USE OF OPIOID AGONIST MEDICATIONS
FOR TREATMENT OF OPIOID USE DISORDER DURING PREGNANCY

The Department of Drug and Alcohol Programs (DDAP) is committed to the prevention and treatment of opioid-related harm to pregnant and parenting women and their infants. DDAP is issuing this Information Bulletin to inform on the standard of care for this population, as well as to provide resources for treating pregnant women with opioid use disorder.

Standard of Care
For pregnant women with opioid use disorder, an opioid agonist medication, either buprenorphine or methadone, in conjunction with evidence-based behavioral interventions, is the standard of care.\(^1\)

Methadone has long been the standard of care for pregnant women with an opioid use disorder and remains a viable treatment choice. However, recent studies have indicated that buprenorphine may be a preferred medication assisted treatment option depending on specific factors as determined between patient and physician. Both medications present advantages and disadvantages; however, use of MAT during pregnancy remains the standard of care, rather than withdrawal from/cessation of opioids during pregnancy.

Resources
DDAP recommends the following documents for guidance on treating pregnant and parenting women with opioid use disorder and their infants.

- The Commonwealth of Pennsylvania’s Use of Addiction Treatment Medications in the Treatment of Pregnant Patients with Opioid Use Disorder.
- The Substance Abuse and Mental Health Services Administration’s (SAMHSA) Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants.

Questions regarding this Information Bulletin can be directed to Jodi Skiles, Director for Bureau of Treatment, Prevention, and Intervention at (717) 736-7454 or joskiles@pa.gov.

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\(^1\) Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants. Substance Abuse and Mental Health Services Administration, 2018, pp. 25, 36.