



Treating Pregnant and Postpartum People with Opioid Use Disorders Highlights of Clinical Guidelines

A recent analysis of opioid use disorder (OUD) prevalence of Delaware Medicaid beneficiaries shows 10.6% of pregnant and postpartum people (PPP) enrolled in Delaware Medicaid had an OUD diagnosis.¹ These data compel action on the part of Delaware policymakers and healthcare providers to improve access to effective OUD treatment for this vulnerable population. This document summarizes clinical guidance on best practices in incorporating OUD treatment and supports for PPP into standard medical care:

- Substance Abuse and Mental Health Services Administration (SAMHSA) *Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorders and Their Infants*² (find [here](#))
- American Society of Addiction Medicine (ASAM) *National Practice Guidelines for the Treatment of Opioid Use Disorders (2020 Focused Update)*³ (find [here](#))
- Society for Maternal Fetal Medicine (SMFM) *Substance Use Disorders in Pregnancy: Clinical, Ethical and Research Imperatives of the Opioid Epidemic*⁴ (find [here](#))

As reflected in this quick reference guide, medications for opioid use disorder (MOUD) are the evidence-based standard of care. Removing barriers that prevent or delay access to MOUD is essential, especially in the pregnancy and postpartum periods.⁵

Standards of Care During Pregnancy

Initiating Treatment During Pregnancy

- Complete a comprehensive assessment, but if completion of such an assessment will delay or preclude the initiation of MOUD, start MOUD and complete the assessment soon thereafter (ASAM)
- Acceptable MOUD products for pregnant people include methadone and buprenorphine (SAMHSA); both buprenorphine mono-product or combination product (i.e., buprenorphine/naloxone) are appropriate⁶
- Pregnant people with an active OUD or who are at-risk for return to opioid use during pregnancy should be treated with methadone or buprenorphine (ASAM)
- MOUD should not be denied or delayed if a person does not want psychosocial treatment or if it is not available (ASAM)
- Medically supervised withdrawal should be avoided given its risks to the pregnant person and fetus (SAMHSA)

¹ Substance Use Disorder Among Delaware Medicaid Clients: Annual Prevalence Report 2014-2019. Center for Community Research & Service. University of Delaware Biden School of Public Policy & Administration. 2022.

https://dhss.delaware.gov/dhss/dmma/files/sud_prevalence_study_final_report_20220208.pdf

² 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.

(<https://www.samhsa.gov/resource/ebp/clinical-guidance-treating-pregnant-parenting-women-opioid-use-disorder-their-infants>)

³ The ASAM National Practice Guidelines for the Treatment of Opioid Use Disorder 2020 Focused Update. American Society of Addiction Medicine. 2019. <https://www.asam.org/quality-care/clinical-guidelines/national-practice-guideline>

⁴ *Substance Use disorders in pregnancy: clinical, ethical, and research imperatives of the opioid epidemic: a report of a joint workshop of the Society for Maternal-Fetal Medicine, American College of Obstetricians and Gynecologists, and American Society of Addiction Medicine*. 38th Annual Pregnancy Meeting of the Society for Maternal-Fetal Medicine in Dallas, TX, January 29 February 2, 2018. American Society of Addiction Medicine. 2019.

<https://www.smfm.org/publications/275-smfm-special-report-substance-use-disorders-in-pregnancy-clinical-ethical-and-research-imperatives-of-the-opioid-epidemic?msckid=51039c97d07611ecab769a0955d50911>

⁵ *Defining low-threshold buprenorphine treatment*. Journal of Addiction Medicine. 2020 Mar-April.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7075734/>

⁶ Link et. al. Buprenorphine-naloxone use in pregnancy: a systematic review and metanalysis. Find here: <https://pubmed.ncbi.nlm.nih.gov/33345863/>

Managing Dosing Levels During Pregnancy

- Dividing the methadone dose into two daily doses may be needed to maintain therapeutic effects (SAMHSA)
- Increasing the methadone dose in the second and third trimester may be needed given increased metabolism and blood volume circulation (ASAM)
- Splitting (up to four times daily) or increasing buprenorphine dose may be necessary⁷

Standards of Care During Delivery & Discharge

Treatment and Support Service Planning at the Hospital

- Labor and postpartum pain should be managed, and a multimodal approach – including opioids – may be appropriate⁸
- Should additional opioids be necessary for severe postpartum pain, they should be prescribed at the lowest dose for the least amount of time, and MOUD should be continued while treating briefly with full agonists (SMFM)
- MOUD should be continued after delivery, but dosing reduction may be needed, particularly among patients whose dose was increased during pregnancy (ASAM)
- Discharge plans and plans of safe care should include supports for maternal mental health and other medical concerns (SAMHSA)
- Breastfeeding is encouraged unless there are other contraindications; breastfeeding can lessen the severity and duration of neonatal abstinence syndrome⁹
- Naloxone should be prescribed and/or provided at discharge to parenting persons with OUD¹⁰

Standards of Care During Postpartum

Postpartum Treatment Services and Supports

- Enhanced screening, assessment, and supports should be provided during the postpartum period given increased risk of return to substance use in the postpartum period compared to during pregnancy (ASAM)
- Outpatient follow-up appointments should incorporate behavioral health support, breastfeeding counseling, and contraceptive services (SMFM)

DMMA is committed to supporting providers to implement these standards, thereby improving the health and wellbeing of PPP living with opioid use disorders. For more information on this guidance or to access technical assistance, please contact Dr. Alethea Miller, DMMA Maternal Child Health Clinical Lead, at Alethea.Miller@delaware.gov.

⁷Caritas, Steve. An Evidence-Based Recommendation to Increase the Dosing Frequency of Buprenorphine during Pregnancy. Find here: [https://www.ajog.org/article/S0002-9378\(17\)30798-6/fulltext](https://www.ajog.org/article/S0002-9378(17)30798-6/fulltext)

⁸ Pharmacologic Stepwise Multimodal Approach for Postpartum Pain Management. Find here: <https://www.acog.org/clinical/clinical-guidance/clinical-consensus/articles/2021/09/pharmacologic-stepwise-multimodal-approach-for-postpartum-pain-management>

⁹ Buprenorphine use while breastfeeding. Find here: <https://www.drugs.com/breastfeeding/buprenorphine.html>

¹⁰ Opioid Use and Opioid Use Disorder in Pregnancy. Find here: <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/08/opioid-use-and-opioid-use-disorder-in-pregnancy>