MOMCARE

WHICH MEDICATION IS RIGHT FOR ME & MY BABY?

Navigating treatment for opioid use disorder while pregnant

A resource for pregnant and postpartum women with opioid use disorder who are starting treatment and deciding between methadone and buprenorphine, with special considerations for those who are incarcerated

If you're pregnant and using opioids, the recommendation is for you to be on treatment with methadone or buprenorphine (suboxone, Subutex).

Both medications are **safe in pregnancy** and decrease your chance of overdose and preterm birth.

Remember: You and your baby are a team. Your recovery supports theirs. When you heal, your baby heals with you.

These medications are not substituting one substance for another—they are prescribed medications that support your recovery.

Finding the right medication for you matters most! Some do better on or prefer one medication over the other. If you're taking a medication that works, it's usually best to stick with it—switching medications while pregnant may cause withdrawal.

Many women are worried about how these medications will affect their baby. The good news is that these medications are safe! Some babies (but not all!) born to mothers on treatment may have withdrawal symptoms called NOWS/NAS. It just means your baby may need a little extra support after birth.

Using opioids or receiving medication treatment does not mean you don't love your baby or aren't a good mother—opioid use disorder (OUD) is a treatable medical condition, and you can still be a great mom.

"We worry whether the medications are going to hurt our baby and that makes us question whether we should do it. My baby did have withdrawal symptoms when she was born. It was so hard for me to see her go through that. I felt helpless at first, but I found out I was stronger than I thought. And now she's 100% healthy and I'm stable. It's the best decision I ever made."

Mother who was on MAT while pregnant in jail

Quick Definitions

NOWS: Neonatal Opioid Withdrawal Syndrome

NOWS is when some newborns whose moms were taking opioids have withdrawal symptoms after birth, because the baby is no longer exposed to those substances through the mother. NOWS can happen with any opioid, including prescribed methadone/buprenorphine. NOWS is sometimes called NAS (neonatal abstinence syndrome).

Babies can experience tremors, irritability, trouble sleeping, excessive crying, diarrhea, and difficulty feeding. **These symptoms are treatable and not life-threatening.**

Some babies with NOWS are treated with "Eat, Sleep, Console," while other babies may need medication (e.g. morphine) and may stay in the hospital longer. Not all babies have the same symptoms. It's hard to predict which babies will experience withdrawal or how long it will last.

MOUD: Medications for Opioud Use Disorder

Medications for OUD: They reduce withdrawal, curb cravings, and help stabilize the brain so you can focus on health and recovery. **In pregnancy, the recommended and most-studied options are methadone and buprenorphine (Suboxone or Subutex).**

You may also hear the term MAT (Medication-Assisted Treatment)—that simply means medication plus counseling support.

ESC: Eat, Sleep, Console

Eat, sleep, console is one way to care for babies with NOWS that focuses on comfort first. It involves lots of holding the baby, skin-to-skin contact, frequent breast or bottle feeds, safe swaddling, sucking, and maintaining a quiet, low-stimulation environment. If your baby's symptoms respond to comfort care, they often won't need medication. If they're still struggling, the care team may recommend medication.

Created by Alvina Pan

METHADONE VS. BUPRENORPHINE

What's the difference?

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QUESTION	METHADONE	BUPRENORPHINE
What is it?	Methadone is a full opioid agonist, meaning it fully activates opioid receptors in the brain. It is long-acting, reduces cravings and withdrawal, and **has been used safely in pregnancy for decades.**	Buprenorphine is a partial opioid agonist, meaning it activates opioid receptors in the brain less strongly. It reduces cravings and withdrawal, and **has been used safely in pregnancy for decades.** Buprenorphine has fewer side effects than methadone. Sometimes, buprenorphine is combined with naloxone, into a medication called Suboxone.
How do I take it? (See section on 'what can I expect in jail or prison' if you are incarcerated)	Methadone is usually taken every day and comes as a pill, liquid, or powder that you mix into a liquid. Methadone is usually started through an Opioid Treatment Program (OTP) with daily visits.	Buprenorphine is usually taken every day and comes as a pill or film that dissolves under your tongue. There is also a monthly injection and implant, but these are generally not used in pregnancy. Buprenorphine can be prescribed and picked up at a pharmacy, so you don't have to go to a clinic for your dose every day.
What are some side effects?	Methadone side effects include sleepiness, sweating, constipation, nausea, and weight gain.	Buprenorphine side effects include headache, constipation, sleep problems, nausea, and mild sweating. Overall, many people report having fewer side effects than methadone.
Will I be taking the same dose while pregnant?	Probably not. Your body processes medications faster when you're pregnant. **Many people need a higher dose or split-dosing (twice a day) to avoid withdrawal symptoms.** Ask about dose adjustments and split dosing if you feel withdrawal between doses.	
Can I switch from one medication to another while pregnant?	If you're already on methadone and it's working well, it is usually best to stay on it. Switching from methadone to buprenorphine can trigger withdrawal if not done carefully under medical supervision.	Switching from buprenorphine to methadone is generally safer and easier than the other way around, but any switch needs close medical supervision.
	Do not switch to or from one medication to another without consulting a doctor, as there is always a risk of withdrawal!	

METHADONE VS. BUPRENORPHINE

How might these medications affect my baby?

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QUESTION	METHADONE	BUPRENORPHINE
Will my baby experience withdrawal after it's born?	In a large U.S. study, about **7 in 10** of babies exposed to methadone near delivery experienced withdrawal (NOWS).	In a large U.S. study, about **5 in 10** of babies exposed to buprenorphine near delivery experienced withdrawal (NOWS). Babies exposed to buprenorphine usually need less medicine and shorter hospital stays.
	Remember, NOWS/NAS is expected and treatable. Don't let fear delay your treatment!	
Is breastfeeding safe while taking the medication?	**Yes, for both methadone and buprenorphine.** If you are stable on treatment, breastfeeding is encouraged, no matter your dose. Only a tiny amount of medicine passes into breast milk and is considered **very safe.** Breastfeeding on medication treatment can soothe babies experiencing NOWS and has been shown to reduce withdrawal symptoms. Breastfeeding on MOUD/MAT is safe even if the baby was given morphine to treat their withdrawal symptoms.	
Will my baby have birth defects?	Large studies have **not** shown a big increase in birth defects for babies exposed to methadone compared to the general population. In newer research that compared the two medicines, methadone had a slightly higher rate of birth defects than buprenorphine when used in the first trimester. The overall risk is small, about 6 in 100.	Large studies have **not** shown a big increase in birth defects for babies exposed to buprenorphine compared to the general population. In newer research that compared the two medicines, buprenorphine had a slightly lower rate of birth defects than buprenorphine when used in the first trimester. The overall risk is small, about 5 in 100.
	Birth defects can happen in any pregnancy, with a 3 in 100 chance in the general population. The differences between buprenorphine and methadone are extremely small; the greatest risk to both the pregnant woman and the developing baby is from untreated opioid use. ***What matters most is staying on the treatment that keeps you and your baby safe.***	
How long will my baby need to stay in the hospital if they experience withdrawal (NOWS)?	It depends on how strong the baby's symptoms are. Some babies leave the hospital when mom does, and others need to stay longer, sometimes **7-21 days**. Babies exposed to methadone are more likely to need medicine for symptoms and may stay a bit longer on average.	It depends on how strong the baby's symptoms are. Some babies leave the hospital when mom does, and others need to stay longer, sometimes **5-14 days.** Stays are often shorter with buprenorphine exposure. Babies are less likely to need medicine for symptoms.

METHADONE VS. BUPRENORPHINE

What can I expect in jail or prison?

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QUESTION	METHADONE	BUPRENORPHINE
Can I access treatment in custody?	Federal law protects people's right to take prescribed MOUD/MAT in custody; blanket bans are not allowed. You can request continuation of your prescribed medication or request to start treatment. National correctional health organizations recommend offering MOUD/MAT in custody and planning for continuation at release. Jails and prisons ***should*** have methadone and buprenorphine available to you. However, not all facilities do this – some may just have one medication, and others may have none at all. They should refer you to a nearby hospital to get the right treatment if they don't have it.	
How do I get started on these medications in jail or prison?	Many facilities partner with an Opioid Treatment Program (OTP) for daily observed dosing of methadone. This may mean going off-site for dosing or the provider coming to the facility. Policies vary by state and facility, but continuing your community dose should be arranged. If methadone is not available, you can ask for a referral to an OTP or hospital that offers it.	Buprenorphine can sometimes be prescribed and dosed on-site by a facility clinician (no OTP required). Starting buprenorphine requires you to be in mild withdrawal first. This short-term, mild withdrawal is not harmful for your pregnancy, and is needed to avoid precipitated withdrawal. Some facilities use the buprenorphine-naloxone version (called Suboxone) because it's harder to misuse.
What if I was already on this medication when I arrived at jail or prison?	You should be allowed to continue your medication while in custody. Tell the medical staff right away you are pregnant and taking methadone or buprenorphine and sign a Release of Information so they can verify your dose with your clinic. If verification takes time or you feel withdrawal, ask what they can do today to keep you comfortable and safe while you are waiting for your regular dose.	

Will my baby be okay in the long term?	Should I continue the medication after my baby is born?	What should I do if I use while breastfeeding?
Research shows both methadone and buprenorphine are safe for long-term brain development. Treatment helps keep you and your baby safe.	Yes – keep taking your medication unless you and your provider make a plan to change it. You may need the dose decreased after pregnancy. Stopping suddenly increases the risk of relapse and overdose.	Recovery is a journey, and relapse can happen. What matters most is what you do next. • Have backup milk/formula ready • Call a trusted healthcare professional • Don't breastfeed until the substance clears - ask doctor when it's safe • Pump and discard milk every 3 hours to prevent pain, infection, and milk loss

Call for Free, Confidential, 24/7 Support

- SAMHSA helpline (844-790-3587)
- National Maternal Mental Health hotline (1-833-TLC-MAMA)