

Perceptions of fertility among treatment-seeking women with opioid use disorder

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INTRODUCTION

- Chronic opioid use is thought to reduce fertility through suppression of the hypothalamic pituitary axis.¹
- Many women entering treatment for opioid use disorder (OUD) may believe they are incapable of becoming pregnant during their opioid use.²
- Women have historically been excluded from studies addressing the impact of medications for OUD (MOUD) on endocrine physiology and fertility leading to a critical gap in our understanding of the impact of opioid cessation, with and without MOUD, on fertility.
- We use national-level real word data to understand women with OUD's perceptions of fertility and their menstrual cycle characteristics.

METHODS

- Multi-state data were sourced from the Survey of Key Informants' Patients (SKIP) Program, a long-running national opioid surveillance study of individuals newly entering treatment with a primary diagnosis of OUD.
- Anonymous self-report surveys with 85% response rate
- In January 2024, questions for reproductive-age individuals identifying as female were added, assessing fertility perceptions and menstrual cycle characteristics of 190 respondents.
- Summary statistics, proportions and means were used to summarize survey responses of 145 respondents capable of pregnancy stemming from 49 substance use treatment programs in 25 states.



RESULTS

Table 1. Demographic characteristics of women with OUD N=145

	N	%
Age (mean, SD)	34.1 years	7.21%
Race		
White	87	60.4%
Black	26	18.1%
Native American/American Indian	11	7.6%
Multiracial	9	6.3%
Latinx	8	5.6%
Treatment type for OUD		
Buprenorphine	67	47.9%
Methadone	37	26.4%
Naltrexone (long-acting depo)	7	5.0%
Psychosocial with or without medication	59	42.1%
Ever treated for a psychiatric disorder	89	61.4%
History of suicide attempt	27	18.6%

Table 2. Pregnancy history and perceptions of fertility (n=145)

	N	%
Number of pregnancies (n=135)		
0	30	22.2%
1	23	17.0%
2-3	51	37.8%
4-5	19	14.1%
6 or more	11	8.1%
Does not believe can become pregnant (n=130)	52	40.0%
Reason for belief of infertility (n=52)		
Does not have periods	9	17.3%
Has not gotten pregnant having regular unprotected sex	11	21.2%
Was told by a doctor	9	17.3%
Partner cannot have children	3	5.8%
Not sexually active with a male partner	8	15.4%

Table 3. Menstrual cycle characteristics (n=135)

	N	%
Had a menstrual period in the last 12 months	106	73.1%
Regular periods	58	54.7%
Irregular periods ¹	48	45.3%
No menstrual period in the last 12 months	29	20.0%
Reason has not had a period in the past 12 months (n=71)		
Opioid use	31	43.7%
Unsure	19	26.8%
Pregnancy or breastfeeding	16	22.5%
Medical reasons	9	12.7%
Other reasons ²	9	12.7%

¹More than 35 days, less than 21 days, or so irregular cannot calculate interval; ²Other reasons include being on drugs (not specifically opioids), birth control, overweight

RESULTS continued

- The mean **age** of those who believe they are infertile was higher than those who believe they can become pregnant (36.9 years vs 31.7 years p<0.001)
- There were **no differences** among those who believe they are infertile versus those who believe they can become pregnant by:
 - Race
 - OUD treatment type
 - History of psychiatric condition
 - History of suicide attempt

DISCUSSION

- 40% of treatment seeking women with OUD in the sample did not believe they could become pregnant.**
- While older age was associated with higher prevalence of perceptions of infertility, there were no differences by race/ethnicity.
- Almost half of the sample experienced irregular menstrual cycles and 20% reported being amenorrheic. Almost half of respondents believed amenorrhea was due to opioid use.
- These analyses of national data with highly diverse racial/ethnic characteristics illustrate that women with OUD are in need of evidence-based sexual and reproductive health education and counseling that allows them to understand their fertility and make treatment decisions in line with their reproductive goals.

LIMITATIONS

- Sample limited to treatment-seeking people.
- Responses are self-reported with the possibility of recall bias

REFERENCES: ¹Antony, T., S.Y. Alzahrani, and S.H. El-Ghaiesh, Opioid-induced hypogonadism: Pathophysiology, clinical and therapeutics review. Clin Exp Pharmacol Physiol, 2020. 47(5): p. 741-750
²Bornstein M, Gipson JD, Bleck R, Sridhar A, Berger A. Perceptions of Pregnancy and Contraceptive Use: An In-Depth Study of Women in Los Angeles Methadone Clinics. Womens Health Issues 2019;29(2):176-81.

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