



ECHO
SC Pregnancy Wellness



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Can a Professional Wean Opioids During Pregnancy?

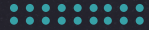
Connie Guille, MD, MSCR

Professor

Dept. of Psychiatry & Behavioral Sciences & Ob/Gyn

Medical University of South Carolina

Overview



Q: Can a Professional Wean Opioids During Pregnancy?

For which indication?

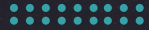
Part 1: Opioid Use Disorder (OUD)

e.g., methadone, buprenorphine

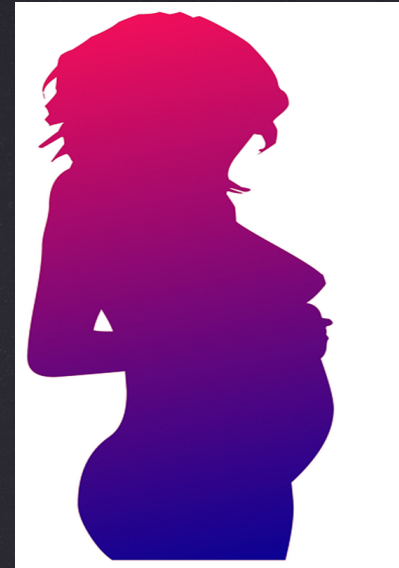
Part 2: Chronic Pain

e.g., oxycodone, hydrocodone

Perinatal Treatment of Opioid Use Disorder



- OUD Treatment Mother-Infant Dyad
 - Prenatal/Postpartum Care
 - Medications OUD (MOUD)
 - Relapse Prevention Therapy
 - Mental Health
 - Trauma
 - Psychosocial



SAMHSA Clinical Guide Recommendations



**GREAT
RESOURCE**

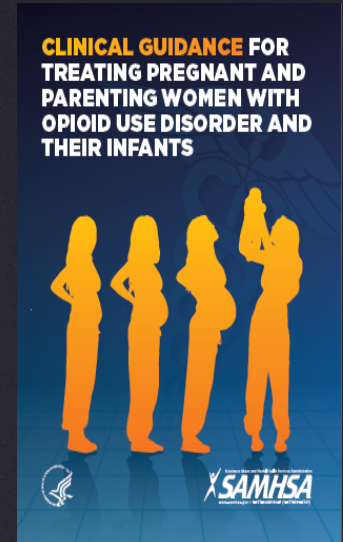
<https://store.samhsa.gov/>



SAMHSA Clinical Guide

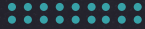
Recommendations

- Buprenorphine and methadone are the safest medications for managing OUD during pregnancy.
- Medication assisted withdrawal is **NOT** recommended during pregnancy.
- Transitioning from methadone to buprenorphine or from buprenorphine to methadone during pregnancy is not recommended.
- Breastfeeding is recommended for women on buprenorphine and methadone.



The *Clinical Guide* consists of 16 factsheets that are organized into 3 sections: Prenatal Care (Factsheets #1–8); Infant Care (Factsheets #9–13); and Maternal Postnatal Care (Factsheets #14–16).

Perinatal Medications for Opioid Use Disorder



ACOG Committee Opinion No. 524 and 711:

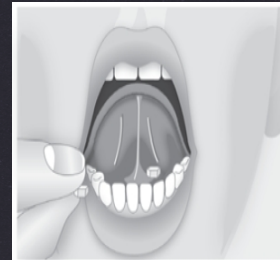
Opioid Abuse, Dependence, and Addiction in Pregnancy (2012)

Opioid Use and Opioid use Disorder in Pregnancy (2017)

Gold Standard of Treatment:

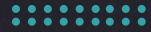
Methadone

Buprenorphine



Substance Abuse and Mental Health Services Administration (SAMHSA), American Society for Addiction Medicine (ASAM),
World Health Organization (WHO) and United Nations (UN)

Medications for Opioid Use Disorder



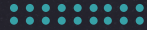
Pregnant women tapering methadone or buprenorphine

- N=1,002 Pregnant women (Guille, 2017)
 - Relapse to drug use 14-74%
 - Rates vary depending on treatment setting
- N=1,126 Pregnant women (Terplan, 2018)
 - Relapse to drug use: 0-100%
 - Rates depend on in/ex of lost to follow-up
 - Successful detoxification: 9-100%
 - Rates vary depending on treatment setting

Perinatal Medication Decisions



Risk Vs. Risk



Risks MOUD

- Prematurity/Low Birth Weight
- NOWS (~60%)
 - Extended Hx stays
 - Costly
- Access (travel & cost)
- Wish to be med free

Risks of Relapse/Drug Use

- Cycles Intoxication/Withdrawal
- Risk of Infections
- High risk behaviors
 - Risk of STI
 - Victim of violence
 - Legal ramifications
- Poor Ob Outcomes

Shared Decision-Making Tool for Treatment of Perinatal Opioid Use Disorder

Constance Guille, M.D., M.S.C.R., Hendree E. Jones, Ph.D., Alfred Abuhamad, M.D., Kathleen T. Brady, M.D., Ph.D.

To assist pregnant women with OUD in the decision to continue or discontinue MOUD

- Current treatment recommendations
- Risks of methadone or buprenorphine
- Risk of relapse & associated risk

Shared Decision-Making Tool for Treatment of Perinatal Opioid Use Disorder

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To assist pregnant women with OUD in the decision to continue or discontinue MOUD

- Risk of Relapse- Individual
- Patient Preference
- Recommendation: based on risk of relapse and preference
- Review at each visit
- Plan-delivery & breastfeeding
- Plan-pain management



Summary of Evidence

Buprenorphine Dosing In Pregnancy

- Evidence to support increased clearance of buprenorphine in pregnancy
 - Zhang et al., 2020
- Pregnant women may need higher doses of buprenorphine, or more frequent dosing while pregnant
 - Caritis et al., 2017
 - Bastian et al., 2017

Does Maternal Buprenorphine Dose Affect Severity or Incidence of Neonatal Abstinence Syndrome?

Jacqueline Wong, MD, Barry Saver, MD, MPH, James M. Scanlan, PhD, Louis Paul Gianutsos, MD, MPH, Yachana Bhakta, BS, James Walsh, MD, Abigail Plawman, MD, David Sapienza, MD, and Vania Rudolf, MD, MPH

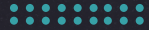
- No differences in newborns with NAS requiring morphine (89 Infants)
 - 48.5% receiving ≤ 8 mg/d buprenorphine
 - 41.4% receiving > 8 mg/d buprenorphine

Does Maternal Buprenorphine Dose Affect Severity or Incidence of Neonatal Abstinence Syndrome?

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- No significant difference associations of maternal buprenorphine dose with
 - NAS severity requiring morphine
 - time to morphine start
 - peak morphine dose
 - days on morphine
- Only exclusive breastfeeding was significantly associated with neonatal outcomes, specifically lower odds of morphine treatment.

Pregnant Woman with Opioid Use Disorder



Call 843-614-9510 to speak with team member



We will provide:

Evaluation and Treatment

Determine if eligible for study:

Bup XL vs. Bup SL

Illicit opioid use

less severe NOWS (NAS).



MUSC's Women's Reproductive Behavioral Health Division



- Our program specializes in the treatment of perinatal mental health and substance use problems [e.g., perinatal stress, trauma, perinatal loss, mood, anxiety, substance use, opioid use, psychotic disorders].
- Our program offers effective, home-video based treatments for perinatal mental health and substance use problems including therapy and/or medication.
- To access services, go to: www.MUSC.care and select "Get Care Now". Simply create an account and complete a "Women's Behavioral Health Screening".
- Upon completion of the screening, a care coordinator will contact you Monday-Friday 8am-5pm and provide any needed resources and schedule you for a home video appointment with providers that specialize in the treatment of perinatal mental health or substance use problems.

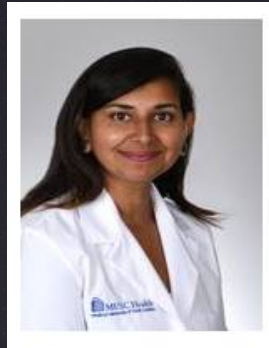
MUSC's Women's Reproductive Behavioral Health Division



Connie Guille MD



Lisa Boyars MD



Rubin Aujla MD



Claire Smith MD



Nicole Dietrich LMSW



Rachel Grater , MA, MFA



Edie Douglas MPH



Savannah Lee, BA



Lauren Shipley BA