



# Treating Opioid Use Disorder During Pregnancy

Getting the help and support you need from your healthcare professionals

## Introduction



Opioid use disorder (OUD) is a treatable disease. When OUD is managed with medicines and counseling, you *can* have a healthy pregnancy and a healthy baby. However, during pregnancy, adjustments to your OUD treatment plan and medicines may be needed.

The actions you take or don't take play a vital role during your pregnancy. Below are some important things to know about OUD treatment during pregnancy, as well as the Do's and Don'ts for making sure you receive the best treatment possible.

## Things to know

- Methadone and buprenorphine are the safest medicines to manage OUD during your pregnancy. Both of these medicines stop and prevent withdrawal and reduce opioid cravings, allowing you to focus on your recovery and caring for your baby.
- If you have used opioids, methadone and buprenorphine medicines can help you stop.
- Many pregnant women with OUD worry about neonatal abstinence syndrome (NAS), a group of withdrawal signs that may occur in babies exposed to opioids and other substances before birth. NAS *can* be diagnosed and treated.
- You may need medicine other than those for OUD to treat pain during or after delivery. Other options, such as an epidural and/or a short-acting opioid, can be used to keep you comfortable.
- All hospitals must report to state child welfare agencies when a mother who is using substances gives birth. This report is used to make sure that a safe care plan is in place to deal with both your and your baby's well-being. It is not used to remove your baby from your care. Participating in OUD treatment before and after the birth of your baby shows your commitment to providing a safe, nurturing environment for your baby.

## Treatment vs. Withdrawal

Some pregnant women with OUD consider completely withdrawing from using opioids, but seeking treatment is always the most helpful course of action. Withdrawal may make you more likely to start using drugs again and even experience overdoses.



If you are not currently in treatment, talk with your healthcare professionals about treatment medicines and behavioral counseling. If you need to find a provider, visit this website: [www.samhsa.gov/find-help](http://www.samhsa.gov/find-help).

## ✓ Do

**Do ask** about the risks and benefits of taking one of the medicines for OUD during pregnancy.

**Do talk** to your healthcare professionals about your OUD treatment medicine dose if you are experiencing cravings or withdrawal symptoms.

**Do ask** your healthcare professionals about counseling and recovery support services.

**Do make sure** your treatment plan includes steps to treat other medical or behavioral health problems such as depression or anxiety.

**Do request** that your medical chart includes several ways to address your pain during and right after delivery.

**Do ask** your healthcare professionals to help you make and keep follow-up visits and to talk to each other on a regular basis.

## ✗ Don't

**Don't consider** changing your OUD medicine unless you are taking naltrexone, which has not been studied in pregnancy. Changing your OUD medicine may increase your risk of returning to substance use.

**Don't use alcohol or any medicines** that might make you sleepy, especially benzodiazepines, when taking OUD medicines.

**Don't let your OUD go untreated** because you want to prevent your baby from experiencing NAS. Treatment medicines can be used safely during pregnancy and dosing changes will not change the risk or severity of NAS for your baby.

## What to expect when you meet with healthcare professionals about OUD treatment and your pregnancy



Creating a treatment plan requires your healthcare professionals to talk to you about the risks and benefits of different medicines and then together select the one that's best for you. You and your healthcare professionals will also discuss other medical conditions or behavioral health problems that could affect your treatment. Your healthcare professionals will help you decide how best to involve your family and friends in your recovery. They can also suggest support groups to join and other services that can help you throughout your recovery.



**Remember:** The **benefits** of taking methadone or buprenorphine during pregnancy far outweigh the risks of not treating your OUD. You and your healthcare professionals can **work together** to adjust your treatment plan to achieve success.

Do you have questions for your healthcare professionals? If so, write them down and take them to your next visit.

---

---

---

---

**Next Appointment** Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_



SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.  
1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD) • [www.samhsa.gov](http://www.samhsa.gov)  
HHS Publication No. SMA-18-5071FS2

**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

Nothing in this document constitutes a direct or indirect endorsement by the Substance Abuse and Mental Health Services Administration or the U.S. Department of Health and Human Services of any non-federal entity's products, services, or policies, and any reference to non-federal entity's products, services, or policies should not be construed as such.