

**Summary Recommendations: [Opioid Use in Pregnancy](#)
Pregnancy Medical Home Care Pathway on the Management of Substance Use in Pregnancy**

Women of childbearing age may be taking opioids in a variety of circumstances, including by prescription for the treatment of pain, through medication-assisted therapy (either methadone or buprenorphine) for the management of opioid use disorder, misuse of prescription medications, or illicit use of street drugs like heroin. Opioid dependence creates a unique set of challenges during pregnancy. Below are key recommendations for optimal management of this condition in the Pregnancy Medical Home setting based on the guidance in Appendix A. Management of Opioid Use in Pregnancy from the PMH Care Pathway: Management of Substance Use in Pregnancy.

1. Patients who take opioids may experience physical dependence; some may also have an addiction or opioid use disorder.
2. Opioid-dependent pregnant patients on opioid therapy for chronic pain management or medication-assisted treatment for opioid use disorder should not be advised to discontinue treatment, due to high risk of relapse and pregnancy complications associated with withdrawal.
3. Patients with a current opioid use disorder should be referred for medication-assisted treatment (MAT) if they are not already in treatment.
4. Patients taking opioids during pregnancy should receive education about the possibility of neonatal abstinence syndrome and its management and should have consultation with the newborn care team at the intended delivery facility in the third trimester of pregnancy.
5. The prenatal care provider should work with the patient and the delivery facility to establish a plan for pain management during labor and delivery.
6. Patients on medication-assisted treatment (MAT) for opioid use disorder should remain on treatment during pregnancy. Doses may need to be adjusted due to metabolic changes of pregnancy. Patients who are stable on methadone should not be switched to buprenorphine during pregnancy.
7. The prescriber of chronic opioid therapy for pain management during pregnancy should:
 - Review the current pain management regimen
 - Assess alternative medications or treatment modalities
 - Check the Controlled Substances Reporting System
 - Perform urine drug screening
8. If the pain prescriber is not comfortable managing opioid therapy during pregnancy, the prenatal care provider should seek consultation from a pain specialist, if available, but may need to assume responsibility for prescribing the pain management regimen during pregnancy. It may be helpful to utilize a pain agreement when prescribing opioids as part of prenatal care. For additional guidance and a sample pain contract/treatment agreement, see Appendix C. Pain Contracts/Treatment Agreements of the PMH Care Pathway: Management of Substance use in Pregnancy.
9. Pregnant patients at risk for acute withdrawal due to discontinuation of opioid use may be managed in the inpatient or outpatient settings.
 - For outpatient management, refer patients who are willing to accept a referral for MAT to a provider that serves the patient's community.
 - For inpatient management, consider referral to a state operated Alcohol and Drug Abuse Treatment Center or admit locally for stabilization while arranging follow-up with a MAT program.
 - For patients who do not accept a MAT referral, assess the patient's willingness to be referred for a substance abuse assessment with a behavioral health provider.
 - The NC Perinatal Substance Use Coordinator can help facilitate referrals to behavioral health, substance abuse treatment and detox facilities. The Coordinator can be reached through the Alcohol and Drug Council of North Carolina at 1-800-688-4232.