

# Methadone & Buprenorphine/Naloxone

- Most commonly prescribed OAT modalities
- Dose changes are common in pregnancy
  - Increases and decreases to meet the pregnant person's needs
- It is important to watch for **signs of withdrawal**



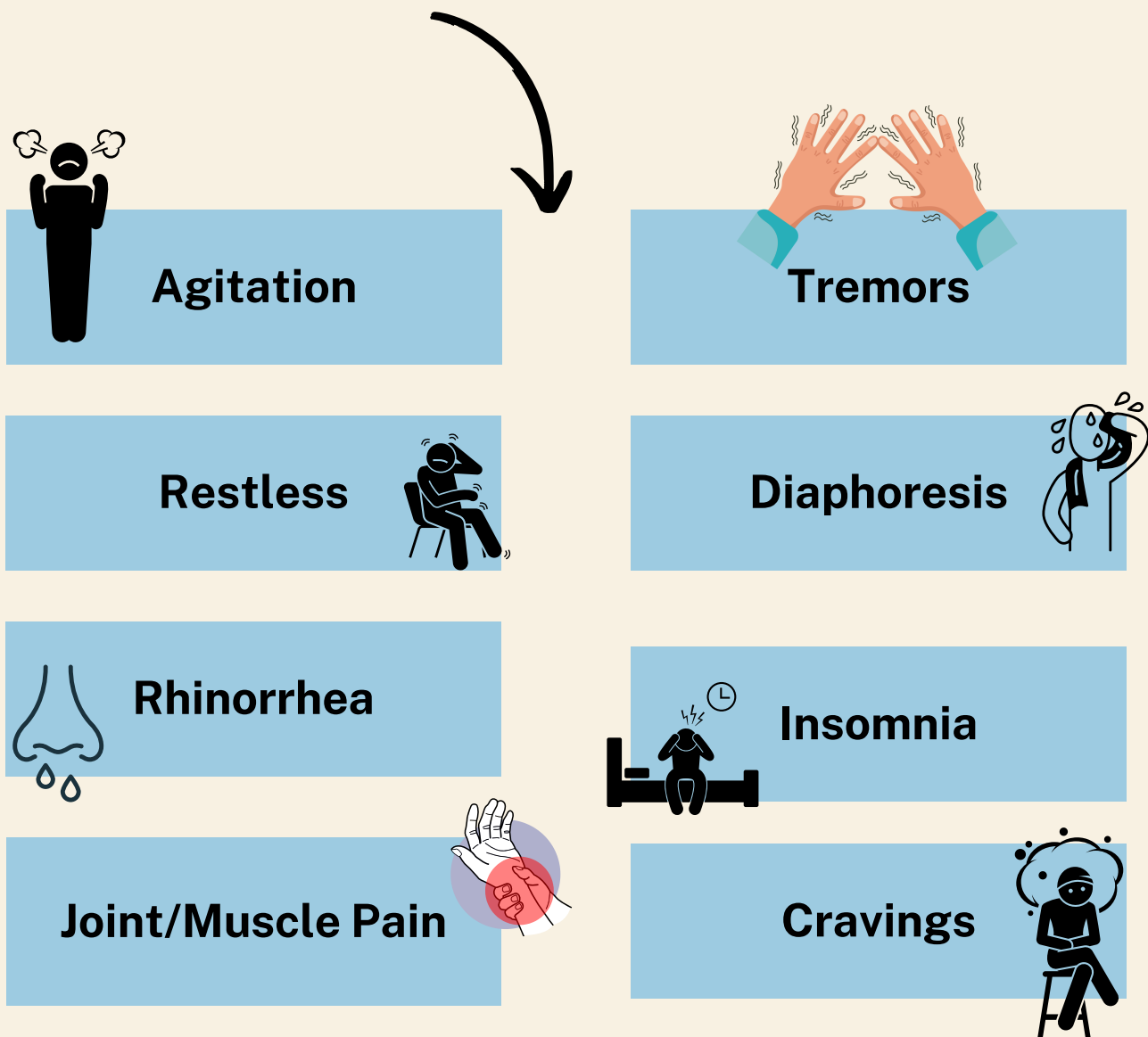
## Opioid Agonist Therapy for Pregnant Persons Diagnosed with OUD

### PHARMACOLOGICAL CONSIDERATIONS



### Signs of Sedation

- Due to the compounding effects of dose changes, opioids for acute pain, and postpartum changes, the likelihood of sedation is high in this population.  
**Watch for signs of sedation, including:**



# Missed Doses

Any missed or vomited dose **must** be discussed with the most responsible care provider. Orders must be written to address the missed or vomited dose intervention.



## Methadone

- It depends on how many doses have been missed and how the pregnant person presents.
- **1 or 2 doses missed:**
  - Do not reduce the dose unless there are concerns of loss of tolerance or adverse events (i.e. pregnant person experiencing acute alcohol intoxication).
  - If missing **more than 2 doses**, contact the most responsible healthcare provider and pharmacist.

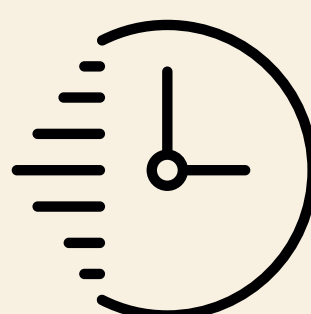


# Opioid Agonist Therapy for Pregnant Persons Diagnosed with OUD

## PHARMACOLOGICAL CONSIDERATIONS

## Buprenorphine

- It is important to consider whether the pregnant person has **experienced relapse or not** to full opioid agonist use before deciding on a treatment plan.
- If there is **no relapse** to full opioid agonist use:
  - if **less than or equal to 5 days**, resume the previous dose.
  - If **more than or equal to 6 days** or with **relapse**, consult with the most responsible care provider for further instruction.



## Vomited Doses

### Methadone

Two conditions must be met:

1. Emesis has been witnessed by health care provider **AND**
2. Occurred within 15 minutes of the dose **THEN:**

**What to do:** Offer one replacement dose of methadone (replacement dose = 50 % of the regular dose)

50%

If the pregnant person continues to have frequent emesis, consider **spreading the dose over 30 minutes** with the **observation of 15-20 minutes** following the dose

## Buprenorphine

- This medication is administered sublingually; therefore no concern with vomiting the dose.



## Communication

- Open and continuous communication is important between acute and community care providers.
- It is especially important in managing fluctuations in doses and supporting clinical practice questions.

