Fact Sheet: OUD and Pregnancy

Overview:

- **Deciding if medication treatment is right for you**
- **Medication treatments for pregnant women with opioid use disorder (OUD)**
- **Information on neonatal abstinence syndrome (NAS)**
- **Information about Department of Children and Families (DCF)**
- **It is your body and your decision: Information on medically terminating a pregnancy**

Medication Treatment Helps Pregnant Women with OUD

Medication treatments such as buprenorphine and methadone are available and are safe and effective for pregnant women.

There are medical professionals trained in working with pregnant woman with opioid use disorder (OUD) who want to help and support you and will provide you with compassionate, non-judgmental care.

OBGYNs, primary care physicians, nurse practitioners, and physician's assistants are increasingly receiving training to prescribe medication treatment (buprenorphine) for pregnant women with OUD.

Deciding if Medication Treatment is Right for You

Consider the following questions, as you decide if medication treatment for OUD is right for you.

- Have you developed physical dependence to opioids (i.e., you get sick and have withdrawal symptoms when you do not have the opioid in your system)?
- How long you have struggled with opioid use? A problem that started a few weeks or months ago is different than a problem that has been present for several years.
- Have you tried to stop opioid use without medication? How did this go?
- What options will allow you to better reach your goals?
- How severe was your opioid use before you learned you were pregnant? Multiple times a day or 1-2 times per week?
- How strongly do you feel that opioid cravings will increase the chances that you use heroin/opioids or other drugs during your pregnancy?
- Have you had success with medication treatment in the past?
- What triggers or situations lead to using opioids, and will any of these triggers still be present while you are pregnant?

Talk to a medical provider or other health care professional who can provide information to help you decide what is best for your individual situation.

Stigma from Family, Friends, and Other Loved Ones

- Unfortunately, many people hold inaccurate beliefs about the use of medication treatment for pregnant women with OUD. Dealing with this stigma can make the decision-making process that much harder. Sometimes, this criticism and judgment even comes from the pregnant women towards themselves.

Women who choose to take medication treatment (i.e., buprenorphine or methadone) during pregnancy are making a safe, healthy decision for themselves and their baby. Studies have shown that this is a safe and effective way to treatment opioid use disorder when pregnant. [1-3]

Medication Treatments for Pregnant Women with Opioid Use Disorder

Buprenorphine and Methadone are safe, effective treatments for opioid use disorder in pregnant women.
(You can read more information on Methadone and Buprenorphine in the Medication Treatment Fact Sheets)

Common patient question: "I've heard that pregnant women can only take Subutex. What is the difference between Subutex and Suboxone?"

- Suboxone is the brand name of a medication that combines both buprenorphine and naloxone.
- Subutex is the brand name for a medication that only contains buprenorphine.
- Subutex has historically been recommended for pregnant women because most of the original studies that looked at safety and effectiveness in pregnant women used only buprenorphine (not the buprenorphine/naloxone combination). However, new evidence shows that woman can be safely prescribed the combination product Subxone.[1]

Common patient question: "Which one should I take, Buprenorphine or Methadone?"

Methadone maintenance is also a safe, effective option for pregnant women. There have been some differences observed between buprenorphine and methadone.[4-6]

Woman who take buprenorphine delivered babies who:

- Needed less morphine to help them wean off of the opioids
- Had neonatal abstinence syndrome that did not last as long as with methadone
- Did not have to stay in the hospital as long as babies whose mothers took methadone as treatment

This information is not meant to discourage methadone use for women who find this medication treatment more effective than buprenorphine, but rather to keep you informed. This decision should be based on what is most effective for you in managing your symptoms. It's important to talk with a medical provider to help you review pros and cons of each option as it relates to your individual needs.

Information on Neonatal Abstinence Syndrome (NAS)

Infants can develop NAS when a woman regularly takes opioids during pregnancy.

Approximately 50% of patients taking buprenorphine or methadone will deliver babies who have NAS. Up to 50% of women will deliver babies who do not develop NAS.[2, 5, 7]

NAS caused by buprenorphine or methadone is shorter lasting and less severe, compared to NAS that develops from overuse of prescription opioids and/or heroin.[5,7]

Common patient question: "How does a baby develop NAS?

- Opioids can pass through the placenta (this organ supplies the fetus with blood, oxygen, and nutrients) and cause the baby to develop physical dependence on the opioid, just like the person taking the opioids.
- Physical dependence happens because the brain and body make changes when an opioid is consistently in the body. However, when a person stops taking the opioid, these changes that the brain and body made when the opioid was present don't reverse right away, and a person develops withdrawal symptoms.
- A baby exposed to regular opioids can develop withdrawal-like symptoms after delivery, which is clinically referred to as neonatal abstinence syndrome.
    - Symptoms of NAS include: Excessive crying, poor sleep, fever, irritability, seizures, slow weight gain, tremors, diarrhea, and vomiting

Common patient question: "How is neonatal abstinence syndrome (NAS) treated?"

- First and foremost, your baby can safely recover from NAS.[7]
- After delivery, the baby may be kept in the hospital for up to 3-7 days for extra monitoring to see if symptoms of NAS develop. If your baby develops NAS, it means they will have to stay in the hospital longer for treatment.
- NAS is often treated with opioid medication such as methadone or morphine to relieve withdrawal symptoms. The baby is slowly weaned off of the opioid medication until they are symptom free. The length of time a baby has to stay in the hospital to treat NAS is variable but can be as long as three weeks or more.[7]
- The mother is an important part of the treatment of NAS. The more time a mother spends at the infant's bedside in the hospital has been shown to reduce the severity of NAS.[8]

Information about Department of Children and Families (DCF)

Common patient question: I'm afraid Department of Children and Families (DCF) will be called. Will my baby get taken away from me?

Despite there being effective treatment options for pregnant women with opioid use disorder, there are many barriers that make it difficult to access treatment and medical care. One common concern of many women is a fear their children, or future child, will be taken away. This fear can prevent women from seeking treatment for OUD.

Many women are able to have a healthy baby while receiving treatment for their OUD and are able to keep custody of their child.

People often associate DCF with "getting their child taken away". While this is true in some cases, this is not true for the majority of cases opened through DCF.

One of the primary goals of DCF is to help keep children with their parents. While their focus is on the wellbeing of children, they know that a child's wellbeing is related to a parent's ability to access necessary support and resources in order to care for their child.

DCF often assists mothers and families by connecting them with services in the community such as:

- Physical and mental health care
- Financial support
- Housing
- Food
- Employment
- Childcare
- Assess to childcare goods: furniture, clothing, and diapers

Common patient question: "How would DCF get involved at the hospital?"

- Unfortunately, even if you are in treatment and prescribed medication treatment by a medical provider, many hospitals will still file a report called a 51A after you give birth.
- Any report of a positive drug screen for the mother or infant are followed up by a DCF case worker. Even though methadone and buprenorphine are forms of treatment, they are often still followed up on.
- During your hospital stay, a DCF case worker may speak with you to learn more about your situation. In most cases, this results in helping link new mothers with support services. Just because a 51A is filed, does not mean a formal case is opened or that your child will be taken away from you.
- Women who are engaged in treatment programs for OUD while pregnant are likely to be treated differently than those who never sought treatment for their OUD.

- Learn more about the Department of Children and Families and OUD here: https://www.mass.gov/files/documents/2016/07/vz/dcf-mat-guidance-for-pregant-women.pdf

Have a conversation with the medical provider prescribing your buprenorphine or other medication treatment. Many of them will be happy to write you a letter of support to bring to the hospital.

Resources for learning about medically terminating a pregnancy:

The following links connect to resources across the state to support women who choose not to continue with their pregnancy:

- Planned Parenthood League of Massachusetts: https://www.plannedparenthood.org/planned-parenthood-massachusetts/online-health-center
- Abortion Providers in MA: http://www.abortiondirectoryma.org/en/
- Boston Abortion Support Collective: https://www.bostonabortionsupportcollective.org/about/

References:

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8. Howard, M. B., Schiff, D. M., Penwill, N., Si, W., Wolfgang, T. Moses, J. M., & Wachman, E. M. (2017). Impact of parental presence at infants' bedside on neonatal abstinence syndrome. *Hospital Pediatrics, 7*(2), 63-69. DOI: 10.1542/hpeds.2016-0147

Additional sources and links that support this Fact Sheet:

The American College of Obstetricians and Gynecologists:
https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Opioid-Use-and-Opioid-Use-Disorder-in-Pregnancy

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