MEDICATIONS TO TREAT OPIOID USE DISORDER DURING PREGNANCY

INFORMATION FOR PROVIDERS

WHAT DOES CURRENT RESEARCH TELL US ABOUT PREGNANCY AND CONTRACEPTION FOR PREGNANT WOMEN WITH OPIOID USE DISORDER (OUD)?

- Nearly 9 out of 10 pregnancies among women with OUD are unplanned.[1] It is not uncommon for a woman to have an unplanned pregnancy as her health improves after starting OUD pharmacotherapy and behavioral therapy. The chances of becoming pregnant increase as treatment for OUD becomes more effective.[2]
- Only about 50% of women in treatment for OUD and other substance use disorders (including alcohol) are using contraception. This compares with about 80% of women in the general population who use contraception.[3]
- Discussing family planning options with women with OUD and making these options available to them when they begin treatment can reduce unplanned pregnancies.

HOW CAN PREGNANCY AFFECT TREATMENT FOR OUD?

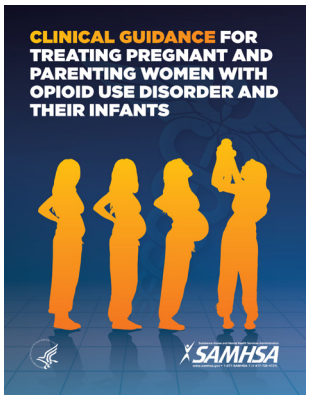
- Pregnancy may motivate women to seek, continue, or change their treatment, but pregnancy can also be a stressful time.
- Women who are in treatment for OUD and have recently discovered they are pregnant may be concerned about fetal exposure to tobacco, alcohol, or prescription medications. They may also think they should discontinue medications to treat OUD. They may worry that exposing their babies to these medications increases the risk of neonatal abstinence syndrome (NAS)/neonatal opioid withdrawal syndrome (NOWS).
- Women receiving medications to treat OUD **do not** have to stop their OUD medications before or during pregnancy.[4] 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.[4]
- Withdrawal can increase the patient's risk for a return to substance use, preterm labor and birth, and miscarriage. Remaining on OUD medications is generally the safest choice for BOTH the mother and the developing fetus.
- Medications for OUD reduce relapse rates. Relapse puts mother and infant at high risk of adverse health effects, including overdose, infectious diseases, and other health impacts. On the other hand, more research needs to be done to understand the longer term risks of medications for OUD on the developing brain. For the vast majority women with OUD, experts agree that the benefits of medications for OUD outweigh the potential risks.[6]
- The distribution of medications through the body is affected by pregnancy weight gain and a woman's altered metabolism. Therefore, medication doses to treat OUD frequently need to be adjusted as the pregnancy progresses. For additional information regarding methadone and buprenorphine doses during pregnancy, see the Substance Abuse and Mental Health Services Administration's (SAMHSA's) *Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants* (http://bit.ly/SAMHSAClinicalGuide).
- Ensuring that women with OUD are living stable lives in a safe home environment can promote success in both recovery and planning a family.[2]

HOW CAN MEDICATIONS TO TREAT OUD AND OTHER FACTORS IMPACT PREGNANCY AND DEVELOPMENTAL OUTCOMES?

- Women in treatment for OUD tend to have larger and healthier babies and are more likely to reach full-term deliveries than women receiving **no treatment** for their OUD.[6]
- Concern about a potential small increased risk of birth defects associated with medications to treat OUD taken during pregnancy should be weighed against the clear risks associated with the ongoing misuse of opioids by a pregnant woman.[4]
- To prevent birth defects that are due to low folic acid, women who are planning a pregnancy or are already pregnant should take 1mg of folic acid or a prenatal vitamin with 1mg of folic acid daily.
- Other factors such as poor prenatal nutrition, lack of prenatal maternal care, unstable home environments, and maternal use of alcohol, tobacco, or benzodiazepines can impact a child's development.
- Behavioral health disorders among pregnant and postpartum women can complicate birth, infant, child, and maternal outcomes. These issues impact not only the mother but her ability to care for her own and the infant's basic needs and can affect the child's cognitive and emotional development. Intervening early, offering integrated services and support, and promoting responsive, caring relationships can prevent or reverse damaging developmental health effects to the child.
- Providing a stable home environment, ensuring good nutrition, and engaging in play can add to other protective factors that shape a child's developmental and health milestones across the lifespan.

WHAT IS NAS/NOWS? WHAT SHOULD HEALTHCARE PROFESSIONALS TELL PREGNANT WOMEN ABOUT NAS/NOWS?

- NAS/NOWS refers to the behavioral and physiological symptoms of withdrawal in infants who were exposed in utero to substances such as opioids, tobacco, and benzodiazepines before birth. NAS/NOWS is an expected and treatable condition following in utero exposure to such substances.
- Between 2009 and 2012 an estimated 21,732 babies were born with this condition in the United States; this is a fivefold increase since 2000.[8]
- Pregnant women with OUD and other infant caregivers need to be told about the possibility of NAS/NOWS. They should also be informed of the fact that longer term risks on the infant is not fully known. The information they receive should explain what to expect, describe how to care for an infant with NAS/NOWS, and reassure them that treatment for NAS/NOWS is available.
- Screening for NAS/NOWS after delivery is critical for improving neonatal outcomes.[9]
- Pregnant women with OUD need to know that reducing the medication dose to treat OUD will NOT reduce NAS/NOWS expression or severity.[5] It is important for healthcare professionals to explain that the occurrence of NAS/NOWS does not mean that the woman needs to stop medications to treat her OUD.



To learn more about best practices for treating pregnant and parenting women with OUD and their infants, download the *Clinical Guide* now: http://bit.ly/SAMHSAClinicalGuide

WHAT ARE THE BEST HEALTHCARE AND TREATMENT PRACTICES WHEN CARING FOR WOMEN WITH OUD WHO WOULD LIKE TO START A FAMILY OR HAVE RECENTLY DETERMINED THEY ARE PREGNANT?

As soon as a pregnancy is determined:

- Establish a good working relationship with an obstetrics/gynecological (OB/GYN) team.
- Refer women to doctors or midwives who are experienced in and knowledgeable about the care of women with OUD.
- Have women sign a consent form that complies with 42 CFR Part 2 for the release of confidential substance use disorder patient records. This will enable the OUD treatment team to coordinate with a woman's OB/GYN team.
- Refer pregnant women for prenatal care as early as possible. Prenatal care can help prevent complications and inform women about important steps they can take to protect their infant and ensure a healthy pregnancy.[10]
- Women with OUD may also be prescribed other medications for additional health issues. Discuss their medical history in detail and assess the risks and benefits of taking medications during pregnancy.

Give women information about behaviors that promote a healthy pregnancy:

- Encourage women to maintain a healthy weight during the pregnancy or to establish a healthy weight before becoming pregnant.
- Encourage women to stay active and maintain the same exercise regimen they had before their pregnancy.
- Advise women to quit smoking and stop alcohol use before becoming pregnant. Quitting smoking increases the odds of long-term recovery from other substances, whereas continued smoking following treatment increases the likelihood of return to substance use, sudden infant death syndrome, preterm birth, and other birth defects. Drinking alcohol during pregnancy can cause miscarriage, stillbirth, and a range of disabilities for the baby.[11]
- Discuss what sort of support system the woman has at home and how she has prepared for the arrival of her infant. Provide information about childbirth and parenting classes and set up referrals to additional in-home support for after delivery.

Continue to address underlying causes for OUD:

- Encourage women to seek behavioral therapy or counseling and make a referral, preferably a warm handoff. Counseling can motivate women to continue with treatment while enhancing coping skills and reducing the risk of a return to substance use.
- Address each woman's history including past trauma and illicit and licit substance use before and during pregnancy. Pay special attention to high-risk behaviors such as injection drug use and current exposure to domestic violence.[12] Screen and test women at risk for HIV or hepatitis B and C.
- Screen for and be prepared to address depression, anxiety, and other mental health diagnoses for the women under your care. Rates for these conditions may be higher for pregnant women receiving OUD treatment than they are for other pregnant women. Healthcare professionals who provide medications

to treat OUD may be the most qualified to address mental health concerns, but these discussions must be coordinated with the OB/GYN team to determine who will prescribe medications, including medications to treat OUD during pregnancy.

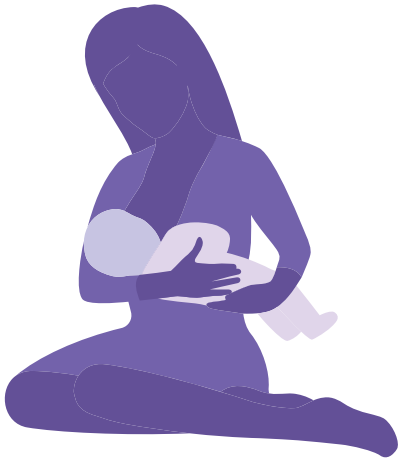
Discuss labor, delivery, and infant care before the baby is born:

- Discuss safe options for treating pain during delivery or in the short term afterward and arrange for delivery at a facility prepared to monitor, evaluate for, and treat NAS/NOWS.
- Explain the benefits of breastfeeding, particularly the evidence that shows it can decrease NAS/NOWS severity, reduce the infant's need for medical treatment, and decrease the length of medical treatment and hospitalization.[2]
- Share information about the Safe to Sleep campaign (*http://bit.ly/NIHSafeSleep*) and ways to prevent sleep-related deaths.
- Support women by offering information about how to care for their infants when they return home after delivery (e.g., breastfeeding, safe sleep practices), and parenting classes in the community.

What are the primary postnatal concerns?

The period after delivery may be particularly difficult because of stress, fatigue, hormonal changes, postpartum depression, and other mental health issues.

- Depression and anxiety are common in women with OUD, and a new mother may also experience depression and anxiety after giving birth.[9] Screen regularly for these conditions. Counseling or other types of support can help women maintain their recovery.
- Maintain a close relationship with new mothers and offer additional support such as information about parenting classes, new mother support groups, lactation guidance, child care, and other community supports.
- Actively connect new mothers to these services when not available within your organization. Coordination of services is key.
- Because the postpartum period is stressful for women, be prepared to address the risk of return to substance use during this time. Loss of child custody (placement) also increases this risk significantly.[9] These events require monitoring and potential modification of care.
- Review the medication dose to treat OUD before discharge and periodically after delivery. Look for signs of lethargy or excessive sleepiness in the mother. 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* (http://bit.ly/SAMHSAClinicalGuide).
- Having an infant is stressful and can lead women to want to delay future pregnancies. Make sure you or another healthcare professional discuss family planning options. The best time to plan for future contraception is during pregnancy.



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