Women who abuse opioids who become pregnant may become motivated to seek substance abuse treatment. Also, patients who are stabilized on buprenorphine might become pregnant. Therefore, it is important to know how to implement buprenorphine treatment in a pregnant patient.

Methadone maintenance treatment and buprenorphine monotherapy are both appropriate choices for pregnant women with opioid use disorder. However, use of buprenorphine in pregnant women has not yet been approved by the FDA, it is considered pregnancy category C.

**Methadone and Buprenorphine**

Methadone maintenance treatment has traditionally been the treatment of choice for pregnant women with opioid use disorder due to existing research on its safety, but new research is showing that buprenorphine may be as safe as methadone for this population.

Maintaining pregnant, women with opioid use disorder on methadone does not appear to increase morbidity and mortality in their neonates, even in high-dose methadone maintenance (McCarthy et al. 2005). Additional, publications suggest that buprenorphine can be equivalent to methadone in terms of safe and successful maternal and neonatal outcomes (Comer & Annitto 2004; Jones et al. 2005; Lejeune et al. 2006).

- Rates of neonatal abstinence syndrome are similar among infants born to methadone- vs. buprenorphine-maintained moms
  - However symptoms were less severe for infants whose mothers were treated with buprenorphine maintenance (Thomas et al. 2014).
  - Recent studies suggest that mono buprenorphine may be superior in terms of
need of neonatal abstinence medications, and length of neonatal hospital stay (Martin 2014).

Both buprenorphine monotherapy and methadone are reasonable choices for treating pregnant women addicted to opioids (Kraus et al. 2011); however, buprenorphine monotherapy might be considered for patients for whom methadone is not an option -- whether due to:

- Methadone being unavailable
- Unwillingness to enter methadone maintenance treatment
- Medical inability to take methadone

Current Research on Buprenorphine During Pregnancy

- A recent review of the literature concluded the relative safety and efficacy of buprenorphine for mother, fetus, and neonate are similar to methadone (Jones 2013).
- The 2011 Consensus Panel of the American Society for Addiction Medicine concluded that based on the data available at the time, buprenorphine monotherapy for the treatment of pregnant women with opioid use disorder is safe (Kraus et al. 2011).

Treatment During Pregnancy

Many patients already being maintained on buprenorphine when becoming pregnant might be able to remain on buprenorphine during pregnancy, with no serious adverse effects (Kraus et al. 2011).

Pregnant women should take buprenorphine monotherapy, not buprenorphine/naloxone combination film or tablets (Kraus et al. 2011).

Patients can be switched to the monotherapy tablet when they discover that they are pregnant.

Induction

- Patients can be inducted following the same dosing guidelines as other patients who are dependent on short-acting opioids.
- Patients who are dependent on long-acting opioids (methadone) should be strongly encouraged to stay on methadone throughout their pregnancy.

Tapering off Buprenorphine During Pregnancy

- Patients who are already on buprenorphine maintenance should be encouraged to stay on buprenorphine (or switch to methadone) during pregnancy to reduce the risk of fetal withdrawal.
- Tapering during this time should be discouraged.
- Some patients will insist on a drug-free pregnancy and demand a taper; in such instances, the taper should be performed in collaboration with an obstetrician with close fetal monitoring in order to avoid miscarriage or premature labor.
- The second trimester is the safest time to conduct a medical supervised withdrawal (Martin 2006).

References: [PCSS-MAT Guidance: Pregnancy and buprenorphine treatment](https://www.buppractice.com) [2]
[Statement of the American Society of Addiction Medicine Consensus Panel on the Use of Buprenorphine](https://www.buppractice.com) [3]
Buprenorphine and Pregnancy -- What You Need to Know [21]

Description: This patient handout sheet explains concerns and risks for buprenorphine treatment of patients who are or wish to become pregnant.

Buprenorphine and Pregnancy -- What You Need to Know

Abusing heroin or prescription painkillers while you are pregnant is very dangerous --both for your own health and for the health of the baby you are carrying. The best action you can take is to get into treatment and stop using drugs.

What happens if you are pregnant (or want to become pregnant) and want to start taking buprenorphine?

Methadone maintenance treatment and buprenorphine monotherapy are both appropriate choices for pregnant women with opioid use disorder.
Drug-free treatments, naltrexone treatment, or "detox" are also good choices if you are just planning a pregnancy, but they are a bad idea if you are already pregnant --these treatments will force you to go into withdrawal, which could cause a miscarriage.

Your provider can advise you about other treatments and help you choose one that it right for you.

**What happens if you are already using buprenorphine and want to get pregnant?**

If you want to get pregnant, the safest thing to do is switch to another treatment that is safe to use during pregnancy -- methadone, naltrexone, or a drug-free treatment.

Let your provider know in advance if you want to become pregnant so you can work together to plan your change in treatment. Also, use birth control to reduce the chance of having an unplanned pregnancy.

**But what happens if you are taking buprenorphine and get pregnant unexpectedly?**

In this situation, you have 2 things to consider:

They is a small chance that buprenorphine will hurt your child, but

If you switch from buprenorphine to any other kind of treatment (except for the buprenorphine only form --see below), you will probably go into withdrawal --and withdrawal could cause a miscarriage.

Miscarriage from withdrawal is the greater of these 2 risks. So, if you are already on buprenorphine and you become pregnant, you should not switch to another treatment.

There is only one change you should make --your provider will probably switch you from buprenorphine/naloxone combination to buprenorphine only form (monotherapy). Monotherapy has the same active ingredient as the buprenorphine/naloxone combination formulation and is used in the same way, but it doesn't have another ingredient (naloxone) which could be dangerous to take during pregnancy.

Remember to talk to your provider if you wish to become pregnant or suspect you are pregnant at any time while taking buprenorphine.

---

**TIP 40 Chapter 5: Special Populations [22]**

**Description:** This chapter provides information on using buprenorphine in patients who have special circumstances, including patients who have comorbid medical conditions or pain,
pregnant patients, and adolescents.

**Source:** Substance Abuse and Mental Health Services Administration (SAMHSA)

**Randomized controlled study transitioning opioid-dependent pregnant women from short-acting morphine to buprenorphine or methadone**

**Description:** This 2005 randomized controlled study examined transitioning women from short-acting opioids to buprenorphine with respect to safety and withdrawal discomfort.

**Source:** Drug and Alcohol Dependence

**Links:**
2. https://www.buppractice.com/node/3475
4. https://www.buppractice.com/node/2140
5. https://www.buppractice.com/node/2114