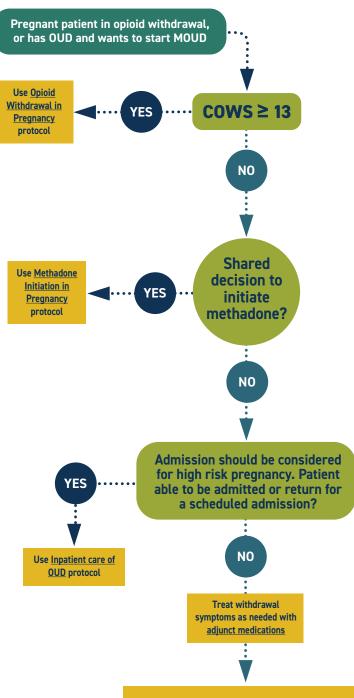


Opioid Use Disorder in Pregnancy



Provide printed instructions for <u>Home Initiation in Pregnancy</u>. Educate patient on the importance of starting with the 2 mg films, cut into equal size pieces, as instructed on the handout. If they accidentally take the 8 mg films, it will precipitate withdrawal.

Prescribe:

Buprenorphine uptitration

relies on continued full agonist

use to be safe and effective.

If full agonists are not

prescribed, the patient should

be instructed to continue the

opioid they typically use.

2 mg/0.5 mg films: 1/4 film SL every 4 hours x 2 1/2 film SL every 4 hours x 2 1 film SL every 4 hours x 2 2 films SL every 4 hours x 2 Dispense #10

AND

8 mg/2 mg films: 1 film SL TID-QID daily Dispense #40 (10 days supply) No refills

AND

Hydromorphone 4 mg tabs Take 1 tab PO every 4 hours Dispense #8 No Refills

AND

Adjunct medications

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











and harm reduction

education