Opioid Use Disorder and Pregnancy: **Following PATHS for a Healthy Pregnancy and Delivery**

Workbook

Steps to Set You and Your Baby on the Path to Success

PATHS
Prenatal Action For Taking Healthy Steps

National Institute on Drug Abuse (NIDA)
Clinical Trials Network (CTN) Dissemination Initiative

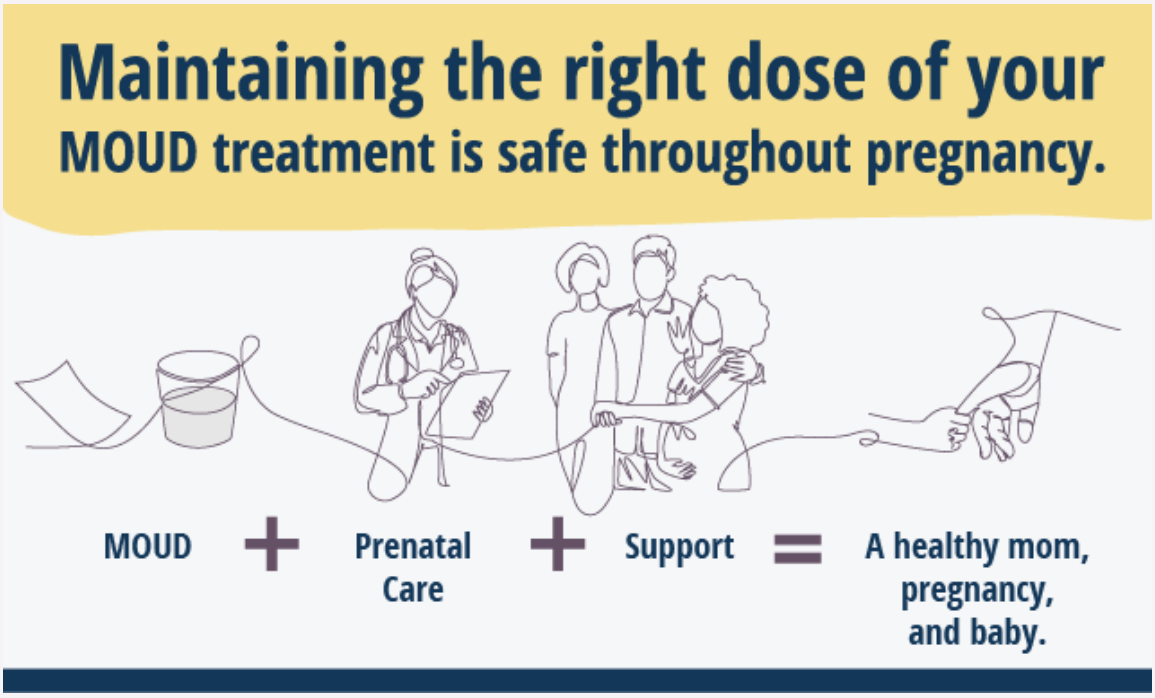
Contents

TOPIC 1: Introduction

Purpose

This workbook is to help you learn more about managing opioid use disorder, or OUD, during pregnancy to ensure you and your baby are healthy. You may have already heard rumors about addiction in pregnancy. You deserve to know the truth about treatment of opioid use disorder and all the positive benefits it brings.

Pregnant people with opioid use disorder can have uncomplicated pregnancies, healthy babies, and happy lives.



Important Terms

This is a list of abbreviations in this workbook.

OUD = opioid use disorder, also called opioid addiction. OUD is a treatable chronic medical disease involving the brain, genetics, environment and life experiences. People with OUD continue to use opioids compulsively despite harmful consequences. Treatment for OUD is as successful as treatment for other chronic diseases, like diabetes or high blood pressure.

MOUD = medications for opioid use disorder, specifically buprenorphine and methadone. These are FDA-approved medications that are safe in pregnancy and breastfeeding that treat OUD and lower the risk of opioid overdose. They reduce withdrawal and cravings at therapeutic doses and can help people with OUD stop using.

NOWS = neonatal opioid withdrawal syndrome. These are expected withdrawal symptoms newborns can develop in the early days after birth when they aren't attached to the placenta anymore and therefore are not getting exposed to buprenorphine, methadone, or other opioids their mother was taking. The symptoms do not cause long-term harm to babies and are easily treated. Opioid withdrawal in newborns is not due to addiction or OUD. Newborns cannot have addiction! These withdrawal symptoms are due to the chemistry of opioids.

NAS = neonatal abstinence syndrome. NAS also describes withdrawal symptoms newborns can develop in the early days after birth. NAS is a broader term than NOWS since it includes withdrawal symptoms from any medication, drug or other substance, not just opioids. This is often used to describe withdrawal from medications to treat depression, anxiety or other mental health conditions. These withdrawal symptoms are also due to the chemistry of these medications and do not mean that your baby has depression or anxiety!

Activity 1

Think about answers to these questions. Write down your answers or new questions that come up!

1. Have you been on MOUD in pregnancy before?

2. What did you learn that helps you now?

3. Do you know anybody who has been pregnant on MOUD before? What did they tell you?

4. What emotions are you experiencing about your pregnancy?

Activity 2

Click the link to meet Erika and watch a 5-minute video about her experience with MOUD in pregnancy. Feel free to take notes or write questions below.
https://youtu.be/L4zfhkezHP4

- What parts of Erika's story feel familiar or meaningful to you?
- Are there any challenges that make it difficult to talk to your doctor about your OUD?
- What personal strengths will help you through recovery and pregnancy?
- Who in your life might also benefit from watching this video?

TOPIC 2: OUD Treatment during Pregnancy

The most important decision you can make for the health of you and your baby is to continue or start OUD treatment.

OUD medications that are safe to take during pregnancy include buprenorphine and methadone.

Whether you are just learning you are pregnant, or are close to delivery, it's never too early or late to get treatment for your OUD.

Remember to ask questions. Your recovery is personal and there are resources to help.

Activity 3

View Fact Sheet

This fact sheet from the Substance Abuse and Mental Health Services Administration (SAMHSA) provides a lot of information about the benefits of treatment for OUD during pregnancy; access and read it at the link below: https://store.samhsa.gov/sites/default/files/d7/priv/sma18-5071fs1.pdf

Factsheet 1 of 4

Opioid Use Disorder and Pregnancy
Taking helpful steps for a healthy pregnancy

Introduction

If you have an opioid use disorder (OUD) and are pregnant, you can take helpful steps now to ensure you have a healthy pregnancy and a healthy baby. During pregnancy, OUD should be treated with medicines, counseling, and recovery support. Good prenatal care is also very important. Ongoing contact between the healthcare professionals treating your OUD and those supporting your pregnancy is very important.

The actions you take or don't take play a vital role during your pregnancy. Below are some important things to know, about OUD and pregnancy, as well as the Do's and Don'ts for making sure you have a healthy pregnancy and a healthy baby.

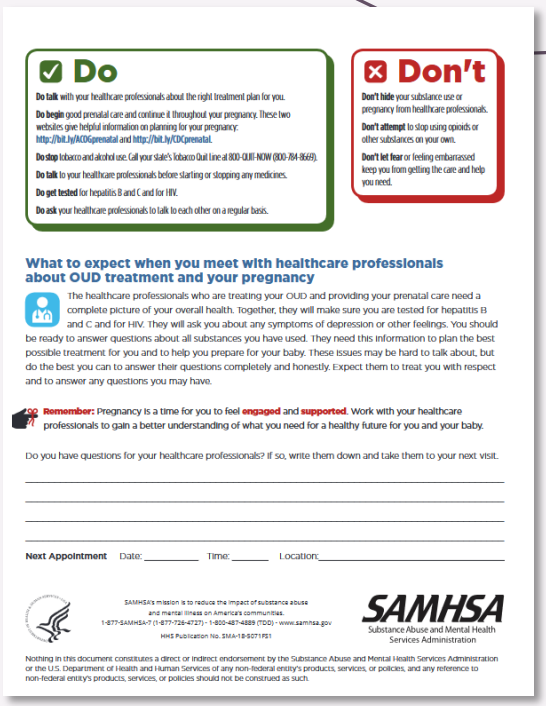
Things to know

- OUD is a treatable illness like diabetes or high blood pressure.
- You should not try to stop opioid use on your own. Suddenly stopping the use of opioids can lead to withdrawal for you and your baby. You may be more likely to start using drugs again and even experience overdoses.
- For pregnant women, OUD is best treated with the medicines called methadone or buprenorphine along with counseling and recovery support services. Both of these medicines stop and prevent withdrawal and reduce opioid cravings, allowing you to focus on your recovery and caring for your baby.
- Tobacco, alcohol, and benzodiazepines may harm your baby, so make sure your treatment includes steps to stop using these substances.
- Depression and anxiety are common in women with OUD, and new mothers may also experience depression and anxiety after giving birth. Your healthcare professionals should check for these conditions regularly and, if you have them, help you get treatment for them.
- Mothers with OUD are at risk for hepatitis and HIV. Your healthcare professionals should do regular lab tests to make sure you are not infected and, if you are infected, provide treatment.
- Babies exposed to opioids and other substances before birth may develop neonatal abstinence syndrome (NAS) after birth. NAS is a group of withdrawal signs. Babies need to be watched for NAS in the hospital and may need treatment for a little while to help them sleep and eat.

About OUD

People with OUD typically feel a **strong craving for opioids** and find it hard to cut back or stop using them. Over time, many people **build up a tolerance** to opioids and need larger amounts. They also spend more time looking for and using opioids and less time on everyday tasks and relationships. Those who suddenly reduce or stop opioid use may suffer **withdrawal symptoms** such as nausea or vomiting, muscle aches, diarrhea, fever, and trouble sleeping.

If you are concerned about your opioid use or have any of these symptoms, please check with your **healthcare professionals** about treatment or tapering or find a provider at this website: **www.samhsa.gov/find-help.**



Do

Do talk with your healthcare professionals about the right treatment plan for you.

Do begin good prenatal care and continue it throughout your pregnancy. These two websites give helpful information on planning for your pregnancy: http://bit.ly/ACOGprenatal and http://bit.ly/CDCprenatal.

Do stop tobacco and alcohol use. Call your state's Tobacco Quit Line at 800-QUIT-NOW (800-784-8669).

Do talk to your healthcare professionals before starting or stopping any medicines.

Do get tested for hepatitis B and C and for HIV.

Do ask your healthcare professionals to talk to each other on a regular basis.

Don't

Don't hide your substance use or pregnancy from healthcare professionals.

Don't attempt to stop using opioids or other substances on your own.

Don't let fear or feeling embarrassed keep you from getting the care and help you need.

What to expect when you meet with healthcare professionals about OUD treatment and your pregnancy

The healthcare professionals who are treating your OUD and providing your prenatal care need a complete picture of your overall health. Together, they will make sure you are tested for hepatitis B and C and for HIV. They will ask you about any symptoms of depression or other feelings. You should be ready to answer questions about all substances you have used. They need this information to plan the best possible treatment for you and to help you prepare for your baby. These issues may be hard to talk about, but do the best you can to answer their questions completely and honestly. Expect them to treat you with respect and to answer any questions you may have.

Remember: Pregnancy is a time for you to feel **engaged** and **supported**. Work with your healthcare professionals to gain a better understanding of what you need for a healthy future for you and your baby.

Do you have questions for your healthcare professionals? If so, write them down and take them to your next visit.

_____

_____

_____

_____

Next Appointment Date: _____ Time: _____ Location: _____

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.
1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD) • www.samhsa.gov
HHS Publication No. SMA-18-5071FS1

SAMHSA
Substance Abuse and Mental Health Services Administration

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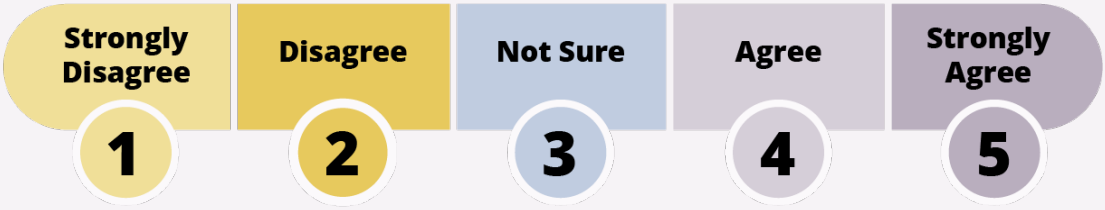
TOPIC 3: Medications to Treat Opioid Use Disorder (MOUD)

Activity 4 – What do you know and what do you believe? Check your biases!

There is a lot of stigma and false information about MOUD in pregnancy. Stigma can come from the outside world and from inside each of us. This exercise will help you learn about some of the biases you may have. The goal is to help you understand the facts so you can make the best choices for you and your baby.

All the statements below are true!

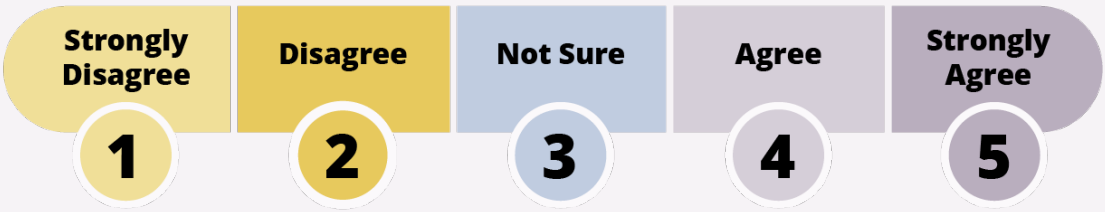
- Read each one and rate your agreement with it from 1-5.
- If you know the fact and totally agree with it, then score yourself 5.
- If you did not know the fact or do not believe it at all, score yourself 1.



1. Taking prescribed buprenorphine or methadone to treat opioid use disorder is not trading one addiction for another. This is a stigmatized myth. Physical dependence and addiction are not the same thing. When combined with counseling and recovery support, prescribed and monitored MOUD treatments stabilize brain chemistry. Addiction includes behaviors that hamper daily life.

2. Methadone and buprenorphine are safe in pregnancy. They do not cause birth defects or any long-term problems for children whose moms take these medications during pregnancy. The evidence shows that being in treatment with these medications leads to better outcomes for both you and your baby.

3. While both buprenorphine and methadone are safe and effective for you and your baby, they each have certain benefits (positives) and possible downsides (negatives). The best medication for treating your OUD is the one that works best for you.



4. Stopping or staying on a low MOUD dose can lead to withdrawal symptoms which put you at risk to use and overdose. It is safest for you and your baby to continue to take the dose of MOUD that is effective for you.
5. Many pregnant people find that their MOUD dose may go up during their pregnancy. Work with your provider to find the best treatment dose for you.
6. Babies cannot be born addicted. Babies may have NOWS after birth, but that is not addiction. Addiction is different; it involves behavioral patterns that disrupt daily life.
7. NOWS is easy to treat. Your baby will be monitored for withdrawal and may be treated with supportive care and medications.
8. It is safe to breastfeed while you take MOUD, and it may reduce the withdrawal symptoms your baby has. Check with your medical team to make sure it is okay for you and your baby based on your personal history.
9. Federal government rules require a Plan of Safe Care for babies exposed to opioids or other drugs before birth. The goal of a Plan of Safe Care is to keep your family together. If you are assigned a Child Protective Services (CPS) worker, ask them to work with your treatment provider to ensure your Plan of Safe Care meets state and local requirements.
10. Treatment with MOUD is protected by the Americans with Disabilities Act (ADA). It is illegal for courts, jails, prisons, or substance use treatment programs to stop your MOUD or demand that you change it.
11. Your right to work while you take MOUD is also protected by the Americans with Disabilities Act. Some jobs in “safety-sensitive” fields do not permit employees to take MOUD, but those are rare. Know your rights.

TOPIC 4: Getting Ready for Healthy Parenting

OUD affects pregnant people everywhere, from every race, background, education, and income level. Knowing what to expect, asking questions, and being prepared can help everyone. Some of the things below may not apply to you, so focus on what you need to create your healthy parenting path. The QR codes on the right can help you find resources to help.

Activity 5 – Put a check in the column that matches for you. "Need to Learn More" is where you can focus your time.

Healthy Parenting Needs	I'm Ready	I'm Not Ready	Need to Learn More
Medication for opioid use disorder			
Prenatal care provider			
Primary care provider			
Healthcare provider for my baby			
Healthy food and clean water			
Prenatal vitamins and prescribed medicines			
How to stop nicotine, marijuana, alcohol, and other drugs safely			
Safe exercise in pregnancy			
Postpartum mood changes			
Transportation			
Health insurance			
Safe, stable housing			
Income, financial support			
Baby supplies			

TOPIC 5: Developing a Support Network After Delivery

Developing a Support Network

You have probably heard the African proverb, "It takes a village to raise a child." Taking care of a newborn is hard, and it can stress your recovery. Having a "village" of support people will help when you are feeling that stress. You don't need to do this alone. Build your village now using the activity below!

Activity 6 - Common Challenges After Delivery & What to Do about Them

Below are common challenges you might face, alongside potential actions you can take to address them. Your goal is to match each **Challenge** with the most appropriate **Solution**.

Instructions:

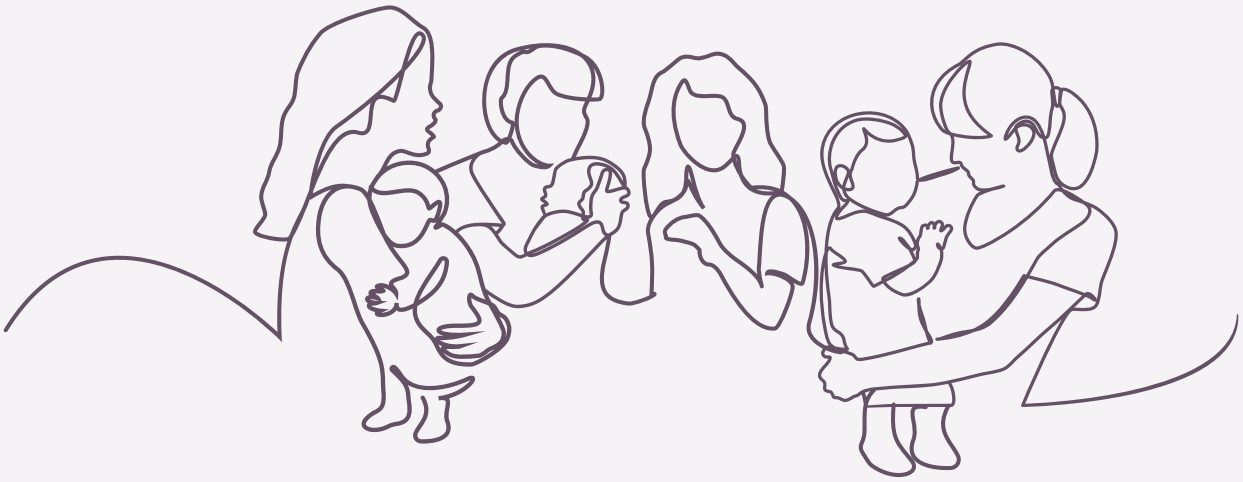
1. Write the number of the solutions that make the most sense to you. Each challenge may have multiple answers.
2. Reflect on how each solution could help improve your well-being.
3. Discuss your thoughts with a trusted person, peer support, or your care team.

Challenge	Solution
Your MOUD dose doesn't feel right	1 Call your medical provider
You feel depressed	2 Contact a peer recovery support person
You are having cravings to use	3 Call a trusted friend and ask for help
You feel exhausted	4 Attend a support group meeting
You can't tell if the baby is getting enough milk	5 Schedule an appointment for you
You feel alone	6 Schedule an appointment for your baby

Reflection Questions

- Have you faced any of these challenges recently? If so, how did you address them?

- Can you think of other difficulties that might arise? Write down one additional example and your best idea for a resolution.



Recovery Support for New Moms

- Attending individual and/or group therapy
- Connecting with other moms with babies through in-person and/or on-line support groups
- Participate in a spiritual or faith-based community.
- Engaging in rituals and practices from your culture
- Going to mutual support meetings that are friendly to people on MOUD treatment.

New Mom Checklist

- Cravings and urges may come, but they always go. Have a plan to handle them: listening to music, going for a walk, calling a friend, or even taking a few deep, slow breaths can help.

- People in recovery sometimes have a lapse and return to use. Don't let shame prevent you from connecting with your village to help you get back on track! You are a good mom, and you deserve recovery.

- If you can breastfeed, get the support you need. Ask provider if breastfeeding consultants are available in your area.

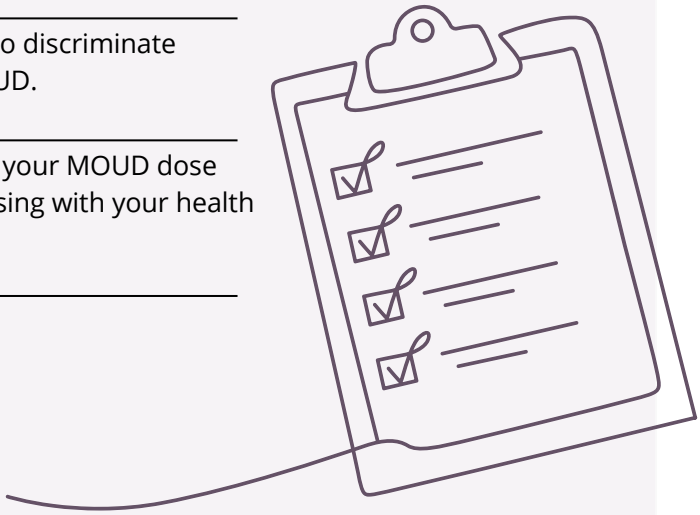
- Carry naloxone (over the counter) or nalmefene (prescription) to save someone's life in case they overdose.

- Keep a schedule or set an alarm so you don't miss any doses of MOUD. Plan ahead for how you will stay on track when your normal routine changes.

- Keep your take home dose in a convenient place to help you take your medicine on time.

- Being on MOUD is your right. It's against the law to discriminate against people because they take prescribed MOUD.

- Stay in touch with your treatment provider about your MOUD dose and don't make any dose changes without discussing with your health care provider.



Activity 7 – Make a list of the people in your recovery and parenting support village now!

Use the spaces below to create your plan for postpartum recovery support so it is there when you need it.

Section 1: Support Phone List	**Name**	**Phone #/Email**
People I can contact for support with parenting:		
People I can contact when I feel stressed or depressed:		
People I can contact when I have cravings/urges to use drugs:		
People I can contact if I slip and return to use:		

Section 2: Support Group List	**Group Name**	**Day/Time/Location**
Recovery Support		
Spiritual/Cultural Support		
Parenting Support		
Breastfeeding Support		
Other:		

Section 3: Provider Contact List	**Name**	**Phone**
OB/GYN		
MOUD Provider		
OUD Counselor		
Pediatrician/Family Doctor		
Recovery Peer		
Other:		

NOTES:

References

Substance Abuse and Mental Health Services Administration (SAMHSA) and SAMHSA National Helpline
https://www.samhsa.gov

https://www.samhsa.gov/find-help/national-helpline

Opioid Use Disorder and Pregnancy
https://store.samhsa.gov/sites/default/files/d7/priv/sma18-5071fs1.pdf

Treating Babies Who Were Exposed to Opioids Before Birth
https://store.samhsa.gov/sites/default/files/sma18-5071fs3.pdf

Medication for the Treatment of Opioid Use Disorder in Pregnancy is Essential
https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2814228

First Trimester Use of Buprenorphine or Methadone and the Risk of Congenital Malformations
https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2814227

Myths vs. Facts about MOUD
https://www.lac.org/assets/files/Myth-Fact-for-MAT.pdf

Rights for Individuals Receiving Behavioral Health Services
https://library.samhsa.gov/product/know-your-rights/pep24-08-002

Reporting an Americans with Disabilities Act (ADA) violation:
https://www.ada.gov/file-a-complaint/

https://www.justice.gov/usao/find-your-united-states-attorney

Resources

Opioid Treatment Program Directory
https://dpt2.samhsa.gov/treatment/

Free or reduced-cost resources like food, housing, financial assistance, health care, and more
https://www.findhelp.org/

National Suicide and Crisis Lifeline
Call/text 988

Training and job information
https://www.careeronestop.org/LocalHelp/EmploymentAndTraining/employment-and-training.aspx

American Job Centers
https://www.careeronestop.org/LocalHelp/AmericanJobCenters/find-american-job-centers.aspx

Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
https://www.fns.usda.gov/wic

Supplemental Nutrition Assistance Program (SNAP)
https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program

U.S. Department of Housing and Urban Development
https://www.hud.gov/

Postpartum Support International
https://www.postpartum.net

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