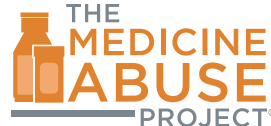
PREGNANCY & OPIOIDS

What families need to know about opioid misuse and treatment during pregnancy



INTRODUCTION

Is there a young woman in your life who is pregnant and misusing or addicted to opioids? Perhaps it's your daughter or granddaughter, your son's girlfriend or wife, a niece or a friend. Here you'll find information to help her have a healthy pregnancy and a healthy baby.

You, along with family and friends, may be worried about her **opioid** use and how it might affect her baby. **Opioids include heroin, fentanyl and prescription pain medications like Oxycontin®, Vicodin® and Percocet®.**

An addiction to opioids is called an **opioid use disorder** and it is a treatable illness. With comprehensive treatment and good prenatal care, the mother-to-be can reduce the risks to both herself and the baby.

In this guide you will find information about helping the mother-to-be with comprehensive prenatal care, treatment, delivery, newborn health, breastfeeding, social supports and what to expect in the weeks and months after delivery.

As someone who cares about the mother and her baby, you have an opportunity to offer help and support to start her on the road to recovery and to deliver a healthy child.

WHAT'S INSIDE THIS GUIDE

First, Acknowledge How You Are Feeling 4
Next, Understand the Stigma, Discrimination and Prejudice 5
Get Her to the Doctor 6
Get Her to Treatment 6
Quitting Cold Turkey Can Be Risky 8
Medication-Assisted Treatment Is Recommended 8
Help Her Prepare for Delivery 10
Potential Involvement of Child Protective Services 11
Newborn Health 12
Breastfeeding Is Encouraged 14
The Weeks and Months After Delivery 14
There Is a Risk of Relapse and Overdose: Get Life-Saving Medicine Naloxone 15
Acknowledge the Challenges You Are Facing 16
Conclusion 18
Resources 19
Notes of Appreciation 20

First, Acknowledge How You Are Feeling

You may have mixed feelings about this pregnancy. You might feel excited to welcome a new life into the world and yet worried about the well-being of the mother and child. You may feel fear or even anger. Perhaps, you're becoming a grandparent and are concerned that your "golden years" of retirement will vanish, as you will now be in the position of raising this child. You may feel challenged at convincing the mother-to-be that she needs prenatal care, treatment for her opioid use with recommended medications, and to stop using illicit drugs.

Know that these feelings are normal. You are not alone in experiencing ambivalence or negative thoughts and emotions.

WHAT YOU CAN DO:

- *Find others who are going through what you are going through. Seek out Nar-Anon, Families Anonymous or other support groups for people who have family members struggling with substance use.*

- *Remember to take care of yourself. Find time to do things you enjoy and that are relaxing, restorative and that bring you joy.*

- *If you find yourself becoming depressed or extremely anxious, seek help from a mental health professional. It may be helpful to find a therapist who specializes in cognitive therapy, a type of therapy that teaches practical ways to cope with persistent and unwanted thoughts.*

Next, Understand the Stigma, Discrimination and Prejudice

The mother-to-be may face harsh judgment from others, including the medical community, but don't let this dissuade her from seeking treatment and support.

"There is huge stigma for pregnant women who are addicted to opioids," explains Dr. Adam Bisaga, MD, Research Scientist, New York State Psychiatric Institute and Professor of Psychiatry, Columbia University Medical Center.

"There's already stigma with addiction. There's already stigma with addiction in women. There's even more stigma with addiction in pregnant women. This can deter a woman from getting good treatment and seeking help."

Keep in mind that the mother herself may be feeling ambivalent about the pregnancy. One study indicates that 86 percent of pregnancies in women with an opioid use disorder are unplanned.

WHAT YOU CAN DO:

- *Offer compassion, and reassurance and listen without judgment.*
- *Be mindful of the words you use. For example, words like "junkie" and "addict" can be hurtful. Instead, you can say "person with an opioid use disorder."* **Read more about words to use and not use**.

Get Her to the Doctor

"As with any pregnancy, patients need good obstetric care," explains Dr. Bisaga. "The patient should tell the obstetrician of her addiction and have someone monitoring the pregnancy. She should see them as soon as possible and get regular checkups. She and the baby will have a healthier outcome the sooner she starts to see a doctor."

WHAT YOU CAN DO:

- *Encourage her to receive immediate and regular prenatal care from providers who are knowledgeable about the impact of substance use during pregnancy.*
- *To find a helpful and supportive provider, ask around in the recovery community -- or ask the provider what his or her view of addiction is to see if they're the right fit.*
- *Provide support by accompanying her to prenatal care appointments, if possible.*
- *Encourage a healthy lifestyle, good nutrition, relaxation and stress-relief techniques such as meditation and light exercise, if approved by her provider.*

Get Her to Treatment

The mother-to-be will also need treatment to address her physical, psychological, emotional and social issues in addition to her opioid use. Nineteen states have funded treatment programs for pregnant women. The Substance Abuse and Mental Health Services Administration (SAMHSA) maintains **a treatment finder**,

where you can search for pregnancy and post-partum programs across the country.

The mother-to-be may also need mental health treatment as an estimated 50 to 80 percent of pregnant women with an opioid use disorder also have another mental health disorder. In many if not most cases, trauma-informed care is needed as well. This is a treatment framework that involves understanding, recognizing and responding to the effects of all types of trauma. Trauma-informed care emphasizes physical, psychological and emotional safety and helps survivors rebuild a sense of control and empowerment.

Keep in mind that pregnant women who misuse opioids are at increased risk for pregnancy-associated complications and death. Untreated substance use disorders have been linked to high-risk behaviors, such as prostitution and crime, which can expose pregnant women to sexually transmitted diseases, violence, legal problems and incarceration. It's essential that the mother-to-be gets proper treatment for her opioid use disorder and gets good medical care for herself and her baby.

WHAT YOU CAN DO:

- *Help her find trauma-informed addiction treatment. Search the SAMHSA **treatment finder** for pregnancy and post-partum programs across the country.*

- *Help her find mental health treatment, if needed, which you can also find at the SAMHSA **treatment finder**. It's important that her substance use and any other mental health problems are addressed simultaneously.*

Quitting Cold Turkey Can Be Risky

Some women who become pregnant while using opioids want to detox (allowing their body to rid itself of drugs) on their own as a way to stop using heroin or pain medicines. This is risky, however. Studies have shown that 8 out of 10 women return to drug use within a month after detoxing on their own and are at greater risk of overdose.

In addition, going off opioids too quickly during pregnancy can be dangerous to the baby. If the pregnant woman suddenly quits cold turkey, the fetus also experiences withdrawal, which might increase the risk for premature labor, fetal distress and miscarriage.

WHAT YOU CAN DO:

- *Discourage detoxing on her own.*
- *Help her find addiction treatment. See* ***page 6*** *for where to find it and what to look for.*

Medication-Assisted Treatment is Recommended

The use of medication-assisted treatment (MAT) during pregnancy is the recommended best practice for the care of pregnant women with opioid use disorders. MAT is the use of medications in combination with social support and counseling to treat her substance use disorder. Counseling helps people avoid and cope with situations that might lead to relapse.

Most doctors treat opioid disorders in pregnant women with either **methadone** or **buprenorphine (often prescribed as buprenorphine/naloxone)**. These medications prevent withdrawal, reduce cravings and reduce the euphoria associated with illicit use. MAT has been shown to improve outcomes related to maternal adherence to prenatal care, improve nutrition and better infant birth weights as well as reduce exposure to infections from IV drug use such as HIV and Hepatitis C.

Under medical supervision, methadone or buprenorphine can reduce the risk of pregnancy complications. These medications are safe for the baby and also allow the mother-to-be to focus on prenatal care and her opioid use disorder treatment and recovery program.

Treatment involves taking medications in prescribed doses during pregnancy and after the baby is born. Methadone is only available in specialized clinics. Buprenorphine may be available from a primary care physician or obstetrician if they have received special training.

Decisions about the right course of treatment are best made by each woman with the help of doctors and providers who specialize in treating pregnant women. For example, her doctor may need to increase her dose of medicine in the third trimester of pregnancy and then can go back to the lower dose after pregnancy.

Note: There are currently no adequate or controlled studies on whether naltrexone (brand name Vivitrol®) is safe during qpregnancy. Studies suggest that if a woman is already stable on Vivitrol®, she should continue treatment so as not to destabilize recovery.

WHAT YOU CAN DO:

- *Call your state health and human services department specializing in substance use to find a facility that offers treatment for pregnant women with methadone or check out the **Suboxone** Treatment Provider Locator*
- *Encourage the mother-to-be to begin treatment with medications.*
- *Participate in family therapy, if available.*

Note: **Medically supervised detox may be considered in women who do not accept MAT or when treatment is unavailable. In that case, a doctor experienced in treating prenatal addiction should supervise care, with informed consent of the woman.**

Help Her Prepare for Delivery

"Delivery is usually no different than any other pregnancy," says Dr. Bisaga. "But it's important to prepare in advance." This involves ensuring your doctor and hospital have experience in methadone and buprenorphine during labor and delivery.

Each patient needs a pain management plan for childbirth and delivery. Methadone or buprenorphine will not treat her pain. The mother-to-be should discuss pain control with her physician during her prenatal care. She must also let the doctors at the hospital know that she is taking methadone or buprenorphine so they don't give her labor pain medications that could cause withdrawal.

Women on methadone and buprenorphine may require pain medication after birth, especially if they require a Caesarian

section. This can involve a combination of non-opioid pain medications such as ibuprofen and acetaminophen as well as short-acting opioids in addition to their usual maintenance dose of methadone or buprenorphine. If a woman on MAT requires opioid pain medication she should be sure to discuss this with her MAT provider and should dispose of any remaining medication appropriately when no longer needed.

The mother-to-be should also select a doctor for the baby (a pediatrician or family physician) and meet before delivery to talk about the care of her baby.

WHAT YOU CAN DO:

- *Encourage her to discuss a pain management plan with her doctor.*
- *Help her find a qualified and caring pediatrician or family physician for her baby — sometimes called "recovery friendly pediatric practices."*

Potential Involvement of Child Protective Services

Laws vary considerably from state to state regarding testing pregnant women suspected of substance use as well as reporting requirements to child welfare. Further, many babies and mothers get tested for drugs and alcohol at delivery which may include methadone and buprenorphine.

Having a positive drug test, even if it's for prescribed medications, may mean that social workers or a child protection agency will want to talk with the mother and her family. A child services worker may come to the mother's home to see how safe the

environment is for her baby. In most cases, child protection services strive to keep the family together.

WHAT YOU CAN DO:

- *Offer your emotional support.*
- *Encourage the continuation of substance use treatment, relapse prevention and a healthy lifestyle.*

Newborn Health

Babies exposed to heroin or prescription opioids prenatally can have temporary withdrawal or abstinence symptoms called Neonatal Abstinence Syndrome (NAS). These withdrawal symptoms may also occur in babies whose mothers take methadone or buprenorphine, although it's important to note that not all babies experience NAS. NAS is a treatable condition.

Signs and symptoms can be different for every baby with NAS. Most appear within 72 hours of birth and can include shaking and tremors, poor feeding or sucking, incessant crying, fever, vomiting and sleep problems.

"Some babies may have some discomfort related to withdrawal in the very short term," explains Dr. Bisaga, "But in the long term, they are no different than other babies."

NAS can be reduced by "rooming in" with the mother, breastfeeding, swaddling, skin-to-skin contact (holding baby bare chest to bare chest) and sometimes giving the baby medications.

The baby will be checked every few hours over the first three to four days after birth. Morphine is one common medication used

while some hospitals use methadone or even a tincture of opium. The baby's dosage is decreased over time, until the symptoms have stopped. The baby may need to stay in the hospital for a few days or weeks while taking the medication.

"Babies exposed to opiates require the same supports that all babies deserve — a safe and loving home, lots of interaction and attention, regular sleep, feeding and play," explains Dr. Steven H. Chapman, Center for Addiction, Recovery, Pregnancy and Parenting at Dartmouth-Hitchcock. "In addition, opiate-exposed babies deserve early intervention developmental services, and may experience more difficulty gaining weight. Engagement with a recovery friendly pediatric practice is an excellent idea. With the proper love and supports, many if not most grow up healthy and strong."

WHAT YOU CAN DO:

- *Encourage the new mother to "room in" with her baby — breastfeed, swaddle and hold her baby with skin-to-skin contact, which can all help with NAS symptoms.*

- *Make sure the mother identifies a pediatrician who has experience with NAS and can link her to appropriate care for the infant.*

- *Offer ongoing encouragement and reassure her that NAS symptoms are usually short-term and give the mother support and help with caring for her child. Every parent can benefit from parenting classes and support. Link her to such resources in the area.*

- *Help get the mother and child involved in services that focus on enriching the baby's early experiences and help improve the quality of the baby's home environment.*

Breastfeeding Is Encouraged

Breastfeeding is safe and usually encouraged for women who are taking methadone or buprenorphine. However, breastfeeding is not safe for women with HIV, who are taking certain medicines (check with the doctor) or who have relapsed and are actively using drugs.

Breastfeeding has been shown to reduce the severity of NAS. It also has many other benefits for mothers and babies (such as being held and active sucking).

The Weeks and Months After Delivery

"The patient will need support for how to be a mother and how to take care of her child," says Dr. Bisaga. "This is needed for when she's doing well and for when she's not doing well."

The weeks and months after the baby is born can be a stressful time for women in recovery. The new mother should be sure to continue treatment for her substance use disorder, attend parenting support programs and counseling/relapse prevention programs.

The new mother should not make a decision to stop her methadone or buprenorphine too quickly or too soon because this increases the risk of relapse. It is important for her to discuss decisions about her medication with her doctors.

"The postpartum period is already a vulnerable time for new moms, in general, as they face the stresses of sleep deprivation, caring for a newborn and possibly symptoms of postpartum depression," said Maria Mascola, MD, in an American College of Obstetricians and Gynecologists news release. "Women with opioid use disorder

are dealing with all those things in addition to the challenges of their addiction, which — without treatment and support — can often lead to relapse."

WHAT YOU CAN DO:

- *Encourage her to talk to her medical team regarding any desired changes in medications.*

- *Offer to help care for the baby while the new mother attends counseling, especially if there are signs of postpartum depression, and other support programs.*

There is a Risk of Relapse and Overdose: Get Life-Saving Medicine Naloxone

One of the biggest risks of opioid use disorder is overdose. If the mother-to-be/new mother relapses and takes too much of an opioid, her breathing may slow down or stop and she could die. Naloxone (brand name Narcan) is a drug that stops the effects of opioids when used in time. It's important to have Naloxone on hand as a precautionary measure in case she relapses — it can save her life if she overdoses.

WHAT YOU CAN DO:

- *Make sure you have naloxone on hand and know how to use it.*

- *Ask her provider to write a prescription for naloxone or a referral to a public health program which dispenses it. Many independent and chain pharmacies now offer Naloxone without a prescription.*

Acknowledge the Challenges You Face

You may be facing several challenges with the mother-to-be/new mother. Here are suggestions for how you can help:

CHALLENGE #1: She may be reluctant to engage in treatment.

WHAT YOU CAN DO:

Listen for "Change Talk. *This means if your loved one expresses a concern over the way things are, or voices a desire to improve her life, take notice and help her connect the dots, beginning the conversation about treatment. Compassionately explain how her substance use is related to her concerns in the present and her hopes for a better future. Try to be respectful without becoming confrontational.*

CHALLENGE #2: You may be concerned about paying for treatment, especially if the mother-to-be does not have health insurance.

WHAT YOU CAN DO:

Although it may take work and patience ***finding affordable treatment for the mother-to-be****, it is possible. Research state programs, sign up for Medicaid, look into programs offered by religious groups or create a crowdfunding platform to raise the money you need to help the mother-to-be receive treatment services.*

CHALLENGE #3: States vary in terms of how child welfare laws apply to pregnant women engaged in illicit substance use or misuse. You and your loved one may be concerned about related legal ramifications.

WHAT YOU CAN DO:

Check the laws and child welfare statutes in your state to know if the mother-to-be is at risk for consequences and then seek out facilities that are likely to help minimize those risks. Sometimes if the mom-to-be is doing well, it can help her case. You can also contact the ***National Advocates for Pregnant Women****.*

CHALLENGE #4: You may be worried about the well-being of the mother and baby.

WHAT YOU CAN DO:

Offer as much help and support as you can to the mother and baby. Encourage the mother to build a support community by asking for help from the caring people in her life.

"There is a circle of support that all babies and mothers need," explains Dr. Chapman. "No one does it alone. Some have lots of grandparent help, some neighbors or friends, some aunts or cousins. Some use foster care for short periods to help babies and to give mothers the chance to care for themselves, and some are adopted. Adopted babies can still have a strong and positive relationship with their birth mother."

CHALLENGE #5: Just as the mother-to-be may be face the stigma, prejudice and discrimination of addiction, so may her surrounding family and friends. You many feel consumed by her substance-related problems. You may feel overwhelmed with fear, anger, resentment, shame and guilt.

WHAT YOU CAN DO:

Remember to take care of yourself not only to help you, but also to model healthy behaviors for your loved one and the new baby.

Self-care can make you feel better and improve your relationships with others. When you feel better and more optimistic, you're more resilient, meaning you can adapt and roll with life's ups and downs better, without falling into despair or getting angry when the mother-to-be has a setback.

Self-care can look different to everyone. Seek out whatever it is that you enjoy doing (exercise, reading, watching a movie, taking a hot bath, etc.) Anything that will fortify your mind, body and soul. You can't afford not to take care of yourself.

Conclusion

With your support, encouragement and reassurance, along with good medical care, the mother-to-be can have a healthy pregnancy and deliver a healthy baby.

And the baby, with developmental support, good pediatric well-child care and a healthy, nurturing and caring environment will grow into a healthy child.

Resources

Get One-on-One Help to Address Your Child's Substance Use:
https://drugfree.org/article/get-one-on-one-help/

Medication-Assisted Treatment:
https://drugfree.org/article/medication-assisted-treatment/

Treatment of Opioid Use Disorders in Pregnancy
https://ncsacw.samhsa.gov/resources/opioid-use-disorders-and-medication-assisted-treatment/treatment-of-opioid-use-disorders-in-pregnancy.aspx

Patient Education Fact Sheet (ACOG):
https://www.acog.org/Patients/FAQs/Important-Information-About-Opioid-Use-Disorder-and-Pregnancy

State-by-state listing of Women's Substance Abuse Service Coordinators to help find providers:
http://www.cffutures.org/files/webinar-handouts/SSA-WSN-CFSR%20Coordinator%20Directory.pdf

Childbirth, Breastfeeding and Infant Care (ASAM):
http://pcss-o.org/wp-content/uploads/2015/10/ASAM-WAGBrochure-Opioid-Labor_Final.pdf

Pregnancy: Methadone and Buprenorphine (PCSS-O):
http://pcss-o.org/wp-content/uploads/2015/10/ASAM-WAGBrochure-Opioid-Labor_Final.pdf

Methadone Treatment for Pregnant Women (SAMHSA):
https://store.samhsa.gov/product/Methadone-Treatment-for-Pregnant-Women/SMA14-4124

Neonatal Abstinence Syndrome (NIH):
https://www.nlm.nih.gov/medlineplus/ency/article/007313.htm

Decisions in Recovery: Treatment for Opioid Use Disorder (SAMHSA):
https://store.samhsa.gov/shin/content/SMA16-4993/SMA16-4993.pdf

Substance Use During Pregnancy (Guttmacher Institute):
https://www.guttmacher.org/state-policy/explore/substance-use-during-pregnancy

Learn more about your state's laws about opioid use and pregnancy (Guttmacher Institute):
www.guttmacher.org/statecenter/spibs/spib_SADP.pdf

Substance Use During Pregnancy: State Laws and Policies
https://www.guttmacher.org/state-policy/explore/substance-use-during-pregnancy

Note of Appreciation

This guide was informed by discussions with **Dr. Adam Bisaga, M.D.**, Research Scientist, New York State Psychiatric Institute and Professor of Psychiatry, Columbia University Medical Center.

We are grateful to the following for their expert review of this guide:

Steven H. Chapman, M.D., General Academic Pediatrics, Director, Boyle Community Pediatrics Program, Dartmouth Hitchcock Medical Center, President, NH Chapter AAP and the team at the Center for Addiction, Recovery, Pregnancy and Parenting at Dartmouth-Hitchcock

Julia R. Frew, M. D., Director of the Center for Addiction, Recovery, Pregnancy and Parenting and Moms in Recovery Program at Dartmouth-Hitchcock

Hendrée Jones, PhD, University of North Carolina at Chapel Hill School of Medicine, Department of Obstetrics and Gynecology, and the UNC Horizons Program

We greatly appreciate their generosity in sharing their time and expertise to inform parents and loved ones how to best support a young woman in their life who is pregnant and misusing or addicted to opioids.

Additional sources used in preparing this guide:

American College of Obstetricians and Gynecologists (ACOG)
American Society of Addiction Medicine ASAM
National Institutes of Health (NIH)
Providers' Clinical Support System For Opioid Therapies (PCSS-O)
Substance Abuse and Mental Health Services Administration (SAMHSA)