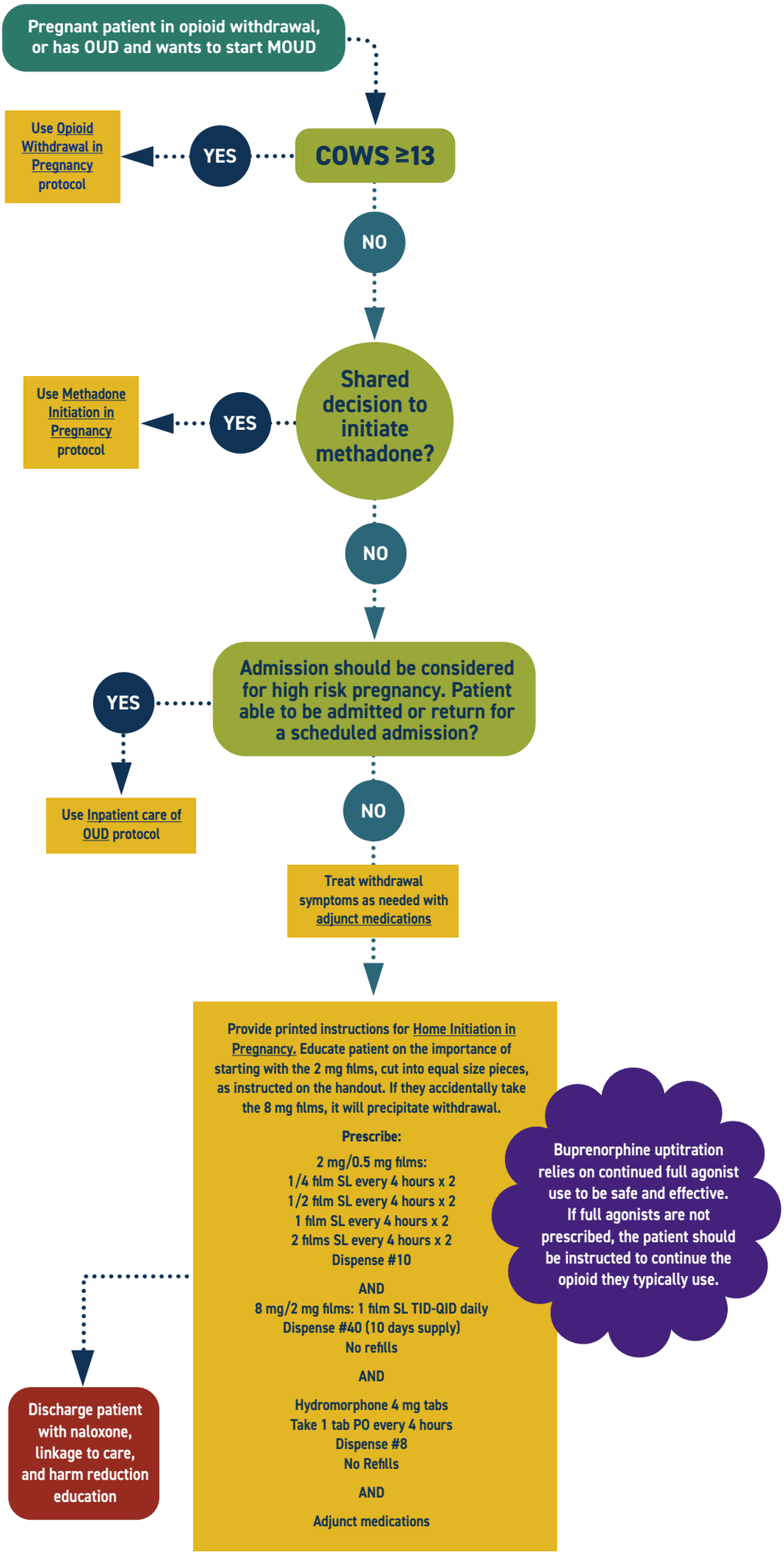
Emergency Department Care of OUD in Pregnancy



Considerations

Fentanyl use and fentanyl withdrawal in pregnancy is associated with a high risk of parental overdose death and preterm labor, in addition to other pregnancy and delivery related complications. Transition to MOUD greatly reduces these risks, is safer and more effective than withdrawal management ("detox"), and is recommended by the American College of Obstetricians and Gynecologists (ACOG).

Admission should be considered to stabilize the pregnancy and support the transition to MOUD. Medicaid pays for medically necessary admissions.

The physiological stress of pain and withdrawal is experienced by both the parent and fetus. Stabilization and prevention of withdrawal benefits both members of the dyad. Using hydromorphone concurrently with the uptitration of buprenorphine is safe, minimizes the risk of harm to the pregnancy, and treats pain and hyperalgesia associated with withdrawal. Titrate buprenorphine to therapeutic levels prior to stopping hydromorphone.

Buprenorphine films are easier than tabs for this rapid uptitration schedule.

Potential complicating factors include:

- Severe respiratory compromise
- Concurrent sedative use
- Allergy or sensitivity
- Chronic use of long acting opioids (e.g., methadone or Oxycontin®)

Consider expert consultation, but prioritize treating symptoms.

Consider screening for HIV, HCV, STIs, and mental health comorbidities. Link to ongoing care as needed.

Program partners

Washington State Health Care Authority

ADAI Addictions, Drug & Alcohol Institute

UW Medicine Department of Emergency Medicine

University of Washington Psychiatry & Behavioral Sciences

Psychiatry Consultation Line (PCL)

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