

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

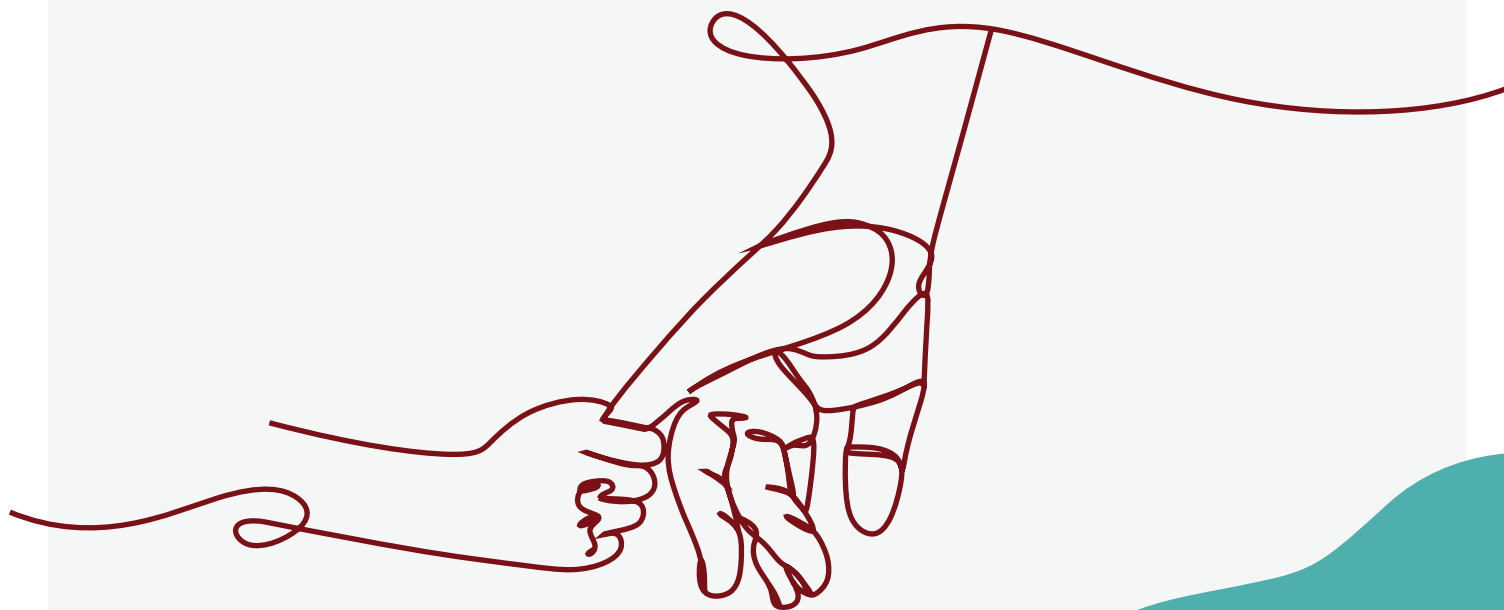
Discussion Guide

## **Caring for the Well-Being of Our Children is Our Traditional Way**



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# Recovery Meeting Discussion Guide

Thank you for leading this important talk about pregnancy and opioid use disorder (OUD). Starting or continuing treatment for OUD is one of the most important choices a parent-to-be can make. There are many ways to have a healthy pregnancy and life with OUD.

This guide will help everyone in your recovery meeting find the best path for their journey. Plan to spend about one hour discussing pregnancy and OUD with your group.



## Materials:



Introductory video



This Discussion Guide



Printable flyers



Social media posts (formatted for Instagram and Facebook)



Social media videos (formatted for video-based social media channels)



## Recommended:

- Laptop computer, cell phone, or both
- An internet connection or Wi-Fi access
- LED or television with screen mirroring capabilities or a connector to your computer
- Whiteboard, easel, or post-it notes to capture group discussion
- Access to a copier or printer
- Feel free to use a grayscale (black and white) option on your copier if desired.



## Getting ready:

1. Access the Video
2. Set Up Viewing Equipment
3. Print Flyers
4. Choose a Note-Taker
5. Gather Supplies
6. Arrange Seating

## Step 1: Introduction (5 minutes)



**Once the group has gathered, explain what to expect during your meeting. Consider an introduction like this. Feel free to adapt it to your own words.**

- Today, we'll be discussing opioid use disorder, or OUD, and talk about paths you can take to ensure your pregnancy goes well and your baby is healthy. We'll be using some terms that may feel unfamiliar to you - particularly MOUD, which stands for medications for opioid use disorder, and NOWS or NAS, which stand for neonatal opioid withdrawal syndrome and neonatal abstinence syndrome. If you hear an abbreviation you're not familiar with, feel free to stop me and I'll be happy to explain what that stands for.
- Pregnancy and parenting can bring up lots of different feelings, whether you planned for this baby or not. That's why we're all here. And despite what you may have heard, I'm here to tell you that it's absolutely possible to have a healthy baby with OUD.
- There are many paths to a healthy pregnancy and a healthy life with OUD. None of us are here to tell you what to do. What I can do for you is bring you information that is going to help you ask the right questions so you can make informed decisions about what's right for you and your baby.
- To get started, I'm going to play a short video about one parent with OUD and their pregnancy journey. I've chosen this video for us because it touches on a lot of issues you may run into during your pregnancies. Another thing I like about this video is they describe how they learned to be an advocate for themselves and for their baby. Let's take a few minutes to watch this and then we'll talk about it.

### **After we watch the video, we'll discuss:**

- What medication for opioid use disorder (MOUD) is – and what it isn't – during pregnancy. There are two medications to manage your OUD that have been proven safe to take while you are pregnant and while breastfeeding.
- Your right to MOUD through the Americans with Disabilities Act. These rights apply whether you're incarcerated, if you're in family court, if you're trying to enter a treatment program or if you're trying to get a job. There's more to know, and we'll talk about it.
- Getting ready. We'll discuss resources available so you can improve your access to healthy food, stable housing, and steady income, if these are a concern for you.
- Developing a support network during your pregnancy and after delivery. When you're a new parent and you're tired and sleep-deprived, cravings for opioids and other drugs can get stronger.



## Step 2: Collecting Questions and Opinions about MOUD (7 minutes)



Your group may already have some opinions about medication for OUD (called MOUD). They may also have questions. You can start the discussion by asking them to share their opinions and questions. Write this feedback on your whiteboard or on post-it notes for the group to see. Don't address their questions now; we'll answer their questions during Step 3.

**Consider an introduction like this for the group discussion. Feel free to adapt it in your own words.**

- Pregnancy with any long-term condition – including OUD - involves some risks. Risks for you without OUD treatment include:
- Risks for your baby if you are not in treatment include:
  - Overdose
  - Heart disease or serious infections like hepatitis (liver disease) and HIV
  - Interpersonal violence
  - Fetal growth restriction: baby may not grow as they should
  - Preterm labor: baby may be born too early
  - Loss of pregnancy
- It is possible to have a healthy pregnancy with OUD. The most important decision you can make for your health and your baby's health is to continue or start OUD treatment. Treatment can greatly reduce these risks.
- Asking questions, treating your OUD, and investing in your health are the best things you can do to protect and care for yourself and your baby.

OUD can be treated during pregnancy with medication. OUD medications that are safe to take during pregnancy include buprenorphine and methadone.

**Some of the questions or opinions your group may share about MOUD may include:**

1. Aren't buprenorphine and methadone just trading one addiction for another?
2. Shouldn't I be tapering or stopping buprenorphine or methadone now that I'm pregnant?
3. Are buprenorphine and methadone safe for my baby?
4. Which is better – buprenorphine or methadone?
5. Will my baby be born addicted?
6. Will my baby go into withdrawal?
7. What happens if my baby experiences withdrawal?
8. Will my baby be taken away from me?
9. Can the courts make me stop or switch my OUD medication?
10. Can I get a job while I'm taking medication for OUD?
11. Can I breastfeed while I'm taking buprenorphine or methadone?



If someone asks a question you can't answer, write it down and let them know that you'll research their question and get back to them. This resource from the Substance Abuse and Mental Health Services Administration (SAMHSA) may be helpful to you: <https://store.samhsa.gov/sites/default/files/whole-person-care-pregnant-people-oud-pep23-02-01-002.pdf>.

## Step 3: Medication for Opioid Use Disorder (MOUD), Americans with Disability Act (ADA) Rights, and Breastfeeding with OUD (up to 20 minutes)



Here are some answers to questions your group may have about MOUD treatment. Citations that support these evidence-based recommendations are included at the end of this discussion guide for your reference.

### 1. Aren't buprenorphine and methadone just trading one addiction for another?

- This is a very common question! Physical dependence and addiction are not the same thing. People taking methadone and buprenorphine do experience withdrawal if they stop taking it without medical support, but this does not mean they are addicted. Addiction includes behaviors that hamper daily life. Medication for OUD, combined with counseling and recovery support, are proven to help people meet their long-term recovery goals.
- MOUD can support your health and wellbeing regardless of the outcome of your pregnancy.

### 2. Shouldn't I be tapering or stopping buprenorphine or methadone now that I'm pregnant?

- Staying on medication for OUD is important for you and for your unborn baby.
- Tapering or discontinuing such medications during pregnancy can place you both at risk. Talk with your treatment provider for more information.

### 3. Are buprenorphine and methadone safe for my baby?

- The evidence shows that buprenorphine and methadone are safe and effective for pregnant people. Being in treatment with these medications leads to better outcomes for both of you.
- Buprenorphine and methadone have not been shown to increase the risk of birth defects.

### 4. Which is better – buprenorphine or methadone?

- Researchers have compared how well buprenorphine and methadone work to manage OUD during pregnancy. They have also studied newborns that develop NWS or NAS with exposure to buprenorphine and methadone.
- They agree that the best medication for treating YOUR OUD is the one that works best for you. Talk with your treatment provider for more information.

### 5. Will my baby be born addicted?

- Your baby will not be born addicted. They may have a physical dependence that may need treatment after delivery. This is not addiction. Addiction includes other behaviors that hamper daily life like:
  - Using more drugs more often
  - Neglecting family, friends, school, or work
  - Giving up things that were important because of drugs

- Using drugs in risky settings
- Using drugs even when they cause problems in your life

#### **6. Will my baby go into withdrawal?**

- Stopping or lowering your dose of MOUD will not reduce withdrawal in your baby. This will also put your recovery at risk.
- Every baby is different. There is no way to predict if withdrawal symptoms will be severe. Some babies do not experience any symptoms.

#### **7. What happens if my baby experiences withdrawal?**

- Babies exposed to opioids or MOUD before birth are often watched in the hospital for up to 7 days after birth for any signs of NOWS or NAS.
- Some signs of NAS or NOWS in newborns are irritability, a constant, high-pitched cry, and tremors.
- NOWS or NAS are temporary and treatable.
- Some babies with with NOWS or NAS may need medication for a short time. This treatment can help manage your baby's symptoms. Remember, infants will not become addicted.
- You can learn to soothe your baby through skin-to-skin contact. Swaddling, soft lighting, and spending quiet time together will help. Your baby can also use a pacifier to self-soothe.

#### **8. Will my baby be taken away from me?**

- Federal rules now require a Plan of Safe Care for babies exposed to opioids or other drugs before birth. Plans of Safe Care are meant to help keep your family together.
- A report to family services does not necessarily mean your baby will be taken from you.
- Committing to your OUD treatment plan is one way you can help advocate for yourself and your parental rights.
- Family Services wants to help you succeed. Ask your treatment provider to work with you to create a plan with expectations you can meet.
- If 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.

#### **9. Can the courts make me stop or switch my OUD medication?**

- Treatment with medication for opioid use disorder (MOUD) is protected by the Americans with Disabilities Act (ADA). Access to MOUD is even more important when you are pregnant or after delivery.
- It is your right to receive MOUD while you are pregnant or after delivery. This applies to:
  - Prisons and jails
  - Drug court or probation offices
  - Family court
- It is illegal for substance use disorder treatment programs to refuse services to you because you are on MOUD.
- Know your rights. Report an ADA violation to legal actions centers, the assistant U.S. attorney in your district, or the federal government.

### 10. Can I get a job while I'm taking medication for OUD?

- Employers cannot refuse to hire you just for being on MOUD prescribed by your treatment provider.
- Know your rights. Report an ADA violation to Legal Action Center, the assistant U.S. attorney in your district, or the federal government.

### 11. Can I breastfeed while I'm taking buprenorphine or methadone?

- If you can breastfeed doctors recommend it. Breastfeeding while taking MOUD is safe and can reduce the need for medication to treat NOWS/NAS in your baby.
- It is safe to breastfeed with your MOUD medication. Talk to your doctor to decide what will be best for you and your baby.

## Step 4: Getting Ready (15 minutes)



Consider transitioning now to a discussion about what it means to the group to be a “healthy” parent. Write responses on post-it notes or a whiteboard for the group to see.

### Part 1: Introduction

- Opioid use disorder affects pregnant people everywhere, from every race, background, education, and income level. Good parents ask questions. Asking questions, treating your OUD, and investing in your health are the best things you can do to protect and care for yourself and your baby.
- What are some ways to get ready for healthy parenting? Here are some examples to get the group started:
  - Talk with my doctor about finding the best treatment options for my OUD.
  - Take prenatal vitamins every day while I'm pregnant.
  - Drink lots of water and eat healthy food.
  - Attend my prenatal visits.
  - Stop drinking alcohol, using tobacco, or vaping.
  - Exercise regularly.
  - Ask my doctor about postpartum mood changes.

**Part 2: Next Steps for Support.** Talk with the group about what they can do now to get ready for parenting with OUD. Let them know if their treatment provider or another organization can help them find these resources.

- Obtain a dependable source of transportation. This could be a bus pass, dial-a-ride, or a personal vehicle. In some states, Medicaid may be able to provide transportation to prenatal and MOUD visits. Check for availability in your area.
- Sign up for government benefits such as the [Special Supplemental Nutrition Program for Women, Infants, and Children \(WIC\)](#) or the [Supplemental Nutrition Assistance Program \(SNAP\)](#).
- Sign up for Medicaid or other health insurance.
- If you need stable housing, visit the [U.S. Department of Housing and Urban Development](#) website for information about housing assistance programs in your state. Having a



consistent address will help you keep up to date with your bills.

- You will need a reliable source of income. Visit [CareerOneStop.org](https://www.careeronestop.org) to get connected to job placement programs in your area.
- Gather supplies for your baby, such as a crib, a car seat, diapers, clothing, and bedding.
- Courts and Child Protective Services (CPS) cannot legally require persons taking MOUD to stop taking legally prescribed medication for OUD. This would be like a judge telling a person with diabetes to stop taking insulin.
- Ask your treatment provider to work with you to develop your Plan of Safe Care.
- 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. The best way to improve your interactions with CPS is to take advantage of all the available support services you have.

## Step 5: Developing a Support Network After Delivery (5 minutes)



Talk with your recovery group about how important it is to have support during pregnancy and after the baby is born. Having a plan now will help when they are tired, not getting enough sleep, and having strong cravings for opioids or other drugs.

### Ways to advocate for yourself:

- If something like your medication is not working for you, talk with your treatment provider about changes that could be made.
- 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.
- Ask for help when you feel stressed or down. Feeling stressed and tired with a new baby may increase urges and cravings for opioids. This is your body and mind reacting to a big change in your life.
- Ask your provider about peer support services in your area.
- Attend follow-up appointments for you and your baby.
- If you can breastfeed, get support if you need it so you may continue as long as you can.

### Other forms of recovery support:

- Individual and group therapy sessions will help you learn the tools you need to succeed in your recovery.
- Meet up with other healthy moms with babies in person or through social media groups.
- You may find participating in spiritual and cultural practices helpful in your recovery.
- Ask your provider about resources for peer support or recovery groups for people receiving MOUD in your area.



- People in recovery sometimes slip and return to use. This doesn't mean you've failed! If you find yourself returning to use, reach out to your treatment provider and recovery supports right away to help you get back on track.

**And remember:**

- Carry naloxone (available over the counter) or nalmafene (available by prescription) in case of an opioid overdose. Ask your treatment provider how to get these medications.
- Keep an extra dose of MOUD with you to help you take your medicine on time.
- It is illegal to discriminate against people because they are receiving MOUD.

## Step 6: Summary and Follow-Up (5 minutes)

- Distribute flyers for your group members to take with them. Encourage group members to discuss what they learned with their loved ones.
- Share a resource list of local social services, if your organization maintains one.
- If your organization has social media channels, let them know that they can follow your channels to learn more about pregnancy with opioid use disorder.
- AirDrop or share the link to the video with the group to watch again later.
- Research and follow up with answers to any questions from the group that you could not answer during the session.



## 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 on Medication-Assisted Treatment**

[https://www.samhsa.gov/sites/default/files/programs\\_campaigns/medication\\_assisted/Know-Your-Rights-Brochure.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/medication_assisted/Know-Your-Rights-Brochure.pdf)

**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/>

**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>