OPIOID USE DISORDER IN PREGNANCY

OPIOID AGONIST THERAPY IS STANDARD OF CARE

- Improves obstetrical outcomes
- Reduces relapse
- Reduces overdose
- Increases parentage

The "right" dose is the one that supports maternal stability. Newborn outcomes are not dose dependant with Suboxone. There is no benefit from minimizing OAT.

#1 BARRIER TO OAT ACCESS:

Physician Hesitancy. Patients are often instructed to decrease OAT dose in pregnancy, encounter OAT providers who do not provide inductions to pregnant people, or find that resources available in antepartum do not exist after delivery.

#2 BARRIER TO OAT ACCESS:

Stigma. Patients often have firsthand experience with infant apprehension; most identify the fear of judgement and loss of custody are important barriers to disclosure.

OUD-involved pregnancy 2002-14

↑ Prematurity
Stillbirth
Mortality

NAS 60%

Breastfeeding **reduces** NAS **and** PPD

👍 Compatible with OAT

Avoid with non-Rx opioid use 👎

SUBOXONE vs METHADONE

Normal FH vs ↓ baseline FH
Normal FM vs ↓ movement
↓ Newborn morphine vs ↑ days in hospital

However, for high dose use, or if prior experience results in a strong preference, methadone can be the appropriate choice. STABILITY is the first priority.

Placental effect of opioids

Implantation errors produce effects similar to preeclampsia with associated fetal growth inhibition and prematurity. New evidence suggests longterm behaviour & learning effects. Severity of outcome proportional to frequency of withdrawal exposures. Compounded by concurrent cigarette use; prioritize smoking-cessation.

Withdrawal is placento-toxic

MATERNAL COMPLICATIONS OF OUD:

- 1:20 mothers of NAS+ infants die within 10 years of delivery
- Increased death by suicide for the first postpartum year
- Increased unintended overdose if taper postpartum (1y)
- Increased IPV with decreased reporting due to fear of infant apprehension

Brogly, S. B., et al. (2017). Infants born to opioid-dependent women in Ontario, 2002–2014. *Journal of Obstetrics and Gynaecology Canada*, *39*(3), 157-165.
Guttmann, A., et al. (2019). Long-term mortality in mothers of infants with neonatal abstinence syndrome: A population-based parallel-cohort study in England and Ontario, Canada. *PLoS medicine*, *16*(11), e1002974.
Seligman, N. S., et al (2019). Overview of management of opioid use disorder during pregnancy.
Mattocks, K. M., Clark, R., & Weinreb, L. (2017). Initiation and engagement with methadone treatment among pregnant and postpartum women. *Women's Health Issues*, *27*(6), 646-651.
Jones, H. E., et al. (2012). Buprenorphine treatment of opioid-dependent pregnant women: a comprehensive review. *Addiction*, *107*, 5-27.
Stone, R. (2015). Pregnant women and substance use: fear, stigma, and barriers to care. *Health & Justice*, *3*(1), 1-15.
Goodman, D. (2011). Buprenorphine for the treatment of perinatal opioid dependence: pharmacology and implications for antepartum, intrapartum, and postpartum care. *Journal of midwifery & women's health*, *56*(3), 240-247.
Syvertsen, J. L., et al. (2021). Conceptualizing stigma in contexts of pregnancy and opioid misuse: A qualitative study with women and healthcare providers in Ohio. *Drug and Alcohol Dependence*, *222*,