**Guidelines for Pregnant and Postpartum Buprenorphine Maintenance Patients**

**Discussion:**

There are three important issues surrounding the treatment of pregnant or post partum Opioid Maintenance Therapy (OMT) patients.

1. To use medication containing naloxone (Suboxone) or buprenorphine alone (Subutex),

2. Whether to taper a maintenance patient during the pregnancy to minimize the risk of Neonatal Abstinence Syndrome (NAS), and

3. Whether breastfeeding is appropriate for OMT patients.

1. The first of these questions has elicited a great deal of confusion and controversy among medical professionals, and concern among pregnant patients who may have inadvertently taken Suboxone prior to finding out they were pregnant. The literature states “Most doctors will switch a mother-to-be [to Subutex] because the naloxone found in Suboxone has been linked to an increase chance of seizure in the baby once born.” If you read the above statement carefully, it does not state the naloxone **in** Suboxone caused the seizure, but that naloxone, given by **itself**, is linked to seizures in newborns. Specifically “a reported case of apparent naloxone-induced seizure,” was reported in an infant born to a methadone addicted mother. The mother was a “previously unrecognized opioid abuser”, and the infant was experiencing respiratory depression due to the methadone. Naloxone was administered, and the naloxone precipitated NAS in the infant. One of the symptoms of severe NAS is seizures. So this certainly should come as no surprise in an undiagnosed opioid dependent mother. Yet because of this single case, we have this essentially unfounded recommendation to avoid naloxone in pregnancy. This spurious connection, plus the fact that naloxone is pregnancy category B, and is poorly absorbed by the oral route, should make it clear that there is no real reason not to use Suboxone during pregnancy. More and more providers are continuing Suboxone during pregnancy, with no evidence in the literature of any adverse outcomes compared to Subutex.
2. When considering tapering during pregnancy, there are two factors to consider. First is the question of NAS, and the second is the risk to the fetus of maternal withdrawal. Recent evidence shows that a large percentage of babies born to mothers on buprenorphine have either no withdrawal symptoms, or only mild symptoms that frequently do not require treatment. And those neonates that did require treatment required 10 times less morphine and significantly shorter hospital stays than their methadone dependent counterparts. So clearly, maternal OMT is not a major concern for the overall wellbeing of the neonate. On the other hand, it has been demonstrated in the literature that maternal withdrawal increases the risk of miscarriage and preterm labor. Also if the patient is experiencing withdrawal symptoms, she is more likely to relapse on street opioids. So it is in the best interest of the mother and baby to avoid tapering during pregnancy.
3. The final topic we will discuss is breast feeding while on buprenorphine. Although there are no studies specifically addressing this issue, it is widely accepted that the advantages of breastfeeding greatly outweigh the risk to the baby. All the experts are in complete agreement on this point. While a small amount of buprenorphine may be excreted in breast milk, it is almost completely eliminated by first pass hepatic metabolism in the infant, resulting in an insignificant dose to the child. Also, since buprenorphine is now used by hospitals to treat NAS, if any is absorbed, it may very well help ameliorate symptoms of NAS in the child.

**Protocol for Treatment of OMT Patients During Pregnancy**

1. Consider continuing Suboxone during pregnancy, with the understanding that, based on available evidence, both Suboxone and Subutex are equally efficacious.
2. Maintain patient at current dose of medication since withdrawal symptoms are more of a threat to the mother and baby’s well being than Neonatal Abstinence Syndrome.
3. Encourage breastfeeding. The benefits far outweigh the potential risks

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