Pregnancy Handbook

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For many women, finding out that you're pregnant can be a life change and can evoke an array of emotions and questions. The information contained here can help answer those questions.

To give yourself and your baby the best chance at having a positive outcome, it's best to stop the use of illicit substances, alcohol, and tobacco. Study after study has shown that the use of drugs and alcohol and even cigarette smoking can cause serious complications during pregnancy. During the treatment process period, illicit drug or alcohol use could complicate your treatment for opioid use disorder and you may be recommended to a higher level of care to address your on-going needs.

Because it is widely known that drug use during pregnancy can cause complications many women who become pregnant while in treatment worry about what methadone or buprenorphine may do to their baby. *"Currently, research indicates no known risk of increased birth defects associated with the use of buprenorphine or methadone. The benefits of treatment for Opioid Use Disorder during pregnancy outweigh the risks of untreated Opioid Use Disorder"* (SAMHSA – Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants. 2018). It is for this reason that we recommend you remain in treatment for the duration of your pregnancy. Withdrawing from opiates, including medications used in treatment during pregnancy can cause stress to the fetus and could affect growth and development, so please discuss this with your counselor and medical director before making any decisions about your treatment!! The following packet of information has been put together to address different issues while being pregnant and in an Opioid Treatment Program. Your counselor or the clinic's medical staff will be happy to address any additional concerns you have.

We look forward to working with you and your doctors to ensure that your pregnancy is as healthy as possible for you and your baby.

Sincerely,

Your Treatment Team

Opioid Use Disorder and Pregnancy

Taking helpful steps for a healthy pregnancy

Introduction

If you have an opioid use disorder (OUD) and are pregnant, you can take helpful steps now to ensure you have a healthy pregnancy and a healthy baby. During pregnancy, OUD should be treated with medicines, counseling, and recovery support. Good prenatal care is also very important. Ongoing contact between the healthcare professionals treating your OUD and those supporting your pregnancy is very important.

The actions you take or don't take play a vital role during your pregnancy. Below are some important things to know, about OUD and pregnancy, as well as the Do's and Don'ts for making sure you have a healthy pregnancy and a healthy baby.

Things to know

- OUD is a treatable illness like diabetes or high blood pressure.
- You should not try to stop opioid use on your own. Suddenly stopping the use of opioids can lead to withdrawal for you and your baby. You may be more likely to start using drugs again and even experience overdoses.
- For pregnant women, OUD is best treated with the medicines called methadone or buprenorphine along with counseling and recovery support services. Both of these medicines stop and prevent withdrawal and reduce opioid cravings, allowing you to focus on your recovery and caring for your baby.
- Tobacco, alcohol, and benzodiazepines may harm your baby, so make sure your treatment includes steps to stop using these substances.
- Depression and anxiety are common in women with OUD, and new mothers may also experience depression and anxiety after giving birth. Your healthcare professionals should check for these conditions regularly and, if you have them, help you get treatment for them.
- Mothers with OUD are at risk for hepatitis and HIV. Your healthcare professionals should do regular lab tests to make sure you are not infected and, if you are infected, provide treatment.
- Babies exposed to opioids and other substances before birth may develop neonatal abstinence syndrome (NAS) after birth. NAS is a group of withdrawal signs. Babies need to be watched for NAS in the hospital and may need treatment for a little while to help them sleep and eat.

About OUD

People with OUD typically feel a **strong craving for opioids** and find it hard to cut back or stop using them. Over time, many people **build up a tolerance** to opioids and need larger amounts. They also spend more time looking for and using opioids and less time on everyday tasks and relationships. Those who suddenly reduce or stop opioid use may suffer **withdrawal symptoms** such as nausea or vomiting, muscle aches, diarrhea, fever, and trouble sleeping.

If you are concerned about your opioid use or have any of these symptoms, please check with your **healthcare professionals** about treatment or tapering or find a provider at this website: **www.samhsa.gov/find-help**.

Do

Do talk with your healthcare professionals about the right treatment plan for you.

Do begin good prenatal care and continue it throughout your pregnancy. These two websites give helpful information on planning for your pregnancy: http://bit.ly/ACOGprenatal and http://bit.ly/CDCprenatal.

Do stop tobacco and alcohol use. Call your state's Tobacco Quit Line at 800-QUIT-NOW (800-784-8669).

Do talk to your healthcare professionals before starting or stopping any medicines.

Do get tested for hepatitis B and C and for HIV.

Do ask your healthcare professionals to talk to each other on a regular basis.

Don't

Don't hide your substance use or pregnancy from healthcare professionals.

Don't attempt to stop using opioids or other substances on your own.

Don't let fear or feeling embarrassed keep you from getting the care and help you need.

What to expect when you meet with healthcare professionals about OUD treatment and your pregnancy

The healthcare professionals who are treating your OUD and providing your prenatal care need a complete picture of your overall health. Together, they will make sure you are tested for hepatitis B and C and for HIV. They will ask you about any symptoms of depression or other feelings. You should be ready to answer questions about all substances you have used. They need this information to plan the best possible treatment for you and to help you prepare for your baby. These issues may be hard to talk about, but do the best you can to answer their questions completely and honestly. Expect them to treat you with respect and to answer any questions you may have.

Remember: Pregnancy is a time for you to feel **engaged** and **supported**. Work with your healthcare professionals to gain a better understanding of what you need for a healthy future for you and your baby.

Do you have questions for your healthcare professionals? If so, write them down and take them to your next visit.

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HHS Publication No. SMA-18-5071FS1

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Treating Opioid Use Disorder During Pregnancy

Getting the help and support you need from your healthcare professionals

Introduction

Opioid use disorder (OUD) is a treatable disease. When OUD is managed with medicines and counseling, you *can* have a healthy pregnancy and a healthy baby. However, during pregnancy, adjustments to your OUD treatment plan and medicines may be needed.

The actions you take or don't take play a vital role during your pregnancy. Below are some important things to know about OUD treatment during pregnancy, as well as the Do's and Don'ts for making sure you receive the best treatment possible.

Things to know

- Methadone and buprenorphine are the safest medicines to manage OUD during your pregnancy. Both of these medicines stop and prevent withdrawal and reduce opioid cravings, allowing you to focus on your recovery and caring for your baby.
- If you have used opioids, methadone and buprenorphine medicines can help you stop.
- Many pregnant women with OUD worry about neonatal abstinence syndrome (NAS), a group of withdrawal signs that may occur in babies exposed to opioids and other substances before birth. NAS *can* be diagnosed and treated.
- You may need medicine other than those for OUD to treat pain during or after delivery. Other options, such as an epidural and/or a short-acting opioid, can be used to keep you comfortable.
- All hospitals must report to state child welfare agencies when a mother who is using substances gives birth. This report is used to make sure that a safe care plan is in place to deal with both your and your baby's well-being. It is not used to remove your baby from your care. Participating in OUD treatment before and after the birth of your baby shows your commitment to providing a safe, nurturing environment for your baby.

Treatment vs. Withdrawal

Some pregnant women with OUD consider completely withdrawing from using opioids, but seeking treatment is always the most helpful course of action. Withdrawal may make you more likely to start using drugs again and even experience overdoses.

If you are not currently in treatment, talk with your healthcare professionals about treatment medicines and behavioral counseling. If you need to find a provider, visit this website: www.samhsa.gov/find-help.

Do

Do talk with your healthcare professionals about the right treatment plan for you.

Do begin good prenatal care and continue it throughout your pregnancy. These two websites give helpful information on planning for your pregnancy: http://bit.ly/ACOGprenatal and http://bit.ly/CDCprenatal.

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Do get tested for hepatitis B and C and for HIV.

Do ask your healthcare professionals to talk to each other on a regular basis.

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Don't hide your substance use or pregnancy from healthcare professionals.

Don't attempt to stop using opioids or other substances on your own.

Don't let fear or feeling embarrassed keep you from getting the care and help you need.

What to expect when you meet with healthcare professionals about OUD treatment and your pregnancy

The healthcare professionals who are treating your OUD and providing your prenatal care need a complete picture of your overall health. Together, they will make sure you are tested for hepatitis B and C and for HIV. They will ask you about any symptoms of depression or other feelings. You should be ready to answer questions about all substances you have used. They need this information to plan the best possible treatment for you and to help you prepare for your baby. These issues may be hard to talk about, but do the best you can to answer their questions completely and honestly. Expect them to treat you with respect and to answer any questions you may have.

Remember: Pregnancy is a time for you to feel **engaged** and **supported**. Work with your healthcare professionals to gain a better understanding of what you need for a healthy future for you and your baby.

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Treating Babies Who Were Exposed to Opioids Before Birth

Support for a new beginning

Introduction

Many pregnant women with an opioid use disorder (OUD) worry about harmful effects of opioids to the fetus. Neonatal abstinence syndrome (NAS) is a group of withdrawal signs that may occur in a newborn who has been exposed to opioids and other substances. NAS signs may include high-pitched and excessive crying, seizures, feeding difficulties, and poor sleeping. **NAS is a treatable condition.**

The actions you take or don't take play a vital role in your baby's well-being. Below are some important things to know about what to expect if your baby needs special care after birth, as well as the Do's and Don'ts for understanding and responding to your baby's needs.

Things to know

- A baby born to a mother who used opioids or took OUD medicine during pregnancy is typically observed in the hospital by a medical provider for 4–7 days for any physical signs of NAS. A care plan is created for your baby right away if signs of NAS are noted.
- Some babies with NAS may need medicines such as liquid oral morphine or liquid oral methadone in addition to non-medicine care supports.
- Other parts of treatment in hospitals include rooming-in and putting the baby's crib near your bed. You can also give this type of care to your baby through skin-to-skin contact, gentle handling, swaddling, using pacifiers, breastfeeding, and spending quiet time together.
- Your baby will be able to leave the hospital when he/she is successfully feeding and has been monitored for at least 24 hours after no longer needing medicine (if it is used). Some hospitals may also provide medicine for your baby in an outpatient clinic after he/she has been discharged from the hospital.
- Breastfeeding has many benefits for your baby. Breastfeeding can decrease signs of NAS and reduce your baby's need for medicine and hospitalization. Sometimes, breastfeeding is not recommended, so talk with your healthcare professionals to find out what's right for you and your baby.

Medicine Dose and NAS

If you are taking medicine for your OUD, reducing your dose will NOT help your unborn baby, but it might put your baby at risk. Changing or reducing your OUD medicine while pregnant is not a good idea because it can increase your risk for a return to substance use and might increase the chances of having your baby too early or having a miscarriage. The goal for your OUD medicine dose is to minimize withdrawal and to reduce the chances of going back to substance use.

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Good Care for You and Your Baby While Receiving Opioid Use Disorder Treatment

Steps for healthy growth and development

Introduction

If you have an opioid use disorder (OUD), receiving the right medicine along with counseling and recovery support services is important at all stages in your life. From pregnancy to delivery to caring for your baby, addressing your OUD and taking care of yourself is a continuous process. You will be better able to protect and care for your baby with a focus on creating and updating your treatment plan and getting the support you need. In all situations, your commitment to treatment and recovery will go a long way.

After your pregnancy, the actions you take or don't take matter. Below are some important things to know about OUD and caring for your baby, as well as the Do's and Don'ts for creating a healthy environment for your family.

Things to know

- Birth control is important to prevent pregnancies you do not want as well as to ensure proper space between pregnancies. Talk to your healthcare professionals about the full range of birth control options, including long-acting reversible contraception and the best birth control options while you are breastfeeding.
- Breastfeeding is healthy for you and your baby, so you should continue breastfeeding as long as possible. The amount of OUD medicine that passes into breast milk is extremely small. Talk with your healthcare professionals to find out what's best for you and your baby.
- You may need additional treatment and support to help with your recovery. It is important to seek help early!

  1. To find a treatment provider in your area, visit this website: www.samhsa.gov/find-help.
  2. Join a support group: LifeRing (https://lifering.org); Mothers on Methadone (www.methadonesupport.org/Pregnancy.html); Narcotics Anonymous (www.na.org/); Secular Organizations for Sobriety (SOS; www.sossobriety.org/); SMART Recovery (www.smartrecovery.org/); Young People in Recovery (www.youngpeopleinrecovery.org/).

Medicine Dose

Now is a good time to ask your OUD treatment professionals to check your medicine dose. An effective dose during pregnancy may be too high or too low once your baby is born. It is normal to feel tired and stressed, but if these feelings are causing you to have cravings or urges to use opioids again, tell your healthcare professionals.

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Smoking, Alcohol and Drug Use During Pregnancy and While Breastfeeding

Information provided by National Institutes of Health, National Institute on Drug Abuse (https://nida.nih.gov/publications/research-reports/substance-use-in-women/substance-use-while-pregnant-breastfeeding)

Research shows that use of alcohol, tobacco, illicit substances, or misuse of prescription medications by pregnant women may have serious health consequences for infants. This is because many substances pass easily through the placenta, so substances that a pregnant woman takes also reaches the fetus.

Regular use of drugs may cause Neonatal Abstinence Syndrome (NAS), where the baby goes through withdrawal upon birth. Symptoms of withdrawal in a newborn can develop immediately or up to 14 days after birth and can include:

- Blotchy skin coloring
- Diarrhea
- Excessive or high-pitched crying
- Abnormal sucking reflex
- Fever
- Hyperactive reflexes
- Increased muscle tone
- Irritability
- Poor feeding
- Rapid breathing
- Seizures
- Sleep problems
- Slow weight gain
- Stuffy nose and sneezing
- Sweating
- Trembling
- Vomiting

Effects of using some drugs could be long-term and possibly fatal to the baby.

- Birth defects
- Low birth weight
- Premature birth
- Small head circumference
- Sudden Infant Death Syndrome (SIDS)

NICOTINE

Carbon monoxide and nicotine from tobacco smoke may interfere with the oxygen supply to the fetus. Nicotine also crosses the placenta, and concentrations of nicotine in the blood of the fetus can be as much as 15% higher than in the mother. *Smoking during pregnancy increases the risk for certain birth defects, premature birth, miscarriage, and low birth weight and is estimated to have caused more than 1,000 infant deaths each year.

**(Centers for Disease Control and Prevention (CDC). Reproductive Health: Tobacco Use and Pregnancy. https://www.cdc.gov/reproductivehealth/maternalinfanthealth/tobaccousepregnancy/index.htm. Published September 29, 2017. Accessed January 17, 2018.)*

Newborns of smoking mothers also show signs of stress and drug withdrawal consistent with what has been reported in infants exposed to other substances. Similar to pregnant women, nursing mothers are also advised against using tobacco. Nicotine is passed through breast milk, so tobacco use can impact the infant's brain and body development, even if the mother never smokes near the baby.

Newborns who are exposed to secondhand smoke, are at greater risk for SIDS, respiratory illnesses such as asthma, respiratory infections and bronchitis, ear infections, cavities, and increased medical visits and hospitalizations.

ALCOHOL

Alcohol use while pregnant can result in Fetal Alcohol Spectrum Disorders (FASD), which includes Fetal Alcohol Syndrome, alcohol-related disorders of brain development, and alcohol-related birth defects. These effects can last throughout life, causing difficulties with motor coordination, emotional control, schoolwork, socialization and holding a job. Drinking alcohol while pregnant can disrupt fetal development at any stage during a pregnancy, including at the earliest stages before a woman even knows she is pregnant.

MARIJUANA (CANNABIS)

More research needs to be done how marijuana use during pregnancy could impact the health and development of infants. The American College of Obstetricians and Gynecologists (ACOG) recommends that pregnant women or women contemplating pregnancy should be encouraged to discontinue use of marijuana purposes in favor of alternative therapy for which there are better pregnancy-specific safety data.

STIMULANTS (COCAINE AND METHAMPHETAMINE)

Research shows that pregnant women who use cocaine are at a higher risk for maternal migraines and seizures, premature membrane rupture, and separation of the placental lining from the uterus. Pregnancy is accompanied by normal cardiovascular changes, and cocaine use can make these changes more significant, sometimes leading to serious problems with blood pressure, spontaneous miscarriage, preterm labor, and difficult delivery. Babies born to mothers who use cocaine during pregnancy may also have low birth weight and smaller head circumferences. They may also show signs of irritability, hyperactivity, tremors, high-pitched cry, and excessive sucking at birth. Cocaine and it's metabolites can be present in the baby's body up to 5 to 7 days after delivery.

Pregnant women who use methamphetamine have a greater risk of high blood pressure and possible organ damage, premature delivery, and separation of the placental lining from the uterus. Babies are more likely to be smaller and to have low birth weight. Children prenatally exposed are likely to have increased emotional reactivity, anxiety and depression, more withdrawn, problems with attention and cognitive problems leading to poor academic outcomes.

OPIOIDS

Opioid use during pregnancy can result in neonatal abstinence syndrome (NAS) specifically associated with opioid use. NAS occurs when opioids pass through the placenta to the fetus during pregnancy, causing the baby to become dependent on opioids. Symptoms include excessive crying, high-pitched cry, irritability, seizures, and gastrointestinal problems.

PERIPARTUM PAIN RELIEF

It's natural to be nervous about how your pain will be controlled during labor and delivery. The medication used to treat your Opioid Use Disorder should not be expected to provide adequate pain relief either intrapartum or postpartum. Options for pain control might include epidural and short-acting opioids.

It's important to talk with your Healthcare provider about your labor and delivery pain treatment options, making sure they know about your Opioid Use Disorder and medication you are on for treatment of your Opioid Use Disorder. Knowing this information will help them be able to prescribe the right pain relief treatment for you. A short-term prescription of pain medication may be needed following delivery and will not negatively impact your standing in treatment as long as this information is provided to the treatment team so that we may coordinate care.

In addition, during labor and delivery, it is important that you maintain your current dose of medication for treating your Opioid Use Disorder.

*Taken from: Substance Abuse and Mental Health Services Administration. Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants. HHS Publication No. (SMA) 18-5054. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018.

Breastfeeding and Medication-Assisted Treatment (MAT) with Buprenorphine or Methadone.

BREASTFEEDING BENEFITS

1. Breastfeeding while in treatment with buprenorphine or methadone is likely safe[12]. Mothers with substance use disorders, including those receiving MAT, should be encouraged to breastfeed unless the risks of substance use clearly outweigh the benefits of breastfeeding[3].
2. In addition to the many known benefits of breastmilk, breastfeeding may delay the onset of and reduce the severity and duration of NAS symptoms in neonates.
3. Research has shown that the benefits of breastfeeding outweigh the effect of the small amount of methadone or buprenorphine that enters the breast milk[42].

SUBSTANCES WITH SIGNIFICANT RISK

Beyond the risks that substance use poses to good parenting, the use of any of the following substances carries with it significant potential risk to the breastfeeding infant: Cocaine, daily or heavy alcohol use, daily or frequent marijuana use, heroin, illicit amphetamines, illicit benzodiazepines, illicit opioids, intravenous substance use, LSD, methamphetamine, phencyclidine (PCP)[3]. Therefore, women who relapse or continue to use illicit substances should not be encouraged to breastfeed or provide their breastmilk for their infants. An alternative feeding method should be implemented.

MEDICAL CONTRAINDICATIONS TO BREASTFEEDING

Neither Hepatitis B nor C is a contraindication to breastfeeding as long as the woman's nipples are not cracked or bleeding. If her nipples are cracked or bleeding, the mother can pump and discard her milk until her nipples have healed and are no longer bleeding. HIV is considered by most experts to be a contraindication to breastfeeding.

CITATIONS

1. https://medicine.yale.edu/intmed/genmed/addictionmedicine/research/whatif/pcss-matguidancepregnancy-and-buprenorphine.martin.pd_387197_48225_v2.pdf
2. https://www.dartmouth-hitchcock.org/sites/default/files/2021-03/buprenorphine-initiation-in-pregnancy.pdf
3. https://www.cdc.gov/pregnancy/opioids/treatment.html
4. https://www.samhsa.gov/sites/default/files/quick-start-guide.pdf

HIV Medicines During Pregnancy and Childbirth

- All pregnant women with HIV should take HIV medicines throughout pregnancy for their own health and to prevent perinatal transmission of HIV to her child.
- Most HIV medicines are safe to use during pregnancy. In general, HIV medicines do not increase the risk of birth defects.
- Generally, pregnant women with HIV can use the same HIV treatment regimens recommended for non-pregnant adults—unless the risk of any known side effects to a pregnant woman or her baby outweighs the benefits of a treatment regimen.
- All pregnant women with HIV should start taking HIV medicines as soon as possible during pregnancy. In most cases, women who are already on an effective HIV treatment regimen when they become pregnant should continue using the same regimen throughout their pregnancies.
- A scheduled cesarean delivery (sometimes called a C-section) to prevent perinatal transmission of HIV is recommended for women who have high or unknown viral loads near the time of delivery.
- Antiretroviral therapy (ART) is the use of a combination of HIV medicines (antiretrovirals) to treat HIV infection. Babies born to people with HIV should receive ART as soon as possible after birth (preferably within 6 hours of delivery) to prevent perinatal transmission of HIV. HIV medicines protect babies from HIV that could have passed from mother to child during pregnancy or childbirth.
- HIV testing is recommended for all babies born to people with HIV at14 to 21 days of life, at 1 to 2 months, and again at 4 to 6 months. Additional testing at birth and other time points is recommended for babies at higher risk of perinatal transmission of HIV. If testing shows that a baby has HIV, the baby receives ART.
- Although HIV can be transmitted through breastfeeding, taking HIV medicines and having an undetectable viral load during pregnancy and throughout breastfeeding lower the risk of passing HIV to less than 1%. Pregnant people with HIV should talk to their health care provider about options for feeding their baby.