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HEALTH AUSTRALIA

Opioids in pregnancy

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UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES

Opioids and pregnancy

- Suppression of ovulation
- Amenorrhoea
- Oligomenorrhoea

NEVERTHELESS

Pregnancy is common in opiate users

Prescribed opioids & pregnancy



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eg. Chronic non-cancer pain scenario

Wean if possible, the earlier in pregnancy the better

If stay on it: determine between 'use' vs 'abuse /aberrant use'

If 'use': continue & needs/dose may increase over course of pregnancy


If 'aberrant use': switch to OST

Heroin and pregnancy

Methadone Maintenance Treatment / MMT
(Opiate Substitution Treatment / OST)
with adequate prenatal care:

- reduces incidence of obstetrical and fetal complications
- IUGR (intra-uterine growth restriction)
- neonatal morbidity & mortality

Finnegan, LP J Psychoactive Drugs. 1991 Apr-Jun;23(2):191-201. Review.



OST in pregnancy

Dose **increases** over course of pregnancy:

- Increased fluid volume/volume of distribution
- Increased metabolism (liver enzyme induction)
- Decreased absorption

Methadone in pregnancy

Good outcomes* on methadone:

- conceived when stabilised on methadone
- present for tx early in pregnancy & motivated

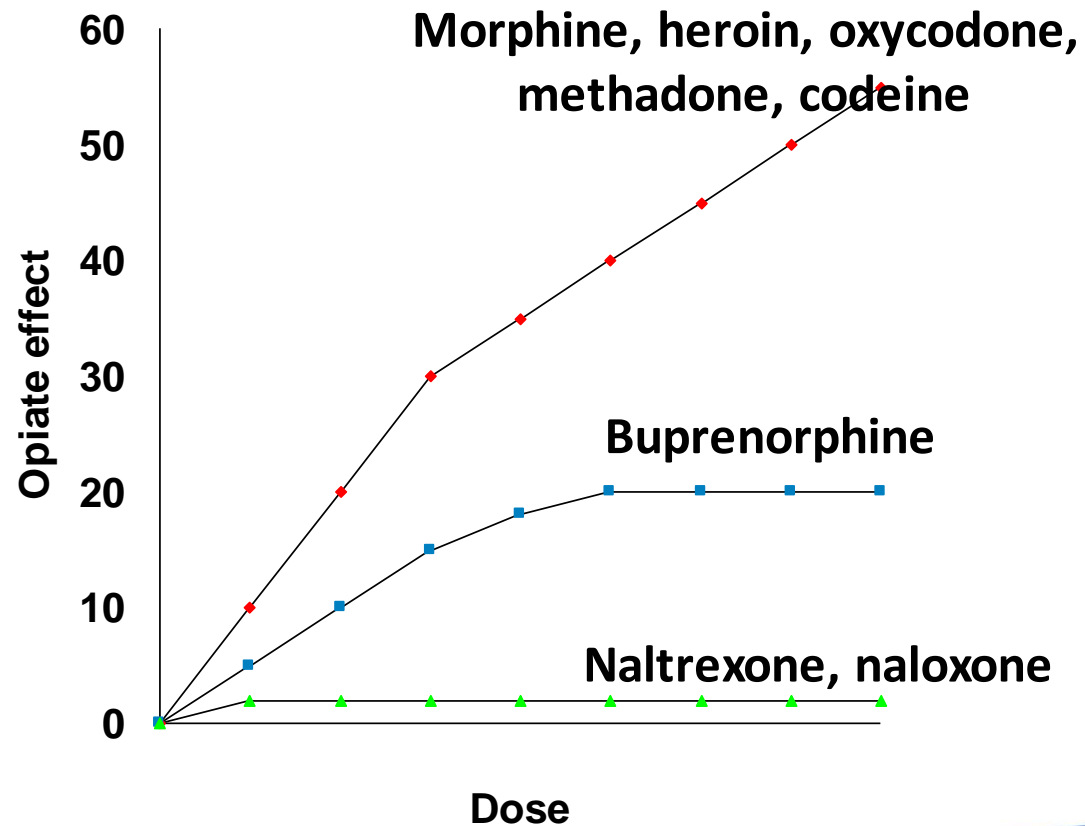
Worst outcomes* on methadone:

- continued use of heroin on methadone
- Babies experience acute heroin withdrawal & more elongated withdrawal

* Increased birth weight, decreased neonatal mortality



Caution!



Buprenorphine in pregnancy

Similar outcomes with bup in pregnancy to methadone in pregnancy

Buprenorphine (Subutex- tablets) preferred
not buprenorphine/naloxone (Suboxone- film)

Reason:

Pre-clinical data suggests fetal naloxone exposure produces hormonal changes (pain responses?, emotional responses? etc)

Note:

Buprenorphine is crushed and absorbed sublingually (ie not film)



Buprenorphine in pregnancy

Comparable efficacy to methadone

Less physiological suppression of fetal heart rate & movements c.f. methadone

Less NAS than methadone (*)

Compatible with breast-feeding (as is methadone)

