



Pregnancy & Opioids

What are opioids?

Opioids are all substances that have effects similar to morphine. These drugs are also known as pain killers. They can be misused and can be addictive. Opioids work on the parts of the brain that are responsible for intense feelings of pleasure or a “high”. They can be swallowed, smoked, snorted or injected.

Some examples of opioids include:

- Codeine (Tylenol #1, 2, 3 or 4)
- Morphine
- Oxycodone (Percocet),
- Hydromorphone (Dilaudid)
- Fentanyl
- Heroin

What is Opioid Agonist Treatment (OAT)?

Opioid Agonist Treatment (OAT) includes medications such as methadone or buprenorphine. These medications are long acting opioids and are prescribed by a doctor for the treatment of opioid use disorder. They help people who are addicted to opioids ease withdrawal symptoms and prevent relapse.

I am taking opioids, is it safe for me to plan a pregnancy?

Talk to your healthcare provider if you are thinking about planning a pregnancy. You can talk about the best plan of care for you. Some options may include:

- Stop using / abstinence prior to pregnancy
- A taper program (slowly coming off if you are being prescribed an opioid)
- Entering a drug treatment program

I am taking opioids, is it safe for me to plan a pregnancy? (cont'd)

- Drug Counselling
- Opiate Antagonist Therapy (OAT) such as methadone or buprenorphine
*you can self-refer to an OAT clinic



Is it safe to stop taking opioids while I am pregnant?

No, do not stop taking opioids, including OAT. Withdrawal can lead to problems during pregnancy for you and your baby. Withdrawal can increase your chance of miscarriage or early labour. Always talk to your health care provider before making any changes to your medications.

What is a safe treatment option for opioid use while I am pregnant?

OAT is the safest option. Your health care provider will ensure that the dose of your OAT medication is working for you and discuss any side effects. The benefits of using OAT while pregnant are:

- prevents withdrawal
- lowers your risk of getting HIV, Hepatitis, and other diseases
- supports a healthier lifestyle for you and your baby
- improves baby's growth
- reduces risk of pregnancy complications

I am pregnant and on OAT, will my dose change?

Maybe. During pregnancy, medication may not last as long due to changes in your body. It is normal to need a higher dose as your body's needs and metabolism change from the first to the third trimester.

Will increasing my dose of OAT make my baby's withdrawal symptoms worse?

No. Studies have not shown a consistent link between the mother's dose and the amount of withdrawal seen in the baby. It is important to be on the most appropriate dose. The goal is to control withdrawal, help you stop other opioid and drug use and help you live a healthy lifestyle. This dose can vary from person to person.

What can I expect when the baby is born?

Doctors and nurses will watch your baby for signs of withdrawal. Small amounts of opioids do get from mom to baby through the placenta. For pregnant women who are on stable doses of OAT, withdrawal signs are sometimes not seen in the first 24 hours after birth. However, babies need to be observed for withdrawal from birth, for a minimum of 5 days, to ensure that symptoms are identified.



How do I know if my baby is having withdrawal?

Signs of withdrawal can range from being very minor to more serious and may need medical care. Signs can include any or all the following:

- Trembling / jittery / shaky
- High pitched crying
- Excessive sucking
- Cranky, fussy, hard to soothe
- Stuffy nose
- Sneezing often
- Fever (with no infection)
- Diarrhea
- Diaper rash
- Poor weight gain / loss of weight
- Seizures



If your baby is showing any of these signs, health care providers will assess your baby using a scoring tool. The score will determine if the baby needs further medical treatment with medications.



What can I do to help my baby if they are going through withdrawal?

Every baby is different. Some babies may need treatment with medications and need to stay in the hospital longer than others.

You may help to lower the risk of medication treatment by providing the following for your baby:

- Skin to skin contact with you or a caregiver
- Quiet environment
- Low lighting
- Wrapping your baby
- Gentle rocking
- Use a pacifier or soother



Can I breastfeed my baby when I am taking OAT?



Yes. You should always talk to your health care provider if you are taking any medications or drugs. Breastmilk may help to reduce your baby's withdrawal symptoms. Your baby will not be at risk of having withdrawal when you decide to stop breastfeeding.

Will I need to work with a Child Protection agency?

Maybe. The decision to make a referral is based on if there is a risk of harm or neglect to your baby. OAT is not a reason on its own for a referral to child protection services. If your family is referred to child protection services, this does not mean that your baby will be taken out of your care. You may wish to self-report or call with the help of a counsellor or support person. Connecting early can help address any concerns before your baby is born.

The goal of a child protection agency is:

- be a helpful support
- connect you with other community supports
- keep families together

For more information:

Ontario Association of Children's Aid Societies

www.oacas.org

Lakeridge Health Pinewood Addiction Services

www.lakeridgehealth.on.ca/en/ourservices/pinewood-addiction-services.asp

Lakeridge Health Rapid Access Addiction Medicine (RAAM)

www.lakeridgehealth.on.ca/en/ourservices/rapid-access-addiction-medicine--raam-.asp

Durham Region Health Department (look for methadone programs and addiction and mental programs in Durham Region)

www.durham.ca/en/health-and-wellness/drugs.aspx



HEALTH
DEPARTMENT

Durham Health Connection Line
1-800-841-2729 or 905-666-6241

durham.ca/pregnancy



YouTube



If you require this information in an accessible format, contact 1-800-841-2729.