NEONATAL ABSTINENCE SYNDROME (NAS)

When the fetus is exposed to any opioids (including methadone and buprenorphine), it can develop dependence. Some babies will go through withdrawal when they are born.

- It usually begins a few days after birth but may begin a few weeks later.
- It may last only a few days but may last for weeks.
- The dose of methadone or buprenorphine does not predict if the baby will have withdrawal.
- The most common symptoms the baby may have are: fussiness, poor sleep, not eating well, sweating, vomiting, high-pitched crying, trembling, and fever.
- The withdrawal can often be treated with a quiet environment but sometimes medications may be needed.
- The baby may stay in the hospital or go to another less acute hospital as the withdrawal is treated.
- It is important to not try to treat the baby’s withdrawal yourself.

CHILD PROTECTIVE SERVICES (CPS)

CPS is an agency that tries to help families provide a healthy, loving and safe environment for children.

If you have been doing well in a program where you are taking methadone or buprenorphine, CPS will generally not be contacted when the baby is born.

However, this may not be the case as CPS works differently in every county. Some workers do not feel that methadone and buprenorphine are good treatments.

It is important to discuss this with the social worker in your prenatal clinic and in the hospital where you will have your baby.

Methadone and buprenorphine:

- Can help you stop using.
- Are safe for the baby.
- Can keep you from having withdrawal
- Give you a chance to take care of yourself.

For additional copies, please see Baltimore Substance Abuse Systems, Inc. website at www.bsasinc.org or call 410-637-1900

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ILLEGAL OPIOID USE DURING PREGNANCY

Heroin and other prescription opioid drugs can cause serious complications during pregnancy.

- Miscarriage
- Premature labor
- Fetal distress
- Growth retardation

The lifestyle associated with illegal opioid use can also expose you to other risky situations (prostitution, crime, etc) possibly leading to:

- Sexually Transmitted Infections
- Violence
- Arrest/Incarceration

It is generally very risky to detoxify from opioids during pregnancy. If you absolutely do not want to take methadone or buprenorphine during your pregnancy, talk with your obstetrician about a medically-supervised detox which is safest in the 2nd trimester.

METHADONE and BUPRENORPHINE

Methadone and buprenorphine are long-acting opioid medications used with counseling and other services to treat people addicted to prescription opioids and heroin. They provide many benefits including:

- Reduce or eliminate opioid craving
- Prevent withdrawal for about 24 hrs
- Block the effects of other opioids
- Promote increased physical & emotional health
- Improved prenatal care of the fetus
- Improved ability to parent

There is no set dose of methadone or buprenorphine for pregnant women.

If you were already taking one of these before you got pregnant, you may need an increase in your dose because of changes in your body during pregnancy.

It is important to work with your doctor so that the proper dose can be determined.

BREAST FEEDING

Breast feeding provides many benefits for your baby. Only tiny amounts of methadone and buprenorphine enter the breast milk.

- It is safe to breast feed if you are taking either.
- You should not breast feed if you are HIV-positive.
- You should talk with your obstetrician if you are Hepatitis C-positive.

BIRTH CONTROL

If you are using opioids such as heroin or prescription opioids, you may have stopped getting your period. This may cause you to think you can’t get pregnant. If you stop getting your period, you actually may be pregnant; you should get a pregnancy test. As you get on methadone or buprenorphine, your period will likely return and your chances of getting pregnant will increase. If you do not wish to become pregnant, you should use effective birth control even if your periods are irregular.