



ST VINCENT'S
HEALTH AUSTRALIA



Opioid agonist therapy and 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



e.g. 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 OAT

Heroin and pregnancy



Opioid agonist therapy (OAT)

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

[1] <https://pubmed.ncbi.nlm.nih.gov/1765892/>

OAT in pregnancy



Dose increases over course of pregnancy:

- Increased fluid volume/volume of distribution
- Increased metabolism (liver enzyme induction)
- Decreased absorption [2]

[2] J Pediatrics 2010; 157(3):428-433; J Subst Ab Tx 2011;40(3):295-298

Methadone in pregnancy



Good outcomes* on methadone:

- Conceived when stabilised on methadone
- Present for treatment early in pregnancy & motivated

Worse outcomes* on methadone:

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

* Increased birth weight, decreased neonatal mortality

Buprenorphine in pregnancy



- Similar outcomes with buprenorphine in pregnancy to methadone in pregnancy
- Less physiological suppression of foetal heart rate & movements c.f. methadone
- Less NAS than methadone [3]
- Compatible with breast-feeding (as is methadone)

[3] <https://pubmed.ncbi.nlm.nih.gov/27223595/>

Buprenorphine/naloxone?



Four studies (Total N=118) reported NO significant differences in maternal or neonatal outcomes

in women on buprenorphine/naloxone compared to buprenorphine alone or methadone [4-6]

- Animal studies have shown no association between naloxone & increased risk of congenital anomalies
- Studies limited by small sample size and lack of control for confounders
- Long-term follow-up of neurodevelopmental outcomes not available

However:

Guidelines suggest no reason to preferentially start or switch over to single agent buprenorphine [7]

[4] <https://pubmed.ncbi.nlm.nih.gov/26770721>

[5] <https://pubmed.ncbi.nlm.nih.gov/23531704/>

[6] <https://pubmed.ncbi.nlm.nih.gov/25569005/>

[7] <https://www.uptodate.com/contents/methadone-and-buprenorphine-pharmacotherapy-of-opioid-use-disorder-during-pregnancy>

Long acting injectable buprenorphine?



Buvidal (weekly or monthly SC injections)

- Currently **not recommended**
- Weekly
 - Pregnancy Category C [5]
 - Excipient NMP is present in weekly (not monthly) formulation
- Monthly
 - Pregnancy Category C
 - Treatment with monthly buvidal in rats during pregnancy at higher systemic exposures than anticipated for human exposure associated with difficult parturition and foetotoxicity including decreased post-natal survival
 - Not embryotoxic or teratogenic [6]

[8] <https://medicines.org.au/files/capbuviw.pdf>

[9] <https://medicines.org.au/files/capbuvim.pdf>

Long acting injectable buprenorphine?



- **Sublocade**

- No safety studies currently
- Case series of two pregnant women – nil withdrawal symptoms or adverse outcomes for mother nor neonate [7]

[10] <https://www.hindawi.com/journals/crigog/2020/3127676/>

References



- [1] <https://pubmed.ncbi.nlm.nih.gov/1765892/>
- [2] J Pediatrics 2010; 157(3):428-433; J Subst Ab Tx 2011;40(3):295-298
- [3] <https://pubmed.ncbi.nlm.nih.gov/27223595/>
- [4] <https://pubmed.ncbi.nlm.nih.gov/26770721/>
- [5] <https://pubmed.ncbi.nlm.nih.gov/23531704/>
- [6] <https://pubmed.ncbi.nlm.nih.gov/25569005/>
- [7] <https://www.uptodate.com/contents/methadone-and-buprenorphine-pharmacotherapy-of-opioid-use-disorder-during-pregnancy>
- [8] <https://medicines.org.au/files/capbuviw.pdf>
- [9] <https://medicines.org.au/files/capbuvim.pdf>
- [10] <https://www.hindawi.com/journals/crigog/2020/3127676/>

