Treatment of Pregnant Women with Opioid Use Disorder

What can we do?

Pedro Horta¹ Cristina Recalde² Ana Miguel¹ Lucas Lopes¹ Manuel Araújo¹

¹ Department of Psychiatry and Mental Health , Vila Nova de Gaia/Espinho Healthcare Center, PORTUGAL

² Eastern Oporto Treatment Team of Integrated Response Center, PORTUGAL

pedro.horta@chvng.min-saude.pt

INTRODUCTION

Opioid use during pregnancy has been an increasing problem over the last two decades, making it an ongoing public health issue worldwide. Most pregnant women with opioid use disorders do not receive any kind of medication-assisted therapy. The prevalence of opioid abuse or dependence among pregnant women has more than doubled from 1.7 per 1000 deliveries in 1998 to 3.9 per 1000 deliveries in 2011 with the most substantial increase occurring in 20- to 34-year-old women. Pregnant women with opioid use disorder can be treated with methadone, buprenorphine, or naltrexone to reduce opioid use and improve retention to treatment. The aim of this study is to compare different treatment options according to maternal and neonatal outcomes in pregnant women with opioid use disorder (OUD).

MATERIALS AND METHODS

A non-systematic Pubmed/MEDLINE search was conducted using the terms: "opioid use disorder", "pregnancy", "methadone", "buprenorphine" and "naltrexone". The research was limited to articles published in the last 5 years.

RESULTS

CONCLUSION

Despite being the standard of care, medication-assisted treatment with methadone or buprenorphine in pregnant women is still underused, making it apparent that more options are necessary. **Evidence does not support detoxification as a recommended treatment intervention as a result of low detoxification completion rates, high rates of relapse, and limited data regarding the effect of detoxification on maternal and neonatal outcomes beyond delivery.**

REFERENCES

- [1] Boyars, L., & Guille, C. (2018). Treatment of Perinatal Opioid Use Disorder. *Obstetrics and Gynecology Clinics of North America*, 45(3), 511–524.
- [2] Brogly, S. B., Sala, K. E., Werler, M. M., Regan, E., & Hernández-Díaz, S. (2018). Prenatal Treatment and Outcomes of Women With Opioid Use Disorder. *Obstetrics & Gynecology*, 132(4), 916–922.
- [3] Dosshe, J. S., Nelson, D. B., Stewart, R. D., Adhikari, E. H., Roberts, S. W., & Wendel, G. D. (2018). Opioid Detoxification During Pregnancy. *Obstetrics & Gynecology*, 132(4), 1061.
- [4] Johnson, E. (2019). Models of care for opioid dependent pregnant women. *Seminars in Perinatology*, 43(3), 132–140.
- [5] Lemon, L. S., Caritis, S. N., Venkataramanan, R., Platt, R. W., & Bodnar, L. M. (2017). Methadone versus buprenorphine for opioid use dependence and risk of neonatal abstinence syndrome. *Epidemiology*, 1.
- [6] Martins, F., Oppolzer, D., Santos, C., Barroso, M., & Gallardo, E. (2019). Opioid Use in Pregnant Women and Neonatal Abstinence Syndrome—A Review of the Literature. *Toxics*, 7(1), 9.
- [7] Noormohammadi, A., Forinash, A., Yancey, A., Crannage, E., Campbell, K., & Shyken, J. (2016). Buprenorphine Versus Methadone for Opioid Dependence in Pregnancy. *Annals of Pharmacotherapy*, 50(8), 666–672.
- [8] Tran, T. H., Griffin, B. L., Stone, R. H., Vest, K. M., & Todd, T. J. (2017). Methadone, Buprenorphine, and Naltrexone for the Treatment of Opioid Use Disorder in Pregnant Women. *Pharmacotherapy: The Journal of Human Pharmacology and Drug Therapy*, 37(7), 824–839.
- [9] Wang, M., Kuper, S., Sims, B., Paddock, C., Dantzer, J., Muir, S., & Harper, L. (2019). Opioid Detoxification in Pregnancy: Systematic Review and Meta-Analysis of Perinatal Outcomes. *American Journal of Perinatology*, 36(06), 581–587.