

# MAT for Opioid Use Disorder in Pregnancy

## Care Guide Summary

October 2019



CALIFORNIA CORRECTIONAL  
HEALTH CARE SERVICES

## SUMMARY

### GOALS

- ✓ Patients abstain from illicit drugs.
- ✓ Patients with opioid use disorder (OUD) who may benefit from Medication-Assisted Treatment (MAT) have early engagement and retention to reduce maternal, fetal, and neonatal risks.
- ✓ Providers identify contraindications and drug interactions that would preclude MAT.

### ALERTS

- Pregnant women with OUD should be co-managed by an Addiction Medicine Provider and an Obstetrical (OB) Provider (high-risk consult per local operating procedures).
- Patients on buprenorphine or naltrexone in need of acute pain treatment with opioids must be transferred to an emergency department (ED) to overcome partial or full opioid receptor blockade in a monitored setting. Opioids are **not** the preferred treatment for chronic pain.

### DIAGNOSTIC CRITERIA

**DSM-5 OUD** is defined as a pattern of opioid use characterized by tolerance, craving, inability to control use, and continued use despite adverse consequences. When the substance being used involves heroin, diverted or misused prescription opioids, or other morphine-like drugs, then OUD is diagnosed.

OUD is manifested by at least two of the criteria listed below occurring within a 12-month period. Severity of illness is determined by the number of criteria present:

- Use of larger amounts/longer period of time than intended
- Repeated attempts to quit/control use
- A great deal of time spent using
- Neglect of work, school, or home in order to use
- Interpersonal problems related to use
- Activities given up to use
- Craving
- Use in hazardous situations
- Physical/psychological problems related to use
- Tolerance
- Withdrawal

**Mild:** presence of 2-3 criteria

**Moderate:** presence of 4-5 criteria

**Severe:** presence of 6 or more criteria

### EVALUATION

- In addition to a standard history and physical examination, an obstetric and prenatal history should be obtained.
- Assessment should include identifying potential withdrawal symptoms by use of the Clinical Opiate Withdrawal Scale (COWS) and performing urine toxicology surveillance.
- Given the complexities of a potentially high risk pregnancy, collaborative care with Primary Care, Nursing, Addiction Medicine, designated Social Worker (SW), Pharmacist, and Correctional Counselors is key.
- Mental Health (MH) referral should be considered if the patient presents any signs of peripartum depression and/or underlying mental illness.
- Community High-Risk OB consultation may also be necessary if there is a history of complicated pregnancies in the past, comorbid chronic health conditions, or if unexpected problems develop during the pregnancy.

### TREATMENT

- MAT is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of OUD. **MAT use in the pregnant woman with OUD**

**is especially useful to stabilize the patient in order to prevent withdrawal and the associated risk of miscarriage, premature delivery, and other serious complications.**

- Buprenorphine or methadone are the agents most commonly used for MAT in pregnant women.
- Naltrexone is not typically initiated in pregnant women, but may be continued for those patients already taking this medication.
- Risks and benefits of MAT should be discussed. (See *Introduction: OUD in Pregnancy* section page 3)
- If a pregnant woman becomes incarcerated and is on MAT at the time of reception, she is to be continued on the **same medication** and **dosing regimen** with subsequent adjustment only as needed to promote stabilization.
- Incarcerated women with OUD who become pregnant and are not on MAT may be considered for MAT; order an urgent (within 24 hours) consult to Addiction Services, and contact the MAT team upon pregnancy diagnosis via email at [MAT@CDCR.CA.GOV](mailto:MAT@CDCR.CA.GOV).

## **MONITORING**

- While on MAT, patients should be monitored closely with follow-up visits at least every month during pregnancy.
- Frequent maternal follow-up to monitor for OUD relapse or other clinical complications should continue into the first few months postpartum as high risk for relapse exists.
- A urine drug test (UDT) should be performed at baseline and monthly or more frequently based on signs and symptoms of OUD.
- An electrocardiogram (EKG) should also be performed at baseline, within one month of initiating MAT, then annually if continued on treatment.