Children's Commission

SUPREME COURT OF TEXAS PERMANENT JUDICIAL COMMISSION FOR CHILDREN, YOUTH AND FAMILIES

To:	**Texas Judges Who Hear CPS Cases**
From:	**The Honorable Robin Sage** **Jurist in Residence, Office of Court Administration**
Date:	**August 14, 2013**
RE:	**Opiate and Opioid Dependency of Pregnant and Nursing Women**

In some areas of Texas, opioid use is climbing. Judges need to be aware that the treatment recommendations for pregnant or nursing women who are using opioids or opiates differ substantially from those who are using other illegal substances. In other words, it can be extremely dangerous for a pregnant woman and her unborn child to quit use of opioids or opiates outright; other treatment methods are recommended.

Q: What are opioids and opiates?

A: Opiates are derived from opium and include drugs such as heroin, morphine and codeine. Opioids are synthetic, but resemble opiate drugs like heroin and morphine in their pharmacological effects. Opioids include certain prescription painkillers such as oxycodone, hydrocodone, and methadone.

Q: Why is it important to understand the effects of opioid dependence in pregnant women?

A: Treatment recommendations for pregnant opiate/opioid dependent women are different than for those who are not pregnant or who are dependent upon other drugs. With other drug dependencies, detox is usually the recommendation. But, with opioids and opiates, detoxification causes risks to the unborn child, including miscarriage. Both the American College of Obstetrics and Gynecology (ACOG) and the American Society of Addiction Medicine (ASAM) recommend against medically supervised withdrawal or detoxification from heroin or opioids during pregnancy because of the high relapse rate and the increased risk of fetal distress and death.

Q: What is the best treatment for pregnant opioid or opiate dependent women?

A: Experts recommend a specialized program where the pregnant woman receives methadone or possibly buprenorphine through the duration of her pregnancy to avoid withdrawal symptoms.

Q: Isn't methadone a drug, too?

A: Methadone, when properly prescribed, stabilizes the brain. For a person with an opiate or opioid dependency, it's somewhat analogous to insulin for a diabetic. Exposure to methadone during pregnancy has not shown to result in long term developmental delays. Additionally, breastfeeding is not contraindicated in a methadone-maintained patient if the mother is known to be free of other drug use.

Q: How should I deal with a case involving an opioid or opiate dependent pregnant mother?

A: While methadone maintenance results in better birth and maternal outcomes, babies can still suffer withdrawal symptoms, even if the mother has followed all treatment recommendations. Therefore, it is advisable to order a pregnant woman **not** to completely detox from the drugs, but instead to follow the recommendations of a methadone or buprenorphine provider.

Q: What if the pregnant or new mother appears to be overly sedated on methadone?

A: It's very difficult to find the accurate dose because of the woman's body changes during pregnancy and post-partum. Doctors often err on the side of overmedicating to avoid relapse. As oversedation may impact the mother's ability to parent, it is important that the methadone provider be alerted to signs of overmedication so dosage may be adjusted, especially if the provider is made aware of supports in place to avoid the mother's relapse.