



Opioids and Pregnant Women: Information for Oral Health Professionals



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 Women⁴

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

Pharmaceutical Agent	Indications, Contraindications, and Special Considerations
Analgesics	
Acetaminophen	<p>May be used during pregnancy. 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 issuing refills to reduce risk for dependency.</p> <p>Ensure that women understand that maximum dose of acetaminophen is 4,000 mg per 24-hour period and that many OTC medications contain acetaminophen.</p>
Acetaminophen with codeine, hydrocodone, or oxycodone	
Codeine	
Meperidine	
Morphine	
Aspirin (low dose)	May be used after 12 weeks for women at high risk for preeclampsia.
Aspirin	First trimester: Avoid use.
Ibuprofen	Second trimester, 13 up to 20 weeks: May use for short duration, 48 to 72 hours.
Naproxen	Second trimester, 20 up to 27 weeks: Limit use. Third trimester: Avoid use.

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. Swaddling, skin-to-skin contact, breastfeeding, and sometimes medications can help relieve withdrawal symptoms.⁷



Guidelines for Prescribing Opioids^{8,9}

- 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 multi-modal 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.^{10,11}
- 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

A prescription drug monitoring program (PDMP) is an electronic database that tracks controlled substance prescriptions. PDMPs can help identify patients who may be at risk for overdose. PDMP data can also be helpful when patient-medication history is unavailable and when care transitions to a new health professional.¹²

Learn about PDMPs in your state
[State PDMP Profiles and Contacts](#)¹³

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: Opioid Use and Opioid Use Disorder in Pregnancy*¹¹ and *The ADA Practical Guide to Substance Use Disorders and Safe Prescribing*.¹⁴

Recommendations for Discharging Women with Prescriptions¹⁵

- 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.



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