

## Buprenorphine over Methadone for Pregnant Opioid Addicts

By JEFFREY T. JUNIG, MD, PHD



I have a number of patients under treatment for opioid dependence taking buprenorphine who have become pregnant, deliberately or accidentally, forcing the decision whether to continue on buprenorphine, taper off the medication, or even whether to terminate the pregnancy.

The decision is not made any easier by the large amount of misinformation people are subjected to, or by the shaming attitudes of some family members and even healthcare workers.

I produce a website called SuboxForum in order to provide accurate information and to allow people to ask questions in a non-judgmental setting. A member of the forum recently wrote that her doctor informed her that a baby born to a woman on buprenorphine would likely be severely deformed, and that she shouldn't even think of pregnancy until she was off buprenorphine for several months. And I wonder—who would say such a thing?!

There are a number of studies described in the 'less significant scientific literature' that report excellent outcomes in infants born to opioid-addicted mothers on buprenorphine. I understand that not every doc has access to the latest scientific findings, but the claim by the doctor described above is at best made up, and at worst deliberately misleading.

It is good news, then, to see an article addressing the issue in the December 9<sup>th</sup> issue of the *New England Journal of Medicine*. The article describes an international study coordinated by doctors at Johns Hopkins University that followed 175 pregnant opioid addicts who were taking either buprenorphine or methadone throughout their pregnancies.

The study found that babies born to women on buprenorphine experienced less-severe symptoms of neonatal abstinence syndrome (NAS), required less morphine to treat symptoms of NAS, and were discharged from the hospital significantly sooner than were babies born to women taking methadone—up until now the gold standard for treating pregnant opioid addicts.

Non-addicts have a difficult time understanding why pregnant addicts don't just 'stop' once they learn that they are pregnant. To be honest, I would have the same attitude myself, had I never been caught in the web of opioid dependence. My primary concern, when one of my patients on buprenorphine approaches delivery, is the amount of shaming that she will likely endure during the birthing and postnatal periods. I frequently hear about rolled eyes and 'tsk tsk's' from medical staff. I even read a message from one terrified new mother who was visited by Social Services after word got out about her baby born 'on buprenorphine.'

I encourage all women treated with buprenorphine who become pregnant to continue taking buprenorphine and schedule an appointment with an OB physician as soon as possible. You may need additional time to find an appropriate physician, as in some areas women taking buprenorphine are considered high risk patients who may require referral to a special physician and/or hospital.

I myself don't see a need for that type of treatment, speaking as a former anesthesiologist; there is little increase in risk for mother or baby caused by being on buprenorphine. But then again, some healthcare systems have spent millions of dollars on shiny new high-risk birthing facilities, and it would be a shame if nobody used them!

Neonatal abstinence, also known as opioid withdrawal in the newborn, is reduced by more than 50% in women taking buprenorphine compared to methadone. We all hate the thought of babies suffering through withdrawal because of the actions of their mothers. But for reasons I'll point out in my next post, opioid withdrawal is hardly the biggest concern for a newborn—and not something that new mothers should spend a great deal of time torturing themselves over. Going through labor is easily punishment enough!

Photo by Frank de Kleine, available under a Creative Commons attribution, non-commercial license.

5 retweet

You can skip to the end and leave a response. Pinging is currently not allowed.



Frannie at [1:52 pm](#) on February 15th, 2011

Until they come out with longitudinal studies that follow these kids and their neurology into adulthood, I'd choose a full-agonist that's been used for decades over a fancy new partial-agonist any day. Especially when it comes to bathing an unborn kid's body and brain in a