

Opioid use disorder in pregnancy—Medication treatment improves outcomes for mothers and infants

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Medication for addiction treatment (MAT) with buprenorphine or methadone is an appropriate and accepted treatment for pregnant women with opioid use disorder (OUD), according to a research review and update in the *Journal of Addiction Medicine*, the official journal of the American Society of Addiction Medicine (ASAM).

The report—prepared by Hendrée E. Jones, PhD, of University of North Carolina at Chapel Hill and colleagues for the US Department of Health and Human Services [Substance Abuse and Mental Health Services Administration](#) (SAMHSA)—is an important step toward developing evidence-based recommendations for [treatment](#) of pregnant and parenting women with OUD and their children. Dr. Jones and coauthors write: "Practical recommendations will help providers treat [pregnant women](#) with OUD and reduce potentially negative health consequences for mother, fetus, and child."

Evidence Supports Medication for Addiction Treatment over 'Detox' for OUD during Pregnancy

US rates of prescription opioid use and misuse continue to increase, including among women of childbearing age. Infants born to mothers with OUD are at risk of [neonatal abstinence syndrome](#) (NAS), developing signs and symptoms of opioid withdrawal after birth. Because of the growing number of pregnant women with OUD and the

health risks to mother and child, there is an urgent need for evidence on effective treatment approaches.

Following a formal process for evaluating the "appropriateness" of medical treatments, Dr. Jones and colleagues identified and analyzed 75 research studies providing evidence on treatment methods for women with OUD who are pregnant and parenting, and for their children. Although withdrawal or 'detox' from opioids is possible during pregnancy, relapse rates are high, posing additional health risks to the mother and infant.

Based on the available evidence, medication for addiction treatment (MAT, also known as "medication-assisted treatment") with buprenorphine or methadone is the "accepted treatment" for OUD during pregnancy. These medications—called opioid agonists—are effective in reducing opioid use, promoting abstinence, and aiding recovery. ("Medication-assisted treatment" is not a preferred term because it stigmatizes the treatment, implying that medication treatment it is not as effective as it is known to be.)

In pregnant women with OUD, the MAT approach is used as part of a comprehensive program of obstetric care and behavioral treatment. Mothers are encouraged to breast-feed their infants while continuing MAT with buprenorphine or methadone—doing so can encourage and promote mother-infant bonding and may help reduce NAS severity.

"NAS is an expected and manageable condition," Dr. Jones and coauthors write. They emphasize that sustained recovery requires a comprehensive care program that is supportive of and responsive to the mother and her baby. The authors also highlight essential areas for future research to improve outcomes for pregnant women with OUD and their infants.

The evidence review was used in developing a recent SAMHSA report providing guidance on the care of pregnant and parenting women with OUD and their infants. "Uptake of the guide should improve quality of care and hopefully help lessen the discrimination experienced by pregnant women with opioid use disorder," writes Mishka Terplan, MD, MPH, of Virginia Commonwealth University, Richmond, in an accompanying commentary.

But while efforts to standardize assessment and care are an important step forward, Dr. Terplan emphasizes the critical need to increase access to care for pregnant women with OUD. "Unfortunately, the majority of pregnant women who need [addiction treatment](#) are unable to receive it," Dr. Terplan writes. He calls for continued national efforts to close the gap between demand and treatment capacity, and for reform of state policies that discourage pregnant [women](#) from seeking treatment for OUD.

More information: Mishka Terplan. Beyond the Treatment Box, *Journal of Addiction Medicine* (2017). [DOI: 10.1097/ADM.0000000000000309](#)

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