Inpatient Methadone Initiation in Pregnancy

Pregnant patient with OUD wants to start methadone

Day 1

- Give scheduled (A) **adjunct medications**.
- Give methadone 40 mg PO.
- Wait 4 hours, then give methadone 10 mg every 4 hours PRN patient report of withdrawal/craving.

Day 2

- Continue scheduled adjuncts.
- Give methadone 40 mg BID OR total Day 1 dose split BID, whichever is less.
- Wait 4 hours, then give methadone 10 mg every 4 hours PRN patient report of withdrawal/craving.

Day 3

- Give PRN adjuncts.
- Give methadone 40 mg BID OR total Day 2 dose split BID, whichever is less.
- Wait 4 hours, then give methadone 10 mg every 4 hours PRN patient report of withdrawal/craving.

Day 4

- Continue PRN adjuncts.
- If still in withdrawal, increase methadone dose up to 50 mg BID. If not, give 40 mg BID.
- Discontinue PRN methadone.

Beyond Day 4

- If needed, increase methadone by 10-20 mg every 2-3 days.
- Once stable, continue daily methadone with the dose achieved.
- Continue PRN adjuncts.

OTP follow up should occur next day, if possible. If not, consider dispensing up to 3-days supply of methadone to bridge to care.

℞ Prescribe adjunct medications if needed.

Discharge with naloxone, linkage to care, and harm reduction education.

Considerations

Interpret SpO2 and respiratory rate with level of consciousness, work of breathing, and overall clinical status.

Methadone for OUD greatly reduces risk of overdose and pregnancy/ delivery complications.

Severe withdrawal can harm the pregnancy/fetus and requires urgent treatment with short acting opioids.

Review drug-drug interactions before starting methadone.

Consider ECG monitoring for: COPD with O2 required, heart disease, ESRD, cirrhosis. Do not delay methadone to obtain ECG

Consider 30 mg starting dose and slower escalation if any of the above comorbidities, lower tolerance, methadone naïve, concurrent sedative use.

This rapid dose escalation is safe with inpatient monitoring and gets patients closer to a therapeutic dose before discharge, reducing overdose risk.

Assess ability to establish OTP care; if not, consider buprenorphine.

See Additional Clinical Guidance for more information.

(A) scalanw.org/adjunct-meds

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