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Maternal Opioid Use Disorder Management and CAre REsources in Custody
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Safe Medications and Medications to Avoid for Managing Opioid Withdrawal in Pregnancy

Symptom	Medications used for withdrawal management in pregnancy
Nasal congestion	• Cetirizine, loratadine, or fexofenadine • Diphenhydramine • Pseudoephedrine • Guaifenesin
Nausea/vomiting	• Diphenhydramine • Doxylamine/pyroxidine (often sold as “Diclegis”) • Metoclopramide • Compazine • Promethazine • Ondansetron (avoid in first trimester)
Heartburn	• Aluminum hydroxide/magnesium hydroxide/simethicone (“Mylanta”) • Famotidine • Omeprazole
Diarrhea	• Loperamide • Kaopectate
Pain	• Acetaminophen
Insomnia	• Doxylamine (often sold as “Unisom”) • Diphenhydramine (use sparingly)
Anxiety/Autonomic Symptoms	• Hydroxyzine • Clonidine — *Note*: Both the side effects [hypotension or bradycardia] and withdrawal symptoms [rebound hypertension, headache, flushing] can mimic or exacerbate obstetric complications. Continued use should be discussed with an obstetrician, especially with high doses or prolonged use. • Benzodiazepines — Not first line in general or in pregnancy, though should be used for alcohol or benzodiazepine withdrawal management. • Gabapentin — Caution should be taken in patients with OUD, as gabapentin is associated with increased severity and duration of neonatal withdrawal in the context of opioid exposure.
Medications to avoid for managing opioid withdrawal in pregnancy	
	• Ibuprofen • Tylenol #3 (acetaminophen with codeine) • Lofexidine (avoid due to blood pressure effects) • izanidine (avoid due to blood pressure effects) • If first trimester, ondansetron
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Last updated May 13, 2024