PREGNANCY:
METHADONE AND BUPRENORPHINE

Some women are surprised to learn they got pregnant while using heroin, OxyContin, Percocet, or other opioid pain medications that can be misused (known as opioid drugs). You, along with family and friends, may worry about your drug use and if it could affect your baby. Some women may want to "detox" as a way to stop using heroin or pain medications. Unfortunately, studies have shown that 8 out of 10 women return to drug use within a month after "detox." Therefore, most doctors treat opioid misuse in pregnant women with either methadone or buprenorphine. These are long-acting opioid medications that are associated with improved outcomes in pregnancy.

How safe is it to take methadone or buprenorphine (Subutex®) during pregnancy?

- In the right doses, both methadone and buprenorphine stop withdrawal, reduce cravings, and block effects of other opioids.
- Treatment with either methadone or buprenorphine makes it more likely that the baby will grow normally and not come too early.
- Based on many years of research studies, neither medicine has been associated with birth defects.
- Babies born to women who are addicted to drugs can have temporary withdrawal or abstinence symptoms (neonatal abstinence syndrome or NAS). Opioid-related NAS is known as neonatal opioid withdrawal syndrome (NOWS). These withdrawal symptoms can occur in babies whose mothers take methadone or buprenorphine.
- Talk with your doctor about the benefits versus the risks of medication-assisted treatment.

Is methadone or buprenorphine a better medication for me in pregnancy?

- You and your doctor should discuss both methadone and buprenorphine. The choice may be limited by which medication is available in your community.
- If a woman is already stable on methadone or buprenorphine and she becomes pregnant, doctors usually advise her to stay on the same medication.

How can I get started on methadone or buprenorphine?

- Depending on where you live, there may be a special program that offers care to pregnant women who need methadone or buprenorphine. These programs can offer prenatal care and substance use counseling along with your medication.
- Methadone may only be given out by specialized clinics while buprenorphine may be available from your primary care physician or obstetrician if they have received special training.
- Some women prefer or benefit from starting these medications while in a residential (inpatient) treatment facility.

What is the best dose of methadone or buprenorphine during and after pregnancy?

There is no "best" dose of either medication in pregnancy. Every woman should take the dose of methadone or buprenorphine that is right for her.

- The right dose will prevent withdrawal symptoms without making you too tired.
- The right dose depends on how your body processes the medications.
- The dose of methadone usually needs to increase with pregnancy – especially in the third trimester and you may need to take methadone more than once a day.
- There is less known about buprenorphine dose changes in pregnancy, but increases may be necessary.
- The dose does not seem to determine how much NAS/NOWS a baby will have.
- After delivery, the methadone or buprenorphine dose may remain the same or may decrease as your body returns to its non-pregnant state. This can take up to a few months after delivery.

Your dose should be reduced if it begins to cause sedation. Be sure to discuss with your doctors, nurses, and counselors whether you are feeling too sleepy.

Learn more: opqic.org/omno

CHILDBIRTH, BREASTFEEDING, AND INFANT CARE:
METHADONE AND BUPRENORPHINE

Are you pregnant, taking methadone or buprenorphine, and want to know how this may affect your delivery, ability to breastfeed, or your newborn?

Or are you a pregnant woman using heroin or prescription opioids and considering treatment with methadone or buprenorphine?

How should I prepare for delivery?

- Choose a doctor and hospital with experience in methadone and buprenorphine during labor and delivery, if possible.
- Select a doctor for your baby (a pediatrician or family physician) and meet before delivery to talk about the care of your baby.
- Find out whether you can tour the nursery before your baby is born to learn about how the nursery cares for opioid-exposed infants.

What about pain relief during and after delivery?

- Your usual daily methadone or buprenorphine dose will not treat pain.
- Discuss pain control for childbirth and after delivery with your physician during prenatal care.
- If you are having a planned cesarean delivery or have one after labor, discuss postoperative pain.
- The labor and delivery doctors and nurses **MUST** know that you are taking methadone or buprenorphine so that you are not given labor pain medications, such as Stadol and Nubain, which can cause withdrawal in women taking methadone or buprenorphine.

What about child protective services?

- Many babies and mothers get tested for drugs and alcohol at delivery -- this might include methadone and buprenorphine.
- Having a positive drug test, even if it's for prescribed medications, may mean that social workers or child welfare workers will want to talk to you and your family.
- A child services worker may come to your home to see how safe the environment is for your baby.

How does opioid withdrawal affect the baby after delivery?

- After delivery, the baby no longer receives nutrients and medications such as buprenorphine and methadone from the mother's bloodstream. Your baby may develop withdrawal – called neonatal abstinence syndrome (NAS). Opioid-related NAS is also known as neonatal opioid withdrawal syndrome (NOWS).
- Not all babies born to mothers on methadone or buprenorphine develop NAS/NOWS.
- Each baby shows withdrawal differently. The following are some of the most common signs in opioid-exposed babies:

Tremors or shakes	*Sleep problems*	*Tight muscles*
Crying	*Stuffy nose*	*Vomiting*
Frequent yawning	*Fever*	*Diarrhea*
Poor feeding/sucking	*Sneezing*	*Loose stool (poop)*

- These signs may happen from birth to seven days after delivery and can last days, weeks, or months.
- Your baby may need medication to treat these symptoms and make him or her feel better. The baby's dose will then be decreased over time, until the symptoms have stopped.
- Your baby may be watched for four or five days in the hospital to see if medication will be needed.
- If a baby has NAS/NOWS, it does not mean that he or she will have long-term problems.

Can I breastfeed if I am taking buprenorphine or methadone?

- Breastfeeding is encouraged for women who are taking methadone or buprenorphine, except in some cases.
- Breastfeeding is not safe for women with HIV, taking certain medications that are not safe in breastfeeding, or who are actively using street drugs.
- Only very small amounts of methadone and buprenorphine get into the baby's blood and may help lessen the symptoms of NAS/NOWS.

How will having a newborn affect my recovery?

- The weeks and months after the baby is born can be a stressful time for women in recovery. Be sure to continue counseling, and use parenting support programs.
- Do not make a decision to stop your opioid medication too quickly or too soon because this increases the risk of relapse.
- It is important to discuss decisions about your medication with your doctors and your counselors.

Learn more: opqic.org/omno

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