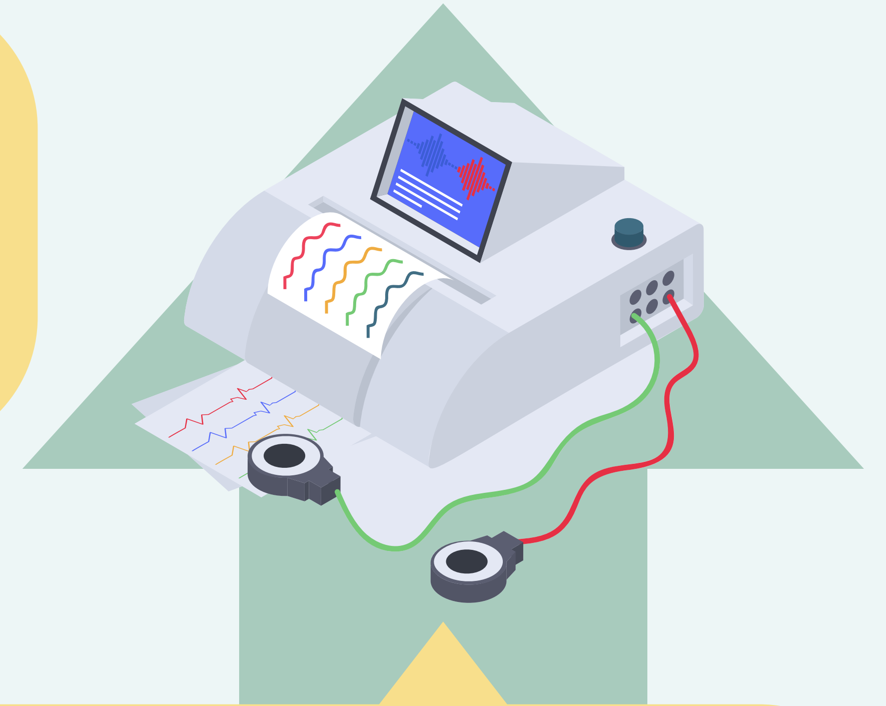
INTRAPARTUM CONSIDERATIONS

Caring with pregnant persons diagnosed with opioid use disorder.

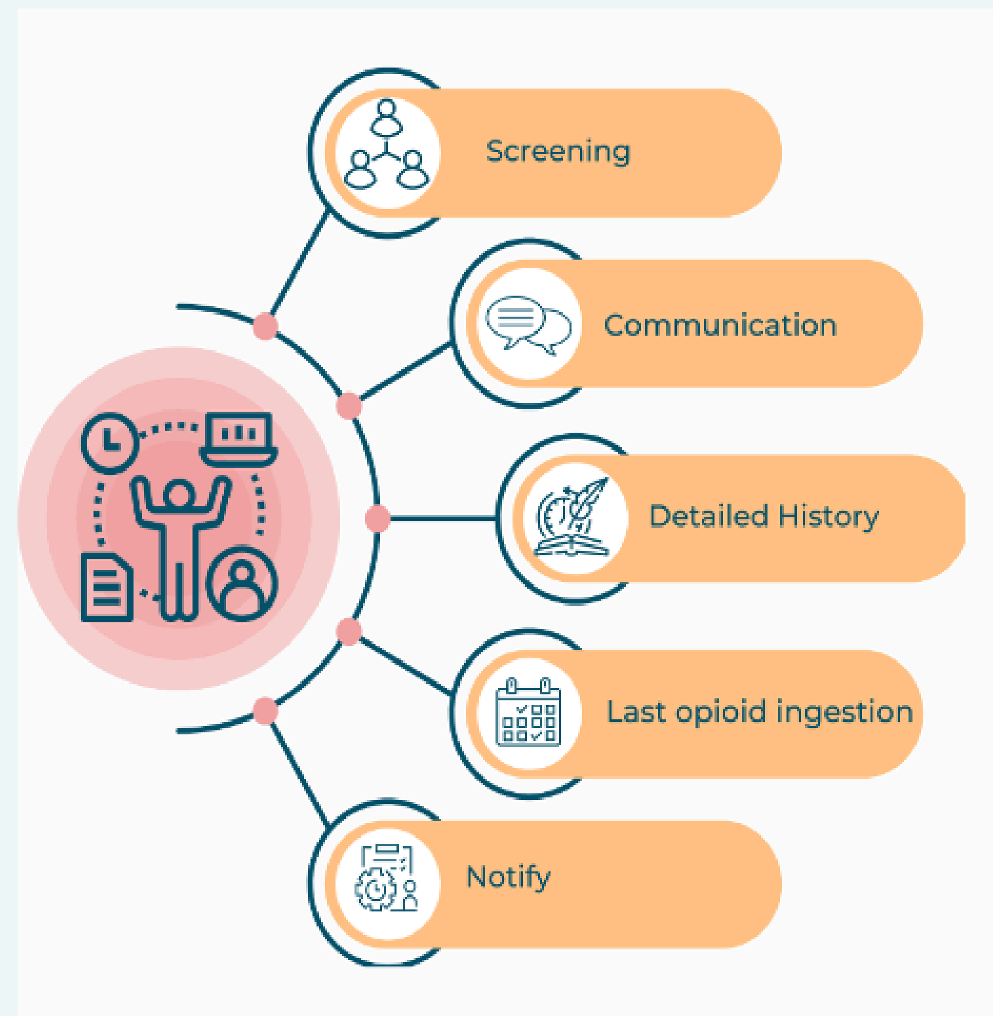
Use of naloxone in newborns born to pregnant persons prescribed OAT/diagnosed with OUD is contraindicated as naloxone can potentially lead to acute opioid withdrawal



Important to monitor for:

1. Sedation
2. Acute Withdrawal

cEFM should be considered with any perinatal risk factors



Foundational **screening** and communication is needed in the intrapartum period. Including communication with community pharmacist, and importance of indicating last opioid ingestion.

Anesthesia Considerations

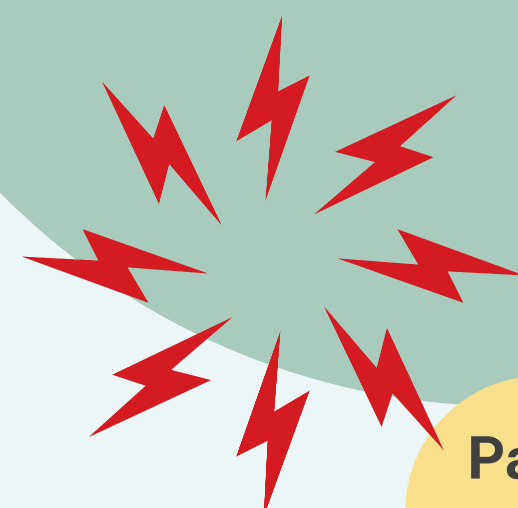
1. Epidural (early)
2. Pruritus treatment:
   Ondansetron 4-8 mg po/IV as first line for treatment of pruritus instead of nalbuphine.

Create a **plan for the disposition of carries,** including (but not limited to):

1. Inform pregnant persons to bring their carries
2. Create a local policy for the disposal of carries

LANGUAGE MATTERS

Try THIS	Not THAT
"Take slow breaths" or " Let your knees fall out until they touch my hand"	"Just relax"
"Everyone's experience is different"	"This won't hurt"
"You'll feel my gloves..."	"You'll feel my fingers"
"gel or muko"	"lube"
"table"	"bed"
"drape"	"Sheet"



Intrapartum period can be a **triggering** time for pregnant persons diagnosed with OUD; it is key to consider the impact of pelvic exams and language to avoid re-traumatization.

Pain Management:

1. OAT is not for acute pain
2. Multimodal approach needed
3. Increased doses may be needed
4. Avoid opioid antagonists
   a. Naloxone/Naltrexone

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Reproductive Care Program of Nova Scotia RCP
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