



The Center for Health Enhancement Systems Studies UNIVERSITY OF WISCONSIN-MADISON

The American Society of Addiction Medicine

(ASAM) National Practice Guideline for the Use of

Medications in the Treatment of Addiction Involving

Opioid Use recommends that pregnant women

who are physically dependent on opioids receive treatment using methadone or buprenorphine rather than withdrawal management to abstinence.

Academic Detailing: OB/GYN

Importance: In the United States and Europe, 1/3 of the population receiving treatment for opioid abuse and dependence are women in their childbearing years.

Neonatal Abstinence Syndrome (NAS):

"generalized disorder characterized by signs and symptoms that indicate dysfunction of the autonomic nervous system, GI tract, and respiratory system" in newborns.

NAS is characterized by increased excitability of the central nervouse system in newborns.

- In many cases, requires pharmacological withdrawal treatment
- Often results in longer hospitalization of the newborn
- Current standard of care for treating opioid-addicted pregnant women: methadone
- NAS of varying severity is seen in 60-80% of newborns exposed to methadone during pregnancy

NAS: Buprenorphine vs. methadone

• Review of 15 observational cohorts of buprenorphine-treated pregnancies showed that buprenorphine treatment during pregnancy is safe and effective for both mother and newborn.

Buprenorphine Treatment Group:

- 40.4% exhibited NAS
- Only 14.9% needed withdrawal treatment
- Normal birthweights observed

Methadone Treatment Group:

- 77.8% exhibited NAS
- 52.8% required withdrawal treatment
- Had significantly lower birthweights than children born to buprenorphine subjects

Buprenorphine-only treatment is the recommendation for pregnant women (no naloxone)

- Note: induction is more difficult with buprenorphine for pregnant women
- Withdrawal symptoms can harm the mother and unborn child

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