

MEDICATION ASSISTED TREATMENT FOR OPIOID USE DISORDER DURING PREGNANCY

Information for Providers

Dear OB/GYN and Primary Care Providers,

Pregnancy can be a time when women seek to make positive changes in their lives, often quitting tobacco, alcohol and substances such as opioids. Universal screening is of great importance for patients with Opioid Use Disorder (OUD) and/or candidates for therapy, such as patients using high doses of opiates for medical indications like chronic pain.

Stigma related to opioid use, by contrast, is an impediment to prenatal care, making consistent screening all the more essential.

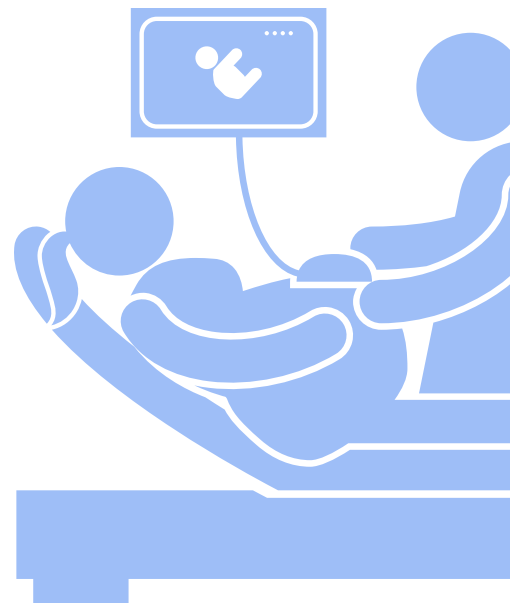
As you will see in the guidelines below, Medication Assisted Treatment (MAT) is a safe and effective way to help mothers improve perinatal outcomes and maternal physical, social and behavioral health.

Through this important pharmacological intervention, in addition to actively connecting women to other prenatal and parenting resources, we can create conditions in which both mothers and babies can thrive.

Yours in health,

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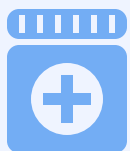
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Getting connected

For more resources on universal screening, MAT training or to connect with local prescribers, visit www.healthyklamath.org/MAT.

Benefits of MAT during pregnancy outweigh potential risks



Women receiving medications to treat OUD do **not** have to stop their OUD medications before or during pregnancy.

For the vast majority of women, it is recommended to continue on OUD medications during pregnancy in order to avoid relapse, which could further endanger both the woman and the fetus.

Safest choice for mom and baby

Withdrawal can increase the patient's risk for a return to substance use, preterm labor and birth, miscarriage and high risk maternal behaviors that endanger mother and child. MAT during pregnancy increases prenatal care rates and helps avoid overdose. Remaining on OUD medications is generally the safest choice for BOTH the mother and the developing fetus.



Adjust medication doses as pregnancy progresses



The distribution of medications through the body is affected by pregnancy weight gain and a woman's altered metabolism. Medication doses to treat OUD frequently need to be adjusted as the pregnancy progresses.

Screen for behavioral health symptoms

Screen for mental health diagnoses. Talk with the OB/GYN team to determine who will prescribe medications, including those for treating OUD during pregnancy.

Encourage women to seek behavioral therapy or counseling and make a referral, preferably a warm handoff. Coordination of services is key.

Historical and generational trauma contribute to high rates of OUD among marginalized populations. Building trust and connection is key. Cultural strengths are protective factors; where possible, refer to culturally-centered services.



Discuss pain treatment options before delivery



Discuss safe, multimodal options for treating pain during delivery or in the short term afterward, and be aware of common medications that increase risk of acute withdrawal. Familiarize the patient with the "Eat, Sleep, Console" protocol used at the delivery facility for monitoring infants who may be suffering from Neonatal Abstinence Syndrome (NAS). It is important to note that MAT can reduce the risk of NAS.

Address risk of relapse

Because the postpartum period brings stress, increase in mood disorders, and often change in insurance status, be prepared to address the risk of return to substance use during this time.



Review medication dose before discharge



Review the medication dose to treat OUD before discharge and periodically after delivery. Look for signs of lethargy or excessive sleepiness in the mother. Discuss benefits of breastfeeding and recommendation to continue MAT.

For additional information regarding methadone and buprenorphine doses, see SAMHSA's *Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants*.

SOURCES

Opioid use and opioid use disorder in pregnancy. Committee Opinion No. 711. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2017; 130:e81=94.

SAMHSA. *Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants*. HHS Publication No. (SMA) 18-5054. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018. <http://bit.ly/SAMHSAClinicalGuide>

SAMHSA. *Medications to Treat Opioid Use Disorder during Pregnancy: Information for Providers*. HHS Publication No. (SMA) 19-5094-IS. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2019.

