

AzMAT Mentors Program Provider Collaboration Quick Guide #4

Treating Perinatal Opioid Use Disorder (OUD)

The AzMAT Mentors Program aims to increase capacity for offering opioid use disorder (OUD) prevention, harm reduction, treatment, and recovery. This quick guide is for experienced medication-assisted treatment (MAT) providers to use when collaborating with less experienced MAT providers. The commitment of healthcare providers for treating perinatal OUD is critical to improve access to care and health outcomes for this vulnerable population. If this is an area that aligns with a new MAT provider's goals, please consider using this tool.

Challenges:

The perinatal period is defined as pregnancy and the first year postpartum.¹ People with perinatal OUD may experience physical dependency and be at-risk for adverse birth and health outcomes.² Providers report patients with OUD present with complex medical and mental health comorbidities, which may extend beyond one provider's expertise.² Furthermore, stigmatization and fear of criminalizing pregnant patients influences treatment recommendations.² Gaps in training and inconsistent best practice guidelines present challenges for clinical decision making.²

Pregnancy is a positive motivator for making changes.² Providers can offer holistic substance use treatment approaches and foster positive health outcomes.^{2,3} We present resources for (1) offering MAT to patients who are pregnant, (2) providing care plans and additional support, (3) using person-first and gender affirming language, and (4) accessing links to other resources and supplemental tools.⁴

Resources:

1. Offering MAT to patients who are pregnant

The American College of Obstetricians and Gynecologists (ACOG), Substance Abuse Mental Health Services Administration (SAMHSA), and the Arizona Department of Health Services (ADHS) recommend methadone or buprenorphine, in conjunction with behavioral therapy, as the first line of OUD treatment for individuals who are pregnant.

- ACOG and SAMHSA recommend that parents who are pregnant and experiencing OUD should continue most medications for opioid use disorder (MOUD) treatment through the perinatal period. Discontinuation of treatment is highly discouraged.
- There is not enough information about the use of naltrexone to treat OUD during pregnancy. ACOG advises careful consideration of continuing naltrexone during pregnancy.
 - ▶ To review more of ACOG's recommendations and conclusions click here: <https://tinyurl.com/ACOG-CG>
 - ▶ To review more of SAMHSA's clinical guidance recommendations, click here: <https://tinyurl.com/SAMHSA-CG>
 - ▶ To review ADHS prescribing guidelines, click here: <https://tinyurl.com/RX-guidelines>
 - ▶ Review SAMHSAs Medications to Treat Opioid Use During Pregnancy information sheet for providers, click here: <https://tinyurl.com/OUD-Pregnancy>

Specific guidance for each perinatal stage:

- MAT during pregnancy
 - ▶ Dosing for MAT should be focused on pregnancy opioid cravings in order to assist in preventing relapse.⁵
 - ▶ The birthing parent should be counseled that medication dosage is not associated with Neonatal Opioid Withdrawal Syndrome (NAS).⁵



- ▶ Treatment consisting of opioid agonist pharmacological medication, like buprenorphine or methadone are recommended.^{5,6,7,10}
- MAT in the peripartum period
 - Use of various pain management methods is recommended to reduce peripartum opioid use.⁵ Options include:
 - Doula support, massage, position changes
 - Neuraxial, regional, and/or local anesthesia
 - Early epidural
 - NSAIDs and acetaminophen in postpartum period
 - Epidural maintained for the first 24 hours of postpartum period
 - C-section: preoperative gabapentin and/or acetaminophen
 - Nonopioid adjunctive medications (i.e. ketamine, dexmedetomidine)
- Encourage breastfeed/ chestfeeding. It is safe with MAT and reduced NAS if the birthing parent is not actively using other illicit substances or not confirmed to have any medical conditions known to prevent breastfeeding.⁵
- Buprenorphine or methadone treatment should be continued during delivery and postpartum.⁵

2. Providing care plans and support to improve treatment delivery

According to the CDC (<https://tinyurl.com/CDC-pregnancy-opioids>), a **plan of safe care** should be created with the healthcare team of the expecting parent for optimal results for both infant and parent. Developed collaboratively, safe care plans aim to “strengthen the family, keep the child safe, and link the family with services in their community.” See these resources for guidance on creating a plan for safe care:

- The National Center on Substance Abuse and Child Welfare has a list of recommended resources to better help create a plan of safe care, click here: <https://tinyurl.com/safety-plans>
- SAMHSA has a webinar titled Learning Exchange Lessons from Implementation of Plans of Safe Care found on YouTube[®], click here: <https://www.youtube.com/watch?v=3h7tL03Zu2A>

Emphasize **psychosocial needs** for patients. Provide support in finding availability and access to patient resources (e.g., transportation, safe housing, economical support). To find resources, click here: <https://tinyurl.com/CPAC-Learning-Hub>

3. Using Person-First and Gender Affirming Language

Pregnancy can be experienced by women, transgender men, and non-binary folks. Being aware of a person’s gender identity and offering gender-affirming care is important for person-centered care.⁸ This involves asking patients about their gender identity, preferred pronouns, and using appropriate and inclusive words. The use of inclusive language helps enhance patient-provider relationships for positive health outcomes. Here are some examples of person-first and gender affirming language.

- **Pregnancy.** Use terms such as a “parent who is expecting,” “parent experiencing pregnancy,” “patient who is pregnant,” and/or “patient in labor” alongside women-centered language.
- **Feeding.** Use terms such as “parent who is chest feeding,” or “body feeding” alongside the term woman who is breastfeeding.^{8,9}
- **Person-first and gender-neutral terms.** These terms can be used alongside can be used alongside woman-centered language, such as:
 - ▶ Women and people who are pregnant
 - ▶ Women and people who are birthing
 - ▶ Women and people who are breast/chestfeeding
 - ▶ Women and people who are in postnatal period
- **Person-first language** when discussing **substance use.** When discussing substance use consider reviewing these resources:

- ▶ Addictionary developed by the Recovery Research Institute, click here: <https://tinyurl.com/addiction-ary>
- ▶ ‘Words Matter’ developed by the National Institute on Drug Abuse, click here: <https://tinyurl.com/words-matter-NIDA>
- ▶ Refer to the AzMAT Mentors Tool 3 on stigma for more ideas, click here: <https://crh.arizona.edu/mentor>

4. Additional Resources

- Arizona opioid addiction treatment services, including neonatal abstinence syndrome resources, click here: <https://www.azdhs.gov/opioid/#community>
- Academy of Perinatal Harm Reduction, Provider Education + Training, click here: <https://tinyurl.com/perinatal-ed>
- CDC articles and key findings about opioid use during pregnancy, click here: <https://tinyurl.com/CDC-pregnancy>
- CDC: Treatment for Opioid Use Disorder Before, During, and after Pregnancy, click here: <https://tiny.one/CDC-perinatal>
- American Society of Addiction Medicine (ASAM) 2020 National Practice Guidelines for MAT for pregnant patients (starts on page 49), click here: <https://tinyurl.com/ASAM-guidelines>
- Use the Rural Health Information Hub provides examples of models addressing OUD in pregnant women, click here: <https://tinyurl.com/rural-maternal>
- For more ways to improve perinatal care, click here: <https://tinyurl.com/perinatal-care>
- The American Rescue Plan Act of 2021 expanded Medicaid postpartum coverage. This extends coverage for postpartum patients on AHCCCS for 12-months after delivery. click here for more details: <https://tinyurl.com/American-rescue-plan> and <https://tinyurl.com/AZextension>

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Disclaimers:

The information on this tool is designed for educational purposes only. This information does not substitute, nor does it replace, the advice of a medical professional, including diagnosis or treatment. Always seek the guidance of a qualified health professional with questions you may have regarding any medical condition.

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