

Naloxone for midwives

What is the impact of opiate use disorder?

Opioid misuse and opioid use disorder are increasing in the US, with the increase in women happening faster than in men. The increase in pregnancy mirrors the general increase in women. The number of births complicated by opioid use has quadrupled since 1999. Opiate overdose cases death by slowing and eventually stopping a person's breathing.

Illicit opiates such as heroin have traditionally been considered the major substance in opioid misuse. However, in recent decades prescription opiate medications have become the major substance involved. Between 2008-2012, 28% of reproductive aged women with commercial insurance and 39% of reproductive aged women with Medicaid filled an opiate prescription.

What is Naloxone?

Naloxone is an opioid antagonist that counteracts the effects of opiates in the body. It is available as an intranasal spray and an intramuscular injection.

How does the 2019 House Bill 12 change naloxone availability in Idaho?

According to Idaho Code 54-1733B, any health professional licensed in Idaho under Title 54 of Idaho Code may independently prescribe and dispense an opioid antagonist to the following persons:

- A person at risk of experience an opiate-related overdose
- A person in a position to assist a person at risk of experiencing an opiate-related overdose
- A person who, in the course of his official duties or business, may encounter a person experience an opiate-related overdose
- A person who, in the opinion of the health professional licensed or registered under this title, has valid reason to be in the possession of an opioid antagonist

For more information, the Idaho Department of Health and Welfare has a Naloxone Information webpage (<https://healthandwelfare.idaho.gov/services-programs/behavioral-health/naloxone-information>) which provides the FAQs and resources, including the DHW Naloxone Request Form.

What factors should a Licensed Midwife consider when deciding to carry naloxone?

Substance use disorders should be a part of the routine screening of any client requesting the services of a licensed midwife. Should substance use be confirmed or suspected, this is an appropriate reason to transfer care because the infants of these women are at risk of developing neonatal abstinence syndrome. The ability to carry naloxone is NOT a reason to begin providing out of hospital birth services to clients who would ordinarily risk out.

For trainings on overdose prevention and naloxone administration, midwives may contact their local public health district's drug overdose prevention coordinator.

(<https://healthandwelfare.idaho.gov/health-wellness/community-health/public-health-districts>).

How can a Licensed midwife or a midwifery client obtain naloxone?

In general, individuals may obtain naloxone through a pharmacy with a co-pay. Medicaid recipients are able to get naloxone free at the pharmacy with their Medicaid card and ID. Pharmacies should be able to order naloxone if they do not carry it in stock. A list of pharmacies with naloxone in stock is located here: (<https://hshslocator.dhw.idaho.gov/prevent/default.aspx>). Organizations may also obtain free naloxone through the Idaho Department of Health and Welfare's naloxone request form located on the DHW Naloxone Information webpage. This method requires quarterly reporting of any naloxone redistribution, administration, and outcomes.

What is the role of emergency medical services when naloxone is administered?

Per Idaho Code 54-1733B, “as soon as possible, the administering person shall contact emergency medical personnel.”

References

Maternity Care For Pregnant Women With Opioid Use Disorder: A Review

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Idaho Naloxone for First Responders

https://siphidaho.org/comhealth/pdf/ODP_NaloxoneGuide.pdf