

# Opioid Use Disorder During and After Pregnancy

## Tips for a Healthy Pregnancy

Prepared by the MedStar Health National Center for Human Factors in Healthcare  
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**Taking steps early in your pregnancy can help ensure a healthy pregnancy and healthy baby. Opioid use can be dangerous during pregnancy. Opioid use disorder (OUD) should be treated with medication, counseling, and support. It is important that you have good care during pregnancy and meet regularly with your healthcare team.**

### **Will my healthcare providers ask me about opioid use?**

Yes. Screening for opioid use is done at the first prenatal visit with all patients and follow-up visits, if needed, in partnership with the patient. The screening helps the healthcare provider find the best way for you to have a healthy pregnancy. If you are using opioids during pregnancy, the best thing you can do for your baby is to have an honest discussion with your provider. Together, you will talk about the best care for you and your baby.

### **What happens if I tell my healthcare provider about opioid use?**

Suppose you tell your provider about opioid use. In that case, they will ask more questions to understand how you use opioids. Based on your answers, your healthcare provider can offer treatment, counseling, and other support for OUD in addition to your regular care during pregnancy. Patients with OUD have priority access to these resources.<sup>1</sup>

“The conversation about the potential effects of the drugs on the baby’s health was scary, but it pushed me to act and seek treatment.”

– Narrative from patient from DC about her experience with substance use

### **What if I feel anxious about telling my healthcare provider about opioid use?**

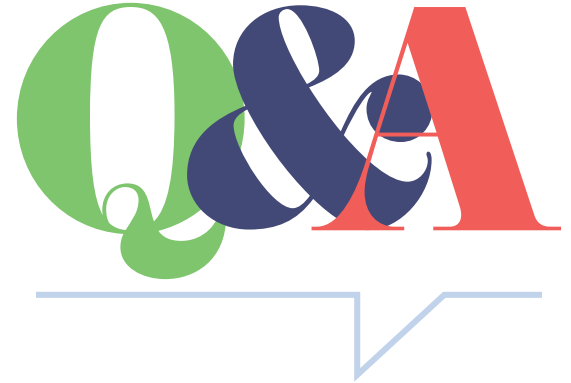
Many patients feel anxious about telling their provider about opioid use. Maybe they had a bad experience with healthcare in the past or fear being judged. If you feel anxious, remember that your healthcare providers’ job is to listen to your concerns and help you get the care that you and your baby need.



“I felt relief when the discussion was over because I felt like somebody cares about me and that somebody is there for me.”

– Narrative from patient from DC about her experience with substance use

# Frequently Asked Questions<sup>2,3,4</sup>



## 1. What are opioids and why are they prescribed?

Opioid pain medications are prescribed by healthcare providers to treat pain that may have come on suddenly (acute) or pain that has lasted a long time (chronic). Opioids are typically used to treat pain from injury, surgery, and sometimes, dental pain. It is important that your provider knows what type of opioid medication you are taking so that they can closely monitor the dose. Common types of opioids are codeine, oxycodone, hydrocodone, and morphine.

## 2. What is opioid use disorder (OUD)?<sup>5</sup>

OUD is a medical condition defined by not being able to keep away from using opioids, and behaviors centered around opioid use that interfere with daily life. These behaviors can include being pre-occupied with getting more medicine, distancing yourself from family and friends, and changes in your sleep habits.

## 3. Can taking opioids while pregnant harm me or my baby?

Possibly. Discuss the use of prescribed opioids with your doctor. Taking opioids while pregnant and not under close supervision of a healthcare provider may harm you and your baby. If you do use opioids during pregnancy without medical supervision, you should be aware of the following possible risks that opioids can have for your unborn baby.

- Neonatal Opioid Withdrawal Syndrome (NOWS): withdrawal symptoms (irritability, seizures, vomiting, diarrhea, fever, and poor feeding) in newborn
- Neural tube defects: serious problems in the formation of the baby's brain or spine
- Congenital heart defects: problems affecting how the baby's heart develops or how it works
- Gastroschisis: birth defect of developing baby's abdomen (belly) or when the intestines stick outside of the body through a hole beside the belly button
- Stillbirth: the loss of a pregnancy after 20 or more weeks
- Preterm delivery: a birth before 37 weeks (about 8 and a half months)

## 4. Is it hard to stop taking opioids?

You may have strong cravings and find it hard to cut back or stop. You may also develop a tolerance and need larger amounts. It is a good idea to speak with your healthcare provider about the best way to gradually stop using opioids because stopping opioids abruptly may cause you and your baby to develop withdrawal symptoms.<sup>6</sup> These symptoms may include nausea, vomiting, muscle aches, diarrhea, fever, and trouble sleeping.

## 5. Is OUD treatable?

Yes. OUD is a treatable illness, just like high blood pressure and diabetes.

## 6. What kind of treatment is available to help me stop taking opioids?

Medication for opioid use disorder (MOUD) helps with withdrawal symptoms and cravings when people stop taking opioids. MOUDs are scientifically based treatment options and do not just substitute one drug for another.



## 7. What are MOUD that are safe to take during pregnancy?<sup>7,8</sup>

MOUD includes buprenorphine (i.e., Buprenex, Suboxone, Subutex, Zubsolv, Sublocade, Probuphine, Belbuca, Butrans) and methadone (i.e., Methadose, Dolophine). These MOUD medicines are safe to use for months, years, or even a lifetime. As with any medicine, consult your doctor before discontinuing use.

- Buprenorphine - suppresses and reduces cravings for opioids
- Methadone - reduces opioid cravings and withdrawal and reduces the high associated with using opioids.

## 8. Is it safe to use marijuana during my pregnancy?

Marijuana may harm your baby. It is important to discuss your use with your doctor so that your treatment can include steps to stop using marijuana.<sup>9,10</sup>

## 9. I feel depressed and anxious. Can my doctor help me?

Yes. Depression and anxiety are common in women with OUD. New mothers may also experience depression and anxiety after giving birth. Your health care providers should check these conditions regularly and help you get treatment if you have them. Counseling and recovery support services are recommended along with MOUD.

## 10. Am I at risk of having problems with opioids?

There are certain risk factors associated with the chances of having problems with opioids. These risk factors include:

- A family history of problems with drug use
  - Talk to your healthcare provider about your family history of drug or alcohol use disorders.
- Mental health conditions
  - Pregnant individuals with OUD may also struggle with post-traumatic stress disorder, depression, or anxiety. These problems can interfere with daily life and can happen if you have experienced a shocking, scary, or dangerous event.
- Peer Pressure
  - If your friends or people around you use drugs, you are more likely to use drugs and have problems with them.
- Taking a prescribed medicine that is highly addictive, like opioids.

## 11. Will I be able to breastfeed my baby?

Yes. If you are maintained on a stable dose of MOUD, such as buprenorphine or methadone, you are encouraged to breastfeed.<sup>11</sup>

**“ My doctor did advise me to continue with my counseling sessions, but this time they gave me a drug-cessation-specific counselor to begin seeing.”**

– Narrative from patient from DC about her experience with substance use

# What resources are available to me?

## DC (District of Columbia) Opioids Resource List<sup>12</sup>

- **The Access Helpline** at 1-(888)-7WE-HELP or 1-888-793-4357 is the easiest way to connect to services provided by the District of Columbia Department of Behavioral Health and its certified behavioral health care providers. This 24-hour, seven-day-a-week telephone line is staffed by behavioral health professionals who can refer a caller for immediate help or ongoing care.
- **Assessment and Referral sites** are available to help enroll in substance use disorder services. These services are provided by the District of Columbia Department of Behavioral Health Assessment and Referral Center (ARC) or one of the community-based substance use disorder providers.
- **MyRidesDC** supports residents with opioid use disorder (OUD) by providing up to three free roundtrip rides to treatment and recovery in Washington, D.C.
- **The Community Response Team** is a 24-7 multidisciplinary direct service team that supports adults experiencing emotional, psychiatric, or substance use vulnerabilities.
- **Findhelp.org** is a website for location support services throughout the country, including food, housing, goods, transport, health, money, care, education, work, and legal services. Use your zip code to find these services in your area.

## DC (District of Columbia) Opioids Resource List QR Code



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# References

1. Madras BK, Ahmad NJ, Wen J, Sharfstein JS. Improving Access to Evidence-Based Medical Treatment for Opioid Use Disorder: Strategies to Address Key Barriers within the Treatment System. *NAM Perspect*. 2020;2020:10.31478/202004b. Published 2020 Apr 27. doi:10.31478/202004b
2. Substance Abuse and Mental Health Services Administration. SAMHSA. Available at: <https://www.samhsa.gov/>. Accessed October 12, 2022.
3. Centers for Disease Control and Prevention. Pregnancy and opioid medications. Available at: [https://www.cdc.gov/drugoverdose/pdf/pregnancy\\_opioid\\_pain\\_factsheet-a.pdf](https://www.cdc.gov/drugoverdose/pdf/pregnancy_opioid_pain_factsheet-a.pdf). Accessed October 12, 2022.
4. National Institute on Drug Abuse. Treating opioid use disorder during pregnancy. Available at: <https://nida.nih.gov/sites/default/files/policybrief-opioid-pregnancy.pdf>. Accessed October 12, 2022.
5. World Health Organization. Guidelines for the Identification and Management of Substance Use and Substance Use Disorders in Pregnancy. Available at <https://www.who.int/publications/i/item/9789241548731>. Accessed October 12, 2022.
6. Center for Drug Evaluation and Research. FDA identifies sudden discontinuation of opioid pain medicines. Available at: <https://www.fda.gov/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-warns-about-several-safety-issues-opioid-pain-medicines-requires>. Accessed October 12, 2022.
7. March of Dimes. Prescription opioids during pregnancy. Available at: <https://www.marchofdimes.org/find-support/topics/pregnancy/prescription-opioids-during-pregnancy>. Accessed October 13, 2022.
8. Drug Enforcement Administration - Diversion Control Division. Drug and Chemical Information. Available at: [https://www.deadiversion.usdoj.gov/drug\\_chem\\_info/index.html](https://www.deadiversion.usdoj.gov/drug_chem_info/index.html). Accessed October 13, 2022.
9. National Academies of Sciences, Engineering, and Medicine. The health effects of cannabis and cannabinoids: current state of evidence and recommendations for research. Available at: [https://nap.nationalacademies.org/resource/24625/Cannabis\\_committee\\_conclusions.pdf](https://nap.nationalacademies.org/resource/24625/Cannabis_committee_conclusions.pdf). Accessed October 13, 2022.
10. Grotenhermen F. Pharmacokinetics and pharmacodynamics of cannabinoids. *Clin Pharmacokinet*. 2003;42(4):327-360. doi:10.2165/00003088-200342040-00003
11. Klamann SL, Isaacs K, Leopold A, et al. Treating Women Who Are Pregnant and Parenting for Opioid Use Disorder and the Concurrent Care of Their Infants and Children: Literature Review to Support National Guidance. *J Addict Med*. 2017;11(3):178-190. doi:10.1097/ADM.0000000000000308
12. Live Long DC. Opioid Treatment Resources. Available at: <https://livelong.dc.gov/page/resources-LLDC#treatment>. Accessed October 12.