INTRODUCED BY: Medical Student Section
Caroline Plott, Alina Spiegel

SUBJECT: Ongoing Medical Support for Mothers and Babies Impacted by Opioid Exposure

Whereas, Neonatal Abstinence Syndrome (NAS) is a serious health condition that is the result of infant opioid withdrawal after exposure to opioids in utero and is associated with seizures, seizure like jerking movements, and general infant distress among other symptoms\(^1\); and

Whereas, the prevalence of NAS in 2012 was 5.8 per 1000 babies born in US hospitals, approximately five times the rate that was recorded in 2000\(^2\); and

Whereas, NAS is associated with maternal use of opioids, both prescribed and non-prescribed, during pregnancy, and maternal use of opioids during pregnancy has been increasing in the US\(^1\); and

Whereas one study found that approximately 20% of Medicaid insured women were prescribed an opioid medication during their pregnancy\(^3\); and

Whereas the cost of hospitalization and care of a baby affected by NAS is approximately $16,893, and approximately $316 million was spent on NAS hospitalizations in the US in 2012\(^4\); and

Whereas, Current Maryland law requires that healthcare providers report a mother to the local health department or the department of social services if a baby displays signs of NAS or has a positive toxicology screen regardless of whether the controlled substance was legally prescribed\(^5\); and

Whereas, the Comprehensive Addiction and Recovery Act of 2016 states that in order to receive federal child abuse prevention funds, states must require healthcare providers to notify Child


\(^3\)Desai, Rishi J., et al. "Increase in prescription opioid use during pregnancy among Medicaid-enrolled women." Obstetric


\(^5\) http://mgaleg.maryland.gov/2018RS/chapters_noln/Ch_410_hb1744T.pdf
Protective Services each time an infant is diagnosed with NAS, regardless of the parent’s treatment plan; and

Whereas, allowing opioid-dependent mothers and babies to be together has been shown to reduce hospital stay length, admissions to the NICU admissions and the use of drugs to treat NAS; therefore be it

Resolved, that MedChi support the establishment of programs that provide ongoing medical treatment and social support for mothers who are current or recovering substance users to reduce risk of separation from their children; and be it further

Resolved, that MedChi ask our AMA to oppose legislation that leads to separation of babies from mothers that are actively undergoing opioid abuse rehabilitative treatment unless there is a serious threat to the child’s wellbeing.

At its meeting on September 22, 2018, the House of Delegates referred Resolution 35-18 to the Board of Trustees.

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