OPIOIDS

OPIOIDS + PREGNANCY

Opioids are substances that work on the opioid receptors in the body. **Opioids are prescribed for pain management or for treatment of opioid use disorder** (opioid agonist therapy, or OAT).

During pregnancy, the body goes through changes that can make **drugs work differently**. This means opioid medications may feel stronger or less strong than they used to.[24-31]

Because of these changes that happen during pregnancy, **your opioid doses may need to be adjusted**. Otherwise there can be risks for withdrawal symptoms or over-sedation.[24-31]

Opioid use (including heroin) in pregnancy is not associated with birth defects when studies control factors like poverty and infection.[24, 32, 33]

Some studies find normal birth weights, and some find weights at the lower end of normal.[34-38] **Long term outcomes are similar to other children** in the same peer group.[24, 39]

Opioids include heroin (diamorphine and diacetylmorphine), morphine, hydromorphone (Dilaudid®), fentanyl, hydrocodone (Vicodin®, Norco®), oxycodone (Percocet®), oxycontin, tramadol, buprenorphine (Suboxone®), nalbuphine (Nubain®), methadone, and meperidine (Demerol®).

OPIOIDS + LACTATION

It is safe to breastfeed on opioid use disorder treatment medications such as methadone and buprenorphine, regardless of the dose of medication that one takes.[40-43]

In fact, **if a baby is showing signs of withdrawal breast/chestfeeding appears to make them less severe**. This may be partly because of the skin-to-skin contact - and because it helps the baby and their parent bond and attach.

When we study opioids like methadone, we find that **only about 2% of the total dose makes it into human milk**.[41] For buprenorphine, there are negligible amounts of buprenorphine/norbuprenorphine in breast milk - and infants absorb even less of this because of the way buprenorphine is broken down and metabolized (not absorbed well in the stomach).[42, 43]

With non-prescription heroin, it is best not to breastfeed since we can't know the exact dose and it may be cut with other unknown substances that aren't safe. **Sometimes it's not the substance itself that poses the greatest risk, but the other factors that makes substance use unsafe.**

Consult the LactMed database to learn more about the evidence on the use of medications and substances while lactating:

- methadone
- buprenorphine
- naloxone
- naltrexone

INFORMATION ON MEDICATIONS, PREGNANCY, AND LACTATION

If you are looking for reliable information on medications - and evidence-based guidance for their use during pregnancy and lactation - we recommend these resources:

- MotherToBaby
  from the Organization of Teratology Information Specialists
- Drugs and Lactation Database (LactMed)
  from the National Library of Medicine

What treatment options are available for opioid use disorder during pregnancy?

Treatment for opioid use disorder with methadone, buprenorphine, or a buprenorphine-naloxone combination medication is safe for pregnancy and lactation and is the first-line standard of care treatment for pregnant people. All of the different forms of buprenorphine are safe for treatment of pregnant people.[40-43]

During pregnancy, the body goes through changes that can make drugs work differently. This means drugs may feel stronger or less strong than they used to. **Many people need to adjust their methadone or buprenorphine doses during pregnancy** because they start to experience withdrawal symptoms or feel overly-sedated. Report any withdrawal, cravings, or changes in sleep patterns to your doctor. **You might need to split your dose of medication and take it twice a day or three times a day** instead of once a day.[24-31]

SEE the section on naltrexone for more information.

There is emerging evidence suggesting that naltrexone (Vivitrol®) is safe to continue for people who are already using it when they become pregnant. Experts agree that it is better to use methadone or buprenorphine for people who are not already being treated with medications when they become pregnant.

Women who are being treated with naltrexone can be offered treatment with buprenorphine or methadone if naltrexone is no longer working for them. However, it is important to be cautious when changing medications because patients using long-acting naltrexone have decreased opioid tolerance. As the naltrexone wears off, smaller and smaller doses will have larger and larger effects, increasing risk for death from overdose.

Buprenorphine and methadone initiation during pregnancy can vary by state and region. **Some healthcare providers might require you to go inpatient to get monitoring on the OB-GYN floor** and **others might feel comfortable with you doing it as an outpatient**.

NALTREXONE

Naltrexone (Vivitrol®, Revia®) is another medication that can be used for treatment of opioid use disorder (OUD). It is different from methadone and buprenorphine because **it is an antagonist, rather than an agonist**. Instead of activating the endorphin receptor, it blocks it. This means that opioids will not work until the naltrexone has worn off. Where methadone and buprenorphine can be thought of as a key that opens a lock, naltrexone can be thought of as shoving chewing gum into the lock. It is similar to the overdose reversal medication naloxone (Narcan) but takes longer to wear off.

Naltrexone can be taken as a daily tablet or "as needed". Naltrexone is also available as a monthly intramuscular injection called Vivitrol. When injected, it can take a month or more for the opioid blockade to wear off. As it wears off, the person's opioid tolerance gradually becomes lower and lower. **Use of unprescribed opioids during this time is very dangerous because of risk of death by overdose**.[44-46]

Naltrexone is not a controlled substance and does not cause physical dependence. There is no withdrawal associated with naltrexone in adults or infants. A naltrexone overdose would require such large doses that it is practically impossible.[47] There are no reports of any effect on infants exposed to naltrexone during pregnancy or lactation.[48, 49-53] **Roughly 1% of a parent's dose is transferred into human milk**.[45, 48]

Naltrexone is less likely to be effective in reducing substance use than agonist medications (methadone and buprenorphine) and comes with side effects, including increased vulnerability to death by overdose.[44-46] Starting naltrexone requires a person to detox completely before the first dose to avoid severe precipitated withdrawal.[45, 47] Some people with OUD find naltrexone to be helpful, but many others have a hard time sticking with this treatment.[45] Long-acting opioid blockers (such as Vivitrol) can be a problem for anesthesia and pain control during unexpected surgeries such as a C-section for premature labor, because many anesthesia medications are opioids.[45-47, 5, 55] **Because naltrexone use lowers people's tolerance for opioids, they are at increased risk for overdose if they resume their opioid use**. Some people may try to overcome the opioid-blocking effects of naltrexone by taking larger doses of opioids, which also increases their risk for overdose.

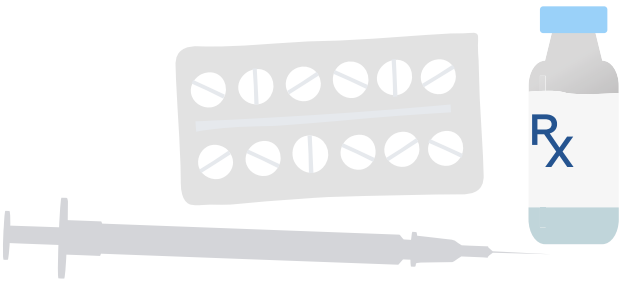
NALTREXONE (CONTINUED)

It is not recommended to start treatment with naltrexone during pregnancy.[45] If a patient with OUD becomes pregnant before seeking treatment, agonist treatment should be offered as the first-line gold standard, and naltrexone should only be available after a thorough risk/benefit discussion with a treatment provider familiar with pregnancy and OUD.[47] **If someone who is stable on naltrexone becomes pregnant and desires to continue using the medication, it is considered safe to do so**.[47] Providers should work with pregnant patients to frequently re-assess satisfaction with treatment and evaluate whether a switch to an agonist medication would be beneficial.

Many pregnant people will choose naltrexone over opioid agonist therapy (OAT) because it eliminates the risk of withdrawal in newborns. This is because there are legal and child custody implications in many states for parents of an infant who experiences Neonatal Opioid Withdrawal (NOW), even if it is a result of taking medication as prescribed. **Nobody should ever have to make a healthcare choice under coercion**. The care plan for every pregnant patient taking any Medication for Opioid Use Disorder (MOUD) requires inclusion of a thorough discussion of the local legal landscape and referrals to legal aid, if desired. **Ethical providers work with patients to minimize the individual harm done by these laws and policies, and work to change such laws and policies where they exist**.

Laws and policies that seek to punish pregnant people for having a substance use disorder or seeking treatment are harmful to individual and public health. These laws and policies are opposed by the American Medical Association (AMA), the American College of Obstetricians and Gynecologists (ACOG), the Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN), the American Society of Addiction Medicine (ASAM), and more. A full list can be accessed here **Medical Groups Oppose prosecution** at pregnancyjusticeus.org

Whatever medication is chosen, the **parent's stable recovery is the most important factor** influencing short- and long-term health outcomes for pregnancy and beyond.



These publications from the Substance Abuse and Mental Health Administration (SAMSHA) were published before the Trump administration took office.

- Opioid Use Disorder and Pregnancy Fact Sheets
- Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and their Infants

NEONATAL OPIOID WITHDRAWAL (NOW)

The risks of using opioids during pregnancy are largely related to the baby experiencing **neonatal opioid withdrawal (NOW)** - previously known as **neonatal abstinence syndrome (NAS).** Neonatal opioid withdrawal is easily treatable.

NOW has **many signs and symptoms** that can be assessed in the hospital. Some of these signs and symptoms include: irritability, tremors, jitteriness, sleep/wake disturbances, sweating, sneezing, yawning, nasal congestion, overstimulation, difficulty feeding, poor weight gain, gassiness, vomiting, diarrhea.[56]

These symptoms can occur within 24 hours to five days after birth and are related to physical withdrawal from any opioid (heroin, fentanyl, or treatments like buprenorphine and methadone).

Withdrawal symptoms are treatable with supportive care like **skin-to-skin contact, rooming-in** (the parent staying in the same room as infant)**,** and **breastfeeding**. Medications such as methadone, morphine, buprenorphine, or other agents can be used as needed.

Not all babies who are exposed to opioids will develop signs of withdrawal, but it is good to know what to watch for and have a plan.

ISSUE: IS THE INFORMATION FROM FEDERAL AGENCIES RELIABLE?

Historically, government agencies like the Centers for Disease Control and Prevention (CDC), Substance Abuse and Mental Health Services Administration (SAMHSA), National Institute on Drug Abuse (NIDA), and similar federal agencies were good places to find reliable information to help you make important healthcare decisions.

The scientists, researchers, and medical experts who worked at those institutions shared uncontroversial policies and widely-accepted best practices. And **they helped dispel many unhelpful myths about substance use**.

For example, many people - *including some police officers, judges, child protection workers, and even some people who use drugs* - think that you should stop using opioids immediately when you find out you're pregnant.

But years of research and evidence show us that it's better to taper off gradually or to start taking medications for opioid use disorder (MOUD). This helps avoid withdrawal - which can be especially stressful during pregnancy.

That's why **it's important to have ongoing research and high-quality evidence that is shared with us by experts** in their fields.

As we write this at the end of 2025, the future of these agencies is uncertain. Public health programs are being dismantled. Research institutions are experiencing cuts to staff and funding. And there is talk of dismantling and/or reorganizing many of the institutions we have relied on to help us deliver high-quality, evidence-based care. **Some of the people who lead these agencies are sharing information and giving public health directives that are inconsistent with medical science**.

Since we fear we can no longer rely on these government agencies, **we have removed some of the resources and links from this edition** that were available in previous editions.

The resources we have left in this edition are ones that have not been changed under the current administration - or that are publications that were written before this administration took office.

DETOX

MEDICALLY-SUPERVISED WITHDRAWAL

Opioid agonist therapy (OAT) should be offered as a first line treatment for opioid use disorder.

If you want to detox during pregnancy, you should only do it with supervision from a healthcare provider because detoxing can be stressful and dangerous, for both you and the fetus. **Detoxification is NOT recommended by experts on opioid use and pregnancy for this reason.**

No one should ever be pressured or coerced into detox, especially when pregnant.

Detoxing and stopping OAT, even for a short time, can lower your tolerance for opioids and make it easier to overdose the next time you use because of decreased tolerance.

Some people have heard that it is not safe to detox during pregnancy because the distress on the parent puts distress on the fetus, leading to possible negative outcomes (fetal death or preterm delivery). However, this has not been found in more recent short-term studies.[57]

If you want to detox or decrease your dose, make sure you have a thoughtful discussion of the risks and benefits with a provider you trust. **Do not attempt detoxification at home or alone.**

NOTE: *Opioid agonist therapy (OAT) is one type of medication for opioid use disorder (MOUD). You may see either term being used.*

FIND A PROVIDER

SET YOUR GOALS TOGETHER

MAKE A PLAN TO SAFELY REACH YOUR GOALS

OPIOID OVERDOSE + PREGNANCY

Anyone who uses opioids is at risk for opioid overdose.

This is especially true during - and immediately after - pregnancy because of the changes that happen to your body. Changes in your weight, body mass, metabolism, and hormones will affect the dose of opioids you need to get the desired effect - and how much you can tolerate without risking overdose.[24-31]

Naloxone (Narcan®) is a medicine that reverses overdose from opioids including heroin, prescription pain pills, and fentanyl. If you think it is possible someone has overdosed, give naloxone. Giving naloxone to someone who has not overdosed on opioids will not hurt them; it just won't work.

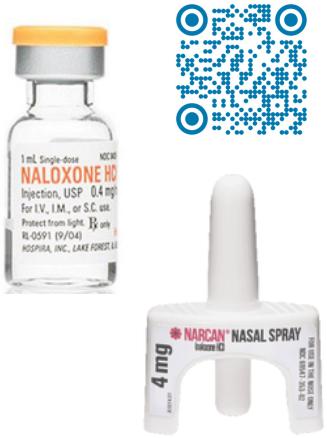
- If you use opioids, get naloxone.
- If you love someone who uses opiods, get naloxone.
- If you suspect an overdose, give naloxone.

Get naloxone (Narcan®) training:

- www.getnaloxonenow.org/#gettraining
- Resources in Michigan from from NEXT Distro nextdistro.org/michigan

Get naloxone (Narcan®):

- Prevent & Protect: Where to Get Naloxone
- Where to access naloxone from Michigan OPEN
- Find free Naloxone near you in Michigan. Search by county.
- Find naloxone vending machines and newspaper-style naloxone distribution boxes

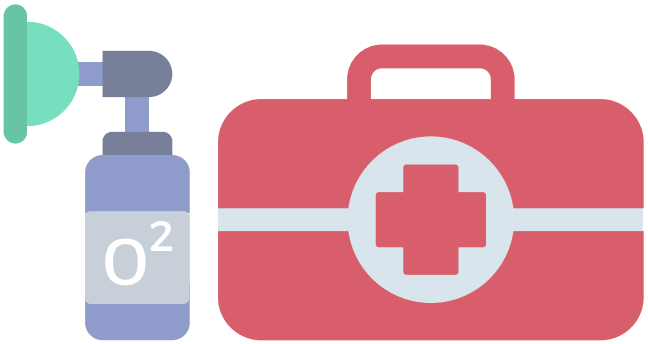


OPIOID OVERDOSE + PREGNANCY (CONTINUED)

Because overdose reversal with naloxone induces immediate withdrawal, **it is possible that both overdose and overdose reversal could cause stress to your pregnancy and increase your risk of complications.**

However, even though there is a risk of distress for you or the developing fetus, **the risks posed by oxygen deprivation or death from overdose outweigh the possible risks of fetal distress** from overdose reversal.

Respond to overdose in a pregnant person exactly the same as you would for anyone else.



Although there is no research on overdose reversal in pregnant people, we know that there are things you can do to protect the pregnant person and their fetus during a suspected overdose:

- **Give naloxone** - either by nasal spray or injection
- **If they are not breathing**, **give rescue breaths**.
- If they are breathing, place the person in the **recovery position** on their **left side** to improve the blood flow to the placenta.
- Call **911**

Tell the dispatcher that you are with **a pregnant person who is not breathing** and you **need paramedics.**

* You do not need to tell them that this may be a drug poisoning or overdose. If you do they may send police officers.

- **Stay with the person** or find someone who can.
- **Tell the responders that the person takes opioids** and may have taken too much and overdosed.

OPIOID OVERDOSE + PREGNANCY

When overdoses happen, giving naloxone (Narcan®) saves lives - including the lives of pregnant people and their babies

1. NARCAN 2. RESCUE BREATHS 3. GET HELP

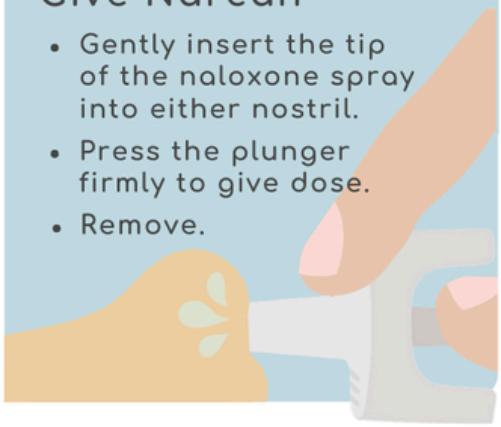
An overdose slows or stops breathing and keeps oxygen from getting to the body and brain.

Check for breathing

* Give rescue breaths.

Give Narcan

- Gently insert the tip of the naloxone spray into either nostril.
- Press the plunger firmly to give dose.
- Remove.



Place the person in the recovery position on their left side to improve blood flow to the placenta.

If you think they have injured their back or neck don't move them.

Get Naloxone nextdistro.org/naloxone

Call 911

Tell the dispatcher that you are with a pregnant person who is not breathing and you need paramedics.

You do not need to tell them that this may be a drug poisoning or overdose. If you do, they may send police officers.

Stay with the person or find someone who can until paramedics arrive.

"Good Samaritan" laws and statutes protect people who help those who may be experiencing an overdose.

When help arrives...

Tell the responders that the person takes opioids and may have taken too much and overdosed.

Respond to overdose in a pregnant person exactly the same as you would for anyone else.

Academy of Perinatal Harm Reduction

NATIONAL HARM REDUCTION COALITION

Good Samaritan Laws

Immunity From Drug Charges for Overdose Responders

"Good Samaritan" laws and statutes exist to protect people who help those who may be experiencing an overdose.

Many people who use drugs avoid calling 911 because of justified fear of criminalization or arrest when dispatchers send police instead of - or in addition to - Emergency Medical Services (EMS).

To be effective, these laws would need to protect not only against drug charges - but for all acts, omissions, or associations that could result in targeting for punitive state interventions.

Getting Help for Overdose: Michigan's Mixed Messages

MCL 333.7403 MCL 333.7404

Michigan's **Good Samaritan Law** protects the person experiencing the overdose and 1 person who seeks medical aid for them. The protection has some **limitations**. It can only be applied:

- For possession or use of an amount "sufficient only for personal use." However, this amount is **not defined in the law**.
- While the Good Samaritan law is meant to prevent prosecution, a victim or rescuer **can still be investigated, arrested. and charged** for use or possession of controlled substances and there are no protections for any other violation. For example, there is no protection for drug paraphernalia.
- If the evidence of possession is **"obtained as a result of the individual's seeking or being presented for medical assistance."**

Being near illegal drugs and/or associating with people who use drugs may be a violation of parole, probation, or other supervision terms imposed by the criminal legal system. **The law does not protect** the victim, rescuer, or anyone else **under parole, probation, other court ordered supervision**.

In addition, allowing a child to be exposed to methamphetamine may violate **criminal law** - and it may trigger a **child welfare investigation** and risk loss of child custody.

continued on the next page

Getting Help for Overdose: Michigan's Mixed Messages (CONTINUED)

MCL 333.7403 MCL 333.7404

Respiratory arrest is not required for Michigan's Good Samaritan Law to apply, and **"drug overdose" is defined loosely to include various degrees of sedation and physical illness**.

The rescuer meets the requirements of Michigan's Good Samaritan Law if **they report the overdose to first responders**, **poison control**, or a **medical provider**.

Drug Delivery Related Death

MCL 750.317a

"A person who delivers a schedule 1 or 2 controlled substance, other than marihuana, to another person in violation of section 7401 of the public health code, 1978 PA 368, MCL 333.7401, that is consumed by that person or any other person and that causes the death of that person or other person is guilty of a felony punishable by imprisonment for life or any term of years."

This type of law has been used to **criminalize many behaviors that are typical between friends sharing drugs** together. Any attempt to benefit from the Good Samaritan Law must be weighed against the risk of being vulnerable to criminalization under the Drug Delivery Related Death (DDRD) law.

Laws like this are **counterproductive to the goal of public health and safety**.

WARNING

The high-dose or long-acting overdose reversal products being marketed to police, EMS, and first responders **are unnecessary**. They are **NOT more effective** - and they can be **UNSAFE**.

This is especially true for pregnant people.

These meds can cause **precipitated withdrawal** which is **sudden and severe**.

Using these high-dose products is preferable to giving nothing, but many people who have experienced the effects of these extreme, excessive doses have suffered unnecessarily.

The **original, standard dose of 0.4mg naloxone (1mL)** - either given by nasal spray or injected in a muscle - is the **best, safest, most gentle option**.

✱ **You can give a second dose** of naloxone **after 2 minutes** if the person is not breathing yet.

Read the research: High-dose naloxone formulations are not as essential as we thought

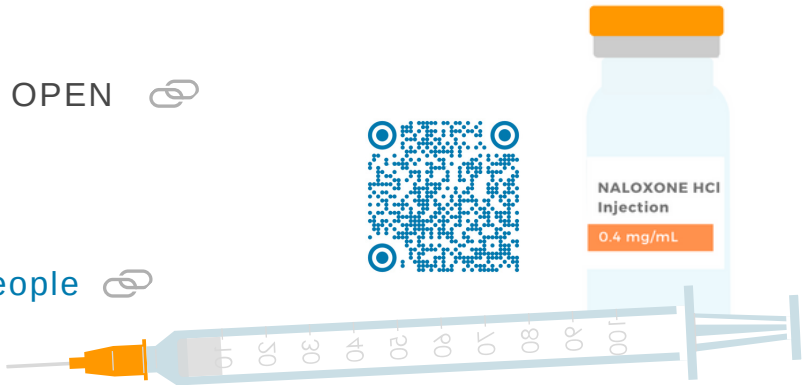
LEARN ABOUT INJECTABLE, INTRAMUSCULAR NALOXONE

Anyone can learn to give this lifesaving medication. Contact a harm reduction program where you live.

- What is naloxone? from Michigan OPEN

  Watch videos:

  - Intramuscular Naloxone
  - Intranasal Naloxone for Laypeople

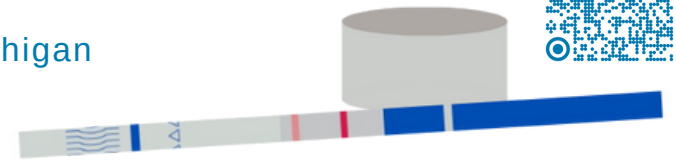


- See OPEN's Overdose Rescue Training Program
- Learn about Opioid Overdose Aftercare from NEXT Distro
- Learn about Medication for opioid use disorder (MOUD) in Michigan

CONTAMINATION

Some of the greatest risks people who use drugs face are the result of a poisoned and contaminated drug supply. When substance use is prohibited, the result is an unregulated drug supply. This means that it is often impossible for people to know for certain what they are using - and whether or not the amount they are using is safe.

Get fentanyl and xylazine test strips in Michigan and learn how to use them.



FENTANYL AND CARFENTANYL

Since 2016, **contamination of the drug supply with fentanyl (and its analogues like carfentanyl) has resulted in an increased risk of overdose for people who use illicit drugs**.[58] Fentanyl is a potent synthetic opioid and has similar pregnancy effects to other opioids. It can be injected, smoked, swallowed, or inhaled. Contamination is not limited to opioids, but has also been reported in cocaine, methamphetamine, pressed pills, and other substances.[59]

There is no risk of overdose from touching fentanyl or being near it. Fentanyl does not absorb through the skin and does not aerosolize well, meaning that it is impossible to accidentally inhale enough to cause any effect.[60] Reports of first responders overdosing in these ways are not backed by evidence and can be attributed to fear, misinformation, and panic.[61, 62]

XYLAZINE

Xylazine is another substance which is being found increasingly in the unregulated drug supply in the continental United States.[58] It is also known as Rompun, Anased, Sedazine, Chanazine, anestesia de caballo, or simply anestesia.[63, 64] It has been identified as an adulterant in Puerto Rico for about 15 years.[64, 65] Some people choose to use xylazine because it is said to lengthen and enhance the fentanyl high.[66]

Xylazine is a veterinary sedative, and is **not approved for human use**. It can be injected, snorted, or swallowed.[67] Its effects are reported to last about 4 hours, but could be up to 72 hours with extremely large doses.[63] It belongs to the class of alpha-adrenergic medications, which cause **sedation, low blood pressure, slowed heartbeat, and slowed breathing**.[67] Xylazine causes physical dependence and withdrawal independently from opioids.[67, 64] People in withdrawal from xylazine experience heightened anxiety and general discomfort. There is growing guidance from doctors on how to treat physical dependence and withdrawal caused by xylazine independently from opioids.[68]

There is no published evidence about pregnancy and xylazine, but other alpha-adrenergic medications such as clonidine are used with caution in pregnancy and lactation due to concerns about heart rate and blood pressure changes in the pregnant person, fetus, and breastfed infant.

While xylazine can cause overdose death by itself, it is usually found in combination with other drugs such as heroin, fentanyl, and cocaine.[63-65, 67] Since xylazine is not an opioid, when it is present in a multi-substance overdose, naloxone (Narcan) may not be enough to reverse the overdose, but should still be given to reverse the effects of any opioids. **Rescue breathing and supplemental oxygen are critical in responding to overdoses associated with xylazine.**[58]

If there are reports of xylazine in your area, try to use with other people and keep an eye on people who are nodding for longer than usual. If possible, put people in recovery position. If that's not possible, make sure to check their breathing regularly and move them every hour in order to prevent injury. **Remember to use naloxone in any presumed overdose to reverse possible opioid overdose effects.**

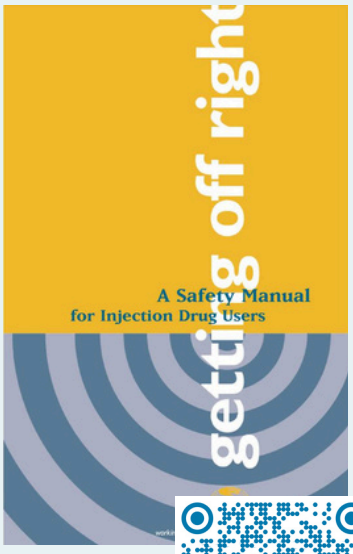
IF YOU SUSPECT AN OVERDOSE

- Give naloxone There might be opioids in what they took.
- IMPORTANT Give rescue breaths or supplemental oxygen.
- Put them in the recovery position, lying on their side.

Xylazine is associated with increased risk of severe skin ulcers, which are large wounds that can resemble burns, often with areas of black necrotic (dead) tissue. An ulcer is not the same thing as an abscess, but it looks similar to most people. These ulcers are thought to be related to decreased blood flow to skin caused by xylazine. **They may appear at injection sites or elsewhere on the body**. Xylazine ulcers are far more severe than typical abscesses associated with injection drug use. There are reports of ulcers reaching the bone and causing bone thinning in healthy young people.[64, 65, 67, 69] **Good wound care (with the help of a nurse if possible) is essential for taking care of people with xylazine wounds**. These ulcers can take months or years to heal.
See Xylazine Wound Care from Michigan OPEN.

Many people who inject drugs can identify xylazine contamination by its appearance, smell, taste, and the way it makes users' body fluids smell. [64, 67] Some people report that it crystalizes after mixing and before injection. However, **when researchers test used syringes, they find xylazine in many of the syringes of people who don't think they're using it** and alternatively, they do not find it in all of the syringes of people who report that they are using it. [65]

TAKE STEPS TO PROTECT YOUR HEALTH



If you are continuing to use, and/or are injecting opioids or other substances (meth, cocaine, etc.), **please do not share your supplies**, **wash your hands with soap and water**, and **clean the site before every injection** with an alcohol pad.

Rates of skin and soft tissue infections, blood-borne bacteria - which can lead to infection of the heart valves (endocarditis) - are rising among people who inject drugs and sterile hygiene can prevent many of these infections.

See **Getting Off Right: A Safety Manual for Injection Drug Users**

RESOURCES AND TOOLS

Overdose Prevention Engagement Network (OPEN)

OPEN provides a wide variety of programs. From safe disposal initiatives to educational courses, our programming is designed to both educate our communities in Michigan as well as keep them safe.

michigan-open.org

OPEN Warmline

The OPEN Warmline offers same-day telehealth prescribing for buprenorphine for people in the State of Michigan who use opioids. Telehealth visits can be done by a video visit or phone.

michigan-open.org/programs/open-warmline

MiSUD Locator

It is a priority in the State of Michigan to increase access to prevention, treatment, harm reduction, and recovery options for individuals using substances.

www.michigan.gov/opioids/find-help/misud-locator

NOTES: