Technical Bulletin
Division of Public and Behavioral Health

Date: 11/8/17
Topic: Summary of Recommendations: Pregnant or Breastfeeding Women and Methadone
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To: Nevada Health Care Providers

Methadone – Overview:

Methadone is an opioid pain medicine also commonly used to treat people who are addicted to heroin and opioid ("narcotic") pain medicines. When properly titrated and taken as prescribed, it is well-tolerated, safe and effective. It allows people to recover from their addiction and to reclaim active and meaningful lives. For optimal results, patients should also participate in a comprehensive medication-assisted treatment (MAT) program that includes counseling and social support.

Methadone use During Pregnancy and Breastfeeding:

Substance Abuse and Mental Health Services Administration (SAMHSA, 2015)

> "Women who are pregnant or breastfeeding can safely take methadone. When withdrawal from an abused drug happens to a pregnant woman, it causes the uterus to contract and may bring on miscarriage or premature birth. Methadone's ability to prevent withdrawal symptoms helps pregnant women better manage their addiction while avoiding health risks to both mother and baby.
>
> Undergoing methadone maintenance treatment while pregnant will not cause birth defects, but some babies may go through withdrawal after birth. This does not mean that the baby is addicted. Infant withdrawal usually begins a few days after birth but may begin two to four weeks after birth.
>
> Mothers taking methadone can still breastfeed. Research has shown that the benefits of breastfeeding outweigh the effect of the small amount of methadone that enters the breast milk. A woman who is thinking of stopping methadone treatment due to breastfeeding or pregnancy concerns should speak with her doctor first."

Metabolic changes during pregnancy often require methadone dose adjustments. Pregnant women who are taking methadone are advised to work with their doctor to remain on a stable, therapeutic dose of methadone throughout their pregnancy and postpartum period.

Mothers should not attempt to treat suspected Neonatal Abstinence Syndrome (NAS) on their own. Most medical providers and attending pediatric care providers are able to treat NAS. If symptoms of neonatal abstinence syndrome are suspected, parents are instructed to contact their provider immediately.

National Institutes of Health Recommendations (LactMed, 2017)

> "Most infants receive an estimated dose of methadone ranging from 1 to 3% of the mother's weight-adjusted methadone dosage with a few receiving 5 to 6%, which is less than the dosage used for treating neonatal abstinence. Initiation of methadone postpartum, or increasing the maternal dosage to greater than

100 mg daily therapeutically or by abuse while breastfeeding poses a risk of sedation and respiratory depression in the breastfed infant, especially if the infant was not exposed to methadone in utero. If the baby shows signs of increased sleepiness (more than usual), breathing difficulties, or limpness, a physician should be contacted immediately.

Women who received methadone maintenance during pregnancy and are stable should be encouraged to breastfeed their infants postpartum, unless there is another contraindication, such as use of street drugs."

American College of Obstetrics and Gynecology Recommendations (ACOG, 2017)

"Breastfeeding is beneficial in women taking methadone or buprenorphine and has been associated with decreased severity of neonatal abstinence syndrome symptoms, less need for pharmacotherapy, and a shorter hospital stay for the infant. In addition, breastfeeding contributes to attachment between a woman and her infant, facilitates skin-to-skin care, and provides immunity to the infant. Breastfeeding should be encouraged in women who are stable on their opioid agonist, who are not using illicit drugs, and who have no other contraindications, such as HIV infection. Women should be counseled about the need to suspend breastfeeding in the event of a relapse."

Academy of Breastfeeding Medicine Recommendations (ABM, 2015)

"Infants of women with substance use disorders, at risk for multiple health and developmental difficulties, stand to benefit substantially from breastfeeding and human milk, as do their mothers. A prenatal plan preparing the mother for parenting, breastfeeding, and substance abuse treatment should be formulated through individualized, patient-centered discussions with each woman.

Optimally, the woman with a substance use disorder who presents a desire to breastfeed should be engaged in treatment pre- and postnatally. Maternal written consent for communication with her substance abuse treatment provider should be obtained prior to delivery if possible.

Any discussion with mothers who use substances with sedating effects should include counseling on safely caring for her infant and instruction on safe sleep practices.

Encourage women under the following circumstances to breastfeed their infants:

Opioids/narcotics

- Encourage stable methadone - or buprenorphine - maintained women to breastfeed regardless of dose
- Management of mothers who use chronic opioid therapy for pain should be closely supervised by a chronic pain physician who is familiar with pregnancy and breastfeeding:
    a. Length of time on these medications, total dose, and whether the medications were used during pregnancy should all help inform the decision of whether breastfeeding may be safely undertaken in certain cases.
    b. Judicious amounts of oral narcotic pain medication, when used in a time-limited situation for an acute pain problem, are generally compatible with continued breastfeeding if supervision and monitoring of the breastfeeding infant are adequate.

(Academy of Breastfeeding Medicine recommendations cont'd)

- Rapidly increasing narcotic dosing in a breastfeeding mother should prompt further evaluation and reconsideration of the safety of continued breastfeeding.

General (Circumstances contraindicated or requiring more caution)

Counsel women under any of the following circumstances not to breastfeed:

- Not engaged in substance abuse treatment, or engaged in treatment and failure to provide consent for contact with counselor
- Not engaged in prenatal care
- Positive maternal urine toxicology screen for substances other than marijuana at delivery
- No plans for postpartum substance abuse treatment or pediatric care
- Women relapsing to illicit drug use or legal substance misuse in the 30-day period prior to delivery
- Any behavioral or other indicators that the woman is actively abusing substances
- Chronic alcohol use.

Evaluate carefully women under the following circumstances, and determine appropriate advice for breastfeeding by discussion and coordination among the mother, maternal care providers, and substance abuse treatment providers:

- Relapse to illicit substance use or legal substance misuse in the 90–30-day period prior to delivery
- Concomitant use of other prescription medications deemed to be incompatible with lactation
- Engaged later (after the second trimester) in prenatal care and/or substance abuse treatment
- Attained drug and/or alcohol sobriety only in an inpatient setting
- Lack of appropriate maternal family and community support systems
- Report that they desire to breastfeed their infant in order to either retain custody or maintain their sobriety in the postpartum period."

[1] Substance Abuse and Mental Health Services Administration (SAMSHA, 2015). "Methadone". Derived from https://www.samhsa.gov/medication-assisted-treatment/treatment/methadone

[2] NIH U.S. National Library of Medicine TOXNET Toxicology Data Network (LactMed, 2017). "LactMed: Methadone." Derived from https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm

[3] American Congress of Obstetricians and Gynecologists (ACOG, 2017). "Opioid use and opioid use disorder in pregnancy." Derived from https://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Opioid-Use-and-Opioid-Use-Disorder-in-Pregnancy

[4] Academy of Breastfeeding Medicine (ABM, 2015). "ABM clinical protocol #21: Guidelines for breastfeeding and substance use or substance use disorder, revised 2015." Derived from http://www.bfmed.org/Media/Files/Protocols/Guidelines%20for%20Breastfeeding%20and%20Substance%20Use%20or%20Use%20Disorder.pdf

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