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Maternal Opioid Use Disorder Management and CAre REsources in Custody

Treatment for Opioid Use Disorder During Pregnancy & Postpartum

Quick answers to some of your questions about getting care for opioid use while pregnant and postpartum

It is never too late to get treatment for you and your baby!

- Treatment for opioid use is safer than suddenly stopping opioids and going through withdrawal. If you do not want to be on treatment, it is best to go through withdrawal under the supervision of a healthcare provider.
- Medications for opioid use disorder (MOUD), including methadone and buprenorphine, can help prevent withdrawal and cravings.
- Methadone and buprenorphine are safe and recommended in pregnancy. The jail should provide access to both so you can choose, but if they only have one, it's still best to get on that medication.
- Treatment for opioid use can prevent effects on your baby such as being born prematurely or not growing enough inside the womb.
- Talk to a healthcare professional about what treatment is best for you and your baby. Be sure you have naloxone (Narcan), the overdose reversal drug, when you get out of jail. Some jails will give this to you when you leave. In some states, you can also buy it without a prescription at a pharmacy.

- **Opioids** are substances that are most commonly used for pain relief. They include heroin, oxycodone, and fentanyl which can be bought on the street. Opioids can also be prescribed by a doctor and include things like methadone and buprenorphine.

- **Opioid use disorder (OUD)** is a medical condition caused by frequent use and misuse of opioids. The **recommended treatment in pregnancy and postpartum is to be on methadone or buprenorphine and avoid withdrawal.** Recovery is hard and can be even harder during pregnancy or postpartum. We know that you probably have a lot of questions about these treatments! This fact sheet can help answer some of them. Talk to your healthcare provider for more details.

Effects of OUD on your baby

Substances you use in pregnancy can travel through you into your baby's body. Effects of opioid use on your baby include being born too soon ("premature") or not growing enough. At birth, some babies whose moms take opioids while pregnant, including treatment like MOUD, may have temporary withdrawal symptoms, what is called neonatal opioid withdrawal syndrome (NOWS) or neonatal abstinence syndrome (NAS). **NOWS/NAS are expected, treatable, short-term symptoms.** It does not cause long-term problems.

Risks of Withdrawal

Stopping opioids suddenly can cause you to have withdrawal symptoms like vomiting, diarrhea, muscle aches, fever, and trouble sleeping. These symptoms can be very unpleasant and some pregnant folks may have symptoms like contractions, dehydration, and other things that are not safe for you and your baby. **Detox is NOT recommended in pregnancy**. Pregnant individuals who try to detox during pregnancy often have a higher chance of overdose due to a reduced tolerance.

Medications for Treating OUD

Methadone is usually taken every day and comes as a pill, liquid, or powder that you mix into a liquid. **Buprenorphine** comes as a pill or film that dissolves under your tongue that you take every day. **These medications are safe and work well to treat OUD, even in pregnancy.** They do not cause birth defects. Most people also benefit from counseling or therapy in addition to medications. **Naloxone** (often referred to as **Narcan**) is a medication that reverses an opioid overdose. It is a spray that goes up your nose and is taken only during an emergency. **It is safe and works very well, even in pregnancy.**

Treatment in Jail

Jails **should** have methadone and buprenorphine available to you. However, not all jails do this-- some may have just one medication, and other jails may have none at all. They should refer you to a nearby hospital to get the right treatment if they don't have it. Jail staff should screen you for pregnancy and opioid use at intake. Inform jail staff as soon as possible if you know you are pregnant and are going to experience withdrawal. The jail may medicate you on- or off-site. Inform the jail medical staff if your dose needs to be adjusted, which they often do in pregnancy. Most people also benefit from counseling or therapy in addition to medications.

Development of this factsheet was led by Kayla Blair, MD, MPH. Some language was adapted from ACOG Patient FAQs and Harm Reduction Coalition.

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Benefits of OUD Treatment

MOUD prevents cravings, keeps you from going into withdrawal, and helps you feel comfortable. MOUD also protects your baby from fluctuating opioid levels and substances that may be mixed into drug supplies like fentanyl. Stopping opioids suddenly is dangerous because it causes withdrawal. Treatment medications can help ensure your baby fully develops and is not born too soon.

Risks of Treatment

NOWS/NAS doesn't always happen, but it can occur if you use street drugs or if you are taking medications like methadone and buprenorphine. The dose of methadone or buprenorphine doesn't always predict if your baby will have NOWS/NAS. Not all babies will go through withdrawal. Swaddling, breastfeeding or chestfeeding, and skin-to-skin contact can help babies feel better. Sometimes, a baby may have to stay in the neonatal intensive care unit (NICU) to get medications to help with the symptoms, until the symptoms have stopped.

Pain Control During Labor or C-Section

Many people who use opioids are worried about whether their pain will be worse in labor or whether they will be able to have pain medications after a c-section. The good news is that you can safely use an epidural during labor and certain short-acting opioids for pain management during labor. An epidural is when anesthesiologists use a needle to inject numbing medicine in your back to make your pelvis and legs numb. Other non-opioid medications, like ibuprofen, can be used after a c-section or vaginal delivery. If you have a c-section, you will probably need some short term opioid pain medication, like oxycodone. Let the healthcare professionals know if you are experiencing pain during and after labor so that they can help reduce your pain.

Treatment of OUD in the Postpartum Period

It is recommended that after delivery ("postpartum"), you continue methadone and buprenorphine. Continuing treatment can help you and your baby live healthy and safe lives long after pregnancy and delivery! Importantly, it also helps prevent you from overdosing, which can be common for some people after giving birth if they are not in treatment. Your dose of methadone or buprenorphine may need to be adjusted postpartum, and you should work closely with your treatment provider to make sure you are on the right dose.

Breastfeeding or Chestfeeding

Methadone and buprenorphine are **safe and recommended** to use while breastfeeding! Breastfeeding supports your baby's growth and development, promotes bonding with your baby, and has many long-lasting benefits for you and your baby. Breastfeeding while taking prescribed methadone or buprenorphine, can also help lessen NOWS/NAS symptoms. If you choose not to breastfeed or are unable to, that is also okay! **Jails should allow you to pump and store milk for your baby.**

Social Services & Creating a Plan of Safe Care

Many pregnant individuals who use opioids (or other substances) are contacted by the child welfare system (sometimes called CPS, DFACS) at some point. Child welfare may contact you even if you are on methadone or buprenorphine and doing everything you are supposed to do. Creating a plan of safe care (POSC) can demonstrate that you have made arrangements to stay in treatment and strengthen your support system. A POSC includes how to avoid returning to use and who will care for your baby if needed.

Other Substance Use

Using other substances or drugs such as alcohol, tobacco, cocaine, methamphetamines, or benzodiazepines while pregnant can be unsafe for you and your baby. Other treatments, such as different medications and counseling or therapy, can help you stop using these drugs. Talk to your healthcare provider if you are using other substances while pregnant.

Additional Resources

- National Maternal Mental Health Hotline - Call or text 1-833-TLC-MAMA (1-833-852-6262) to talk to a trained counselor for free.
- Urgent Maternal Warning Signs from the Alliance for Innovation on Maternal Health: https://mchb.hrsa.gov/programs-impact/national-maternal-mental-health-hotline
- Taking Care of You and Your Baby from Incarcerated Women's Health: https://incarceratedwomenshealth.org/wp-content/uploads/2023/06/Incarceration-Postpartum-Pregnancy-Booklet-6.22.23.pdf
- Opioid Use Disorder and Pregnancy and Treating Opioid Use Disorder during Pregnancy from SAMHSA: https://library.samhsa.gov/sites/default/files/sma18-5071fs1.pdf & https://library.samhsa.gov/sites/default/files/sma18-5071fs2.pdf
- Treating Babies who were Exposed to Opioids before Birth from SAMHSA: https://library.samhsa.gov/sites/default/files/sma18-5071fs3.pdf
- Good Care for You and Your Baby while Receiving Opioid Use Disorder Treatment from SAMHSA: https://library.samhsa.gov/sites/default/files/sma18-5071fs4.pdf
- Opioid Use Disorder and Pregnancy - FAQs from ACOG: https://www.acog.org/womens-health/faqs/opioid-use-disorder-and-pregnancy