MOMCARE

Maternal Opioid Use Disorder Management and CAre REsources in Custody

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Pros and Cons of Methadone and Buprenorphine in Pregnancy

Methadone	Buprenorphine
PROS	
Both medications improve maternal and infant outcomes overall, reduce overdose after release from incarceration, and are safe while breastfeeding. Both may require dose increases and/or split dosing as pregnancy continues.	
• Patients more likely to continue methadone than buprenorphine • May be easier to get on a stable dose • Greater reduction in illicit opioid use. • Can start methadone right away, do not need to wait for withdrawal symptoms.	• NAS symptoms may be milder in infants exposed to buprenorphine compared to methadone • Fewer side effects • May be easier to continue upon release if the local pharmacy carries it. • Easier to switch from buprenorphine to methadone if the patient doesn't like buprenorphine.
CONS	
• May be harder to find a methadone provider in the community depending on where you live • Requires going to an opioid treatment provider for daily dose in the community. • NAS symptoms may need treatment in the hospital for longer for infants exposed to methadone compared to buprenorphine • Harder to switch from methadone to buprenorphine if the patient doesn't like methadone. • A few drug interactions, including with some HIV medications.	• Treatment dropout rates are higher for pregnant patients on buprenorphine than methadone. • Starting can be trickier because initiating buprenorphine requires having moderate withdrawal symptoms (~6-48 hours after last use) to avoid precipitated withdrawal. • Some patients miss the structure that comes with getting MOUD at an OTP.
Some studies have shown lower rates of neonatal withdrawal for infants who were exposed to methadone compared to buprenorphine. However, these studies have also shown that pregnant patients were less likely to continue buprenorphine than methadone.	