

How Does Opioid Use in Pregnancy Affect Care for Both Mothers and Newborns?

The Public Health Problem

Rising rates of fentanyl use during pregnancy have created new barriers to providing effective care for both mothers and infants. Health care providers are struggling to deliver evidence-based treatment for neonatal abstinence syndrome (NAS) and perinatal substance use disorders (PSUDs) within fragmented systems.

Background

Perinatal opioid use rose by 131% between 2010 and 2017, with NAS increasing by 82%. Although tools like the “Eat, Sleep, Console” (ESC) model show promise, implementation is uneven, and care is complicated by limited access to treatment, stigma, and inconsistent protocols.

What This Article Addresses

This study explores health care providers’ perspectives on how fentanyl and combined substance use impact perinatal and neonatal care—highlighting systemic barriers, patient-provider challenges, and areas for action.

What They Did *(Methods)*

Researchers used qualitative Reflexive Thematic Analysis (RTA) of open-ended survey responses from 15 health care providers across Washington state to understand systemic challenges in caring for substance-exposed mother-infant dyads.

What They Discovered *(Findings)*



Systemic Barriers Limit Effective Care: Lack of communication, care coordination, and access to inpatient treatment complicate care delivery for families affected by substance use.



Combining Multiple Substances Increases Risks: Providers observe more severe withdrawal symptoms in infants and reduced maternal engagement, challenging treatment plans and bonding.



Stigma and Judgment Undermine Care: Stigmatizing attitudes lead to distrust, discourage treatment engagement, and reduce the effectiveness of even well-designed care models.

Opportunities for Action

The study findings highlight opportunities for:

Health care leaders and providers

- Implement standardized protocols for NAS and PSUD care
- Expand inpatient treatment options and support systems
- Prioritize nonjudgmental, trauma-informed care

Policymakers and payors

- Fund maternal-infant recovery programs (housing, MOUD, mental health)
- Reduce policy barriers to treatment access
- Promote system-wide education on stigma reduction

Researchers

- Study integrated care models combining maternal mental health and infant care
- Investigate long-term developmental impacts of prenatal fentanyl exposure

Patients and families seeking recovery

- Advocate for compassionate care and bonding opportunities
- Seek programs offering parent-infant co-treatment and support
- Access MOUD when available and appropriate