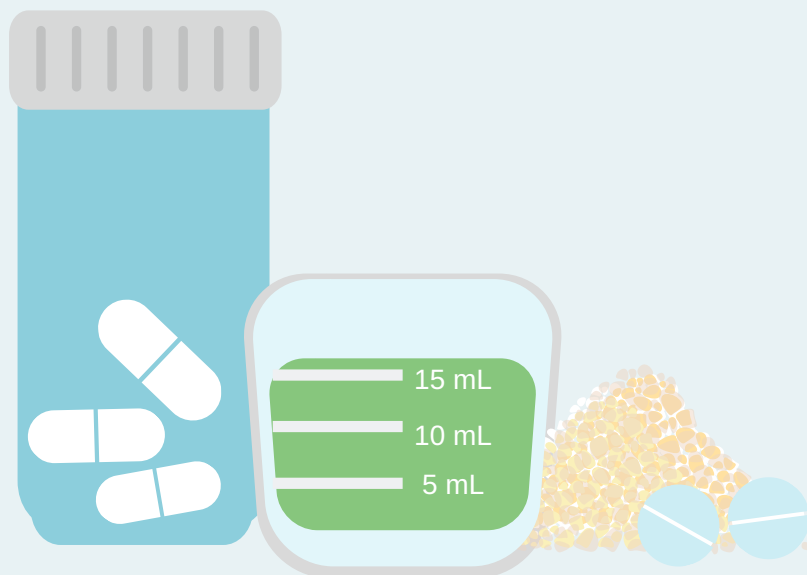


# OPIOIDS



## OPIOIDS + PREGNANCY

Opioids are substances that work on the opioid receptor in the brain.

**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.

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.

Opioid use (including heroin) in pregnancy is not associated with birth defects.

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

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

## OPIOIDS + LACTATION

**It is safe to breastfeed/chestfeed on opioid use disorder treatment medications** such as methadone and buprenorphine, regardless of the dose of medication that one takes.




In fact, **it can make the baby's withdrawal symptoms less severe**. Studies suggest this is because skin-to-skin contact and attachment formation help the baby feel better while breast/chestfeeding.<sup>33, 35</sup>



When we study other opioids like methadone, we find that **only about 2% of the total dose makes it into human milk**.<sup>38</sup> 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).<sup>39, 40</sup>

With 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. **It's not the heroin itself, but the other factors that makes safety an unknown.**



Consult the [LactMed database](#) to learn more about the evidence on use of the medications while lactating:

- [methadone](#) 
- [buprenorphine](#) 
- [naloxone](#) 

## 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. Both buprenorphine-naloxone (Suboxone®) and buprenorphine (Subutex®) are safe for treatment of pregnant people.<sup>26</sup>

**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 into twice a day or three times a day** instead of once a day.<sup>26, 14, 42, 43, 44, 45, 46, 47</sup>

**There is not enough evidence to know if naltrexone (Vivitrol®) is safe to use during pregnancy,** so it is not recommended (unless it is the only thing that is working for you). An expert panel convened on this issue “did not agree on whether women on naltrexone should continue to use it during pregnancy. **Women stable on naltrexone can be offered treatment with buprenorphine or methadone** to prevent return to substance use if they choose to discontinue naltrexone injections. However, this transition must be carefully managed because patients on long-acting naltrexone are no longer opioid tolerant and the falling naltrexone level will result in increasing agonist activity over time during cross-titration.”<sup>48</sup>

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.**

Consult these publications from the Substance Abuse and Mental Health Administration (SAMSHA) [www.samhsa.gov](http://www.samhsa.gov) [www.store.samhsa.gov](http://www.store.samhsa.gov)

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

## UNTREATED OPIOID USE DISORDER

Untreated heroin or opioid use disorder is associated with increased pregnancy risks like placental abruption, preterm labor, fetal death or overdose in the parent - resulting in possible death.<sup>25</sup>

Some studies find normal birth weights, and some find weights in the lower end of normal. Long-term outcomes are similar to other children in the same peer group. Opioid use (including heroin) in pregnancy is not associated with birth defects.<sup>25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37</sup>

## NEONATAL OPIOID WITHDRAWAL (NOW)

*NOTE: We prefer to use the clinically-accurate term NOW for withdrawal signs from opioid exposure - and NAS for signs associated with polysubstance exposure.*

The risks of using opioid during pregnancy are largely related to the baby experiencing **neonatal opioid withdrawal (NOW)** or **neonatal abstinence syndrome (NAS)**, which are easily treatable.

NOW has **many signs and symptoms** that can be assessed in the hospital (many hospitals use a scoring system called the "Finnegan"). 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.<sup>24</sup>

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 skin-to-skin contact, rooming-in (the parent staying in the same room as infant), breastfeeding/chestfeeding,** or also with medications such as methadone, morphine, buprenorphine, or other agents as needed.



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

# 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 (by as much as 59-90%).<sup>22</sup>

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.<sup>23</sup>

If you want to detox or decrease your dose, make sure you have a careful 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

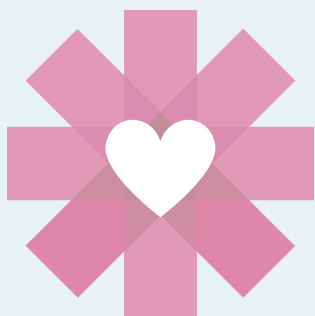


## OPIOID OVERDOSE + PREGNANCY

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.

**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 will not hurt them; it just won't work.



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

### Get naloxone (Narcan®) training:

- [www.getnaloxonenow.org/#gettraining](http://www.getnaloxonenow.org/#gettraining) 
- [www.naloxoneforall.org](http://www.naloxoneforall.org) from NEXT Distro 

### Get naloxone (Narcan®):

- Prevent & Protect: Where to Get Naloxone 
  - CVS
  - Walmart
  - Walgreens
  - Rite-Aid

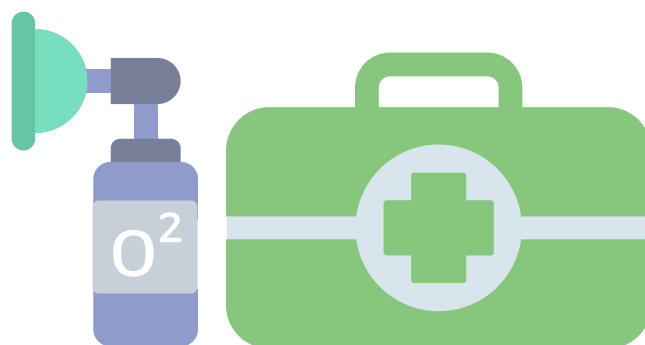


## OPIOID OVERDOSE + PREGNANCY (CONTINUED)

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 even death from overdose outweigh the possible risk of fetal distress** from overdose reversal.

We recommend responding to overdose in a pregnant person exactly the same as for anyone else.



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

- 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.

