Obstetricians and Gynecologists, Committee on Obstetric Practice. 2017. ACOG committee opinion: Opioid use and opioid use disorder during pregnancy. *Obstetrics & Gynecology* 130(2):e81–e94.
15. O'Neil M, ed. 2015. *The ADA Practical Guide to Substance Use Disorders and Safe Prescribing*. Hoboken, NJ: Wiley-Blackwell.
16. Michigan Open Prescribing Engagement Network. 2017. *Dental Prescribing Recommendations* [webpage]. Ann Arbor, MI: Michigan Open Prescribing Engagement Network.





Cite as

Barzel R, Holt K, Kolo S. 2018. *Prescribing Opioids for Women of Reproductive Age: Information for Dentists*. Washington, DC: National Maternal and Child Oral Health Resource Center.

This publication was made possible by cooperative agreement #U44MC30806 from the Health Resources and Services Administration (HRSA), an operating division of the U.S. Department of Health and Human Services (HHS). Its contents are the responsibility of solely the authors and do not necessarily represent the official view of HRSA or HHS.

National Maternal and Child Oral Health Resource Center
Georgetown University
Box 571272
Washington, DC 20057-1272
(202) 784-9771
E-mail: OHRCinfo@georgetown.edu
Website: http://www.mchoralhealth.org

OHRC
National Maternal and Child Oral Health Resource Center