



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

patient education **Fact Sheet**

PFS012: *Important Information About Opioid Use Disorder and Pregnancy* JUNE 2016

Important Information About Opioid Use Disorder and Pregnancy

- What are opioids?
- How do opioids work in the body?
- What is opioid use disorder?
- How can taking a prescription opioid become an opioid use disorder?
- What are some of the health risks of opioid use disorder?
- What if I am prescribed opioids for pain relief during pregnancy?
- What are the risks of opioid use disorder during pregnancy?
- What are the risks of opioid use disorder to my baby?
- I am pregnant and think I may have an opioid use disorder. Can I just stop using opioids (“detox”)?
- How is opioid use disorder treated during pregnancy?
- How is medication-assisted therapy (MAT) given during pregnancy?
- What are the benefits of MAT?
- What are the risks of MAT?
- Does methadone or buprenorphine cause birth defects?
- Can I breastfeed while taking MAT?
- If I get treatment for opioid use disorder during pregnancy, will child protective services take my baby away from me?
- Resources
- Glossary

What are opioids?

Opioids are a type of medicine that relieves pain. Prescribed opioids include oxycodone, hydromorphone, hydrocodone, codeine, methadone, propoxyphene, and buprenorphine. These medications sometimes are called narcotics. Doctors may prescribe opioids for people who have had surgery, dental work, or an injury. Heroin is an illegal opioid drug.

How do opioids work in the body?

Opioids reduce your perception of pain. They also release certain chemicals in the brain that have a calming effect.

What is opioid use disorder?

Opioid use disorder is another name for opioid addiction. Opioid use disorder is a disease. Symptoms of opioid use disorder include using more than the amount of the drug that is prescribed for you; having work, school, or family problems caused by your opioid use; and feeling a strong urge or desire (called “craving”) to use the drug.

How can taking a prescription opioid become an opioid use disorder?

Most people who use a prescription opioid do not become addicted. It is not clear why some people have no trouble stopping their use of opioids, whereas others develop an opioid use disorder. Those who become addicted may seek other ways to find the drug when their prescription runs out. They may “doctor shop” to find a doctor who will write a prescription. Some people use the illegal drug market to supply themselves with prescription opioids or with heroin.

What are some of the health risks of opioid use disorder?

One of the biggest risks of opioid use disorder is overdose. If you take too much of the drug, you can pass out. Your breathing may slow down or stop, and you can die. Naloxone (brand name Narcan) is a drug that stops the effects of opioids. It can save your life if you overdose. You can get naloxone over the counter in some states. It comes in the form of a nasal spray. You should always have a supply of naloxone with you if you have an opioid use disorder or if you have friends or relatives with this disorder.

Another risk of opioid use disorder is an unhealthy lifestyle. You may not eat properly or get exercise. You may not see your doctor if you are sick. If you use a needle to give yourself drugs, there is a risk of serious infection, including **human immunodeficiency virus (HIV)** and **hepatitis**. Often, people with one substance use disorder abuse other substances, too. If you are involved in illegal drug use, you are putting your safety at risk.

What if I am prescribed opioids for pain relief during pregnancy?

Usually, nonopioid drugs are considered first when treating pain. But in some cases, opioids are the best drug to use for pain relief. If you are prescribed an opioid during pregnancy or after childbirth, you and your doctor should discuss the risks and benefits of this treatment. When taken under a doctor’s supervision, opioids are safe for both you and your unborn baby or newborn. It is important to take the medication only as prescribed. Continue to see your **obstetrician** and any other health care professionals who are managing your condition throughout pregnancy so that your health and the baby’s health can be monitored.

What are the risks of opioid use disorder during pregnancy?

If you take opioids while you are pregnant, some of the drug reaches your developing baby. If you cannot get the drug and have withdrawal symptoms, your unborn baby also goes through withdrawal. This cycle increases the risk of serious complications, including **placental abruption**, growth problems, **preterm** birth, and **stillbirth**.

Other risks are those related to the unhealthy lifestyle that often goes along with substance use disorders. You may not take care of yourself during pregnancy and after the baby is born. You may miss prenatal care appointments. If you are buying drugs illegally, you could be physically harmed by others who work in the illegal drug market. You also risk arrest.

What are the risks of opioid use disorder to my baby?

A baby born to a woman who takes opioids is no longer getting the drug from the mother’s bloodstream. As a result, the baby may have withdrawal symptoms, including shaking and tremors; poor feeding or sucking; crying; fever, diarrhea; vomiting; and sleep problems. This is called neonatal abstinence syndrome (NAS). The U.S. Food and Drug Administration (FDA) has issued a warning that appears on all prescription opioids that NAS is a risk of taking opioids during pregnancy.

Not all babies born to women who use opioids will have NAS. NAS usually lasts days or weeks. Medications and other measures, such as swaddling, skin-to-skin contact, and breastfeeding, can help the baby feel better. A **pediatrician** will check your baby after birth and decide if medication is needed. NAS causes no known lasting physical or intellectual problems in the baby.

I am pregnant and think I may have an opioid use disorder. Can I just stop using opioids (“detox”)?

It is not recommended that you suddenly stop using an opioid without medical supervision during pregnancy. Withdrawal can be harmful for you and your baby. Another risk of stopping is relapse. Most people return to drug use within 1 month of stopping on their own. Medically supervised detox programs in which your dosage is gradually decreased also are not recommended during pregnancy. Detox might get the drug out of your system for a while, but it does not address the behaviors that go along with addiction. Without drug counseling, people tend to relapse.

How is opioid use disorder treated during pregnancy?

Treatment involves taking medications in prescribed doses during pregnancy and after the baby is born. This is called medication-assisted therapy (MAT) or opioid-assisted therapy (OAT). The medications that are given are long-acting opioids, meaning that they stay active in the body for a long time. These opioids reduce cravings but do not cause the pleasant feelings that other opioids cause. One is called methadone. The other is called buprenorphine. In addition to medication, treatment involves drug counseling. Counseling helps people avoid and cope with situations that might lead to relapse.

How is medication-assisted therapy (MAT) given during pregnancy?

Methadone is given by specialized clinics. Buprenorphine may be available from your primary care physician or obstetrician if they have received special training. Some women will prefer or benefit from starting these medications while in a residential (inpatient) treatment facility.

You will be monitored throughout your treatment to make sure that you are getting the right dosage. If you are having withdrawal symptoms, your dosage may need to be increased. You will get instructions about how to keep track of your dosage and your symptoms. Do not take more medication than is prescribed for you or any other opioids while you are on MAT.

What are the benefits of MAT?

In the right doses, both methadone and buprenorphine stop withdrawal, reduce craving, and block effects of other opioids. Treatment with either methadone or buprenorphine makes it more likely that the baby will grow normally and not be born too early. During treatment, you also will receive counseling, social support, and prenatal care. These services can help you have a healthier pregnancy and start you on the road to recovery.

What are the risks of MAT?

Babies born to women taking methadone or buprenorphine can have temporary withdrawal symptoms. Not all babies will go through withdrawal. Swaddling, breastfeeding, skin-to-skin contact, and sometimes medications can be used to make babies with NAS feel better. If a baby is treated with medications, the baby's dosage will be decreased over time, until the symptoms have stopped. Your baby may need to stay in the hospital for a few days or weeks while taking the medication.

Does methadone or buprenorphine cause birth defects?

Based on many years of research, neither medicine has been found to cause birth defects.

Can I breastfeed while taking MAT?

Breastfeeding usually is encouraged for women who are taking methadone or buprenorphine. Women who should not breastfeed include those taking certain medicines that are not safe during breastfeeding, who are actively using street drugs, or who have HIV.

If I get treatment for opioid use disorder during pregnancy, will child protective services take my baby away from me?

Talk to your health care professional about the child protection laws in your state. Many babies and mothers get tested for drugs and alcohol at delivery—this might include methadone and buprenorphine. In some states, having a positive drug test, even if it is for prescribed medications, may mean that social workers or a child protection agency will talk to you and your family. In some states, drug use during pregnancy is considered child abuse. The American College of Obstetricians and Gynecologists, along with other medical associations, think women with addiction problems should receive treatment, not jail time.

In most cases, child protection services want to keep you and your family together. Many states have created treatment programs specifically for pregnant women. Seeking help is the first step in recovering from addiction and making a better life for you and your family.

Resources

The Substance Abuse and Mental Health Services Administration can help you locate an opioid treatment program in your state. Go to www.samhsa.gov/find-help. They also can be reached by calling **1-800-662-HELP (4357)** [TTY: **1-800-487-4889**].

To learn more about your state's laws about opioid use and pregnancy, go to www.guttmacher.org/statecenter/spibs/spib_SADP.pdf.

If you are addicted to opioid drugs, seek help. If you are not ready for treatment, you should have an emergency supply of the overdose drug, naloxone, immediately available. In many states, you can get naloxone from a pharmacy without a prescription.

Glossary

Hepatitis: Inflammation of the liver that can be caused by several types of viruses.

Human Immunodeficiency Virus (HIV): A virus that attacks certain cells of the body's immune system and causes acquired immunodeficiency syndrome (AIDS).

Obstetrician: A physician who specializes in caring for women during pregnancy, labor, and the postpartum period.

Pediatrician: A doctor who specializes in the care of infants and children.

Placental Abruption: A condition in which the placenta has begun to separate from the inner wall of the uterus before the baby is born.

Preterm: Born before 37 completed weeks of pregnancy.

Stillbirth: Delivery of a dead baby.

PFS012: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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