



Heroin Detox

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FAQ: Opiates and Pregnancy

Most opiate-addicted women who get pregnant worry about doing the right thing, and many want to stop using opiates as soon as possible to protect the health of their unborn child. Unfortunately, quitting opiates very suddenly puts the fetus at great risk, and invariably does more harm than good.

You can, however, greatly increase the odds of a successful pregnancy and the delivery of a full-term and healthy baby.

Read on to find straight answers to common questions about the effects of opiates and opiate treatments on pregnancy and the unborn child.

If I Keep Abusing Opiates, What Might Happen to the Baby?

You are more likely to lose the baby if you continue to abuse opiates.

The abuse of heroin or other opiates during pregnancy is associated with a 600 percent increase in prenatal obstetric complications. Babies who are born to opiate-abusing mothers have lower birth weights, and these infants are at greater risk of sudden infant death syndrome (SIDS).

Opiate-abusing mothers tend to have decreased health and poor nutrition, are less likely to get adequate prenatal care, and are more likely to abuse other dangerous substances.

I Just Found Out That I'm Pregnant - Can I Just Stop Using Now?

Going through opiate withdrawal during a pregnancy greatly increases the risks of miscarriage. For safety, pregnant women are strongly advised to avoid opiate withdrawal.

What's the Recommended Treatment for Pregnant Opiate Addicts?

The most commonly recommended treatment for pregnant women who are addiction to heroin or other opiates is methadone maintenance treatment.

All pregnant opiate-addicted women are advised to take methadone as a part of a medically supervised methadone maintenance treatment program. Methadone is currently the only medication approved for the addiction treatment of pregnant women who are addicted to heroin or other opiates.

The fetus feels withdrawal symptoms during pregnancy. Short-acting opiates such as heroin cause fluctuating levels of opiates in the blood, ranging from high levels during intoxication to low levels a few hours later as the drug wears off and withdrawal symptoms start appearing. This fluctuation is tough on the unborn child.

Methadone is a long-lasting and stable opiate that keeps blood serum levels at an almost constant level throughout the day. This serum level stability keeps the fetus from experiencing withdrawal discomfort; thus, methadone maintenance treatment reduces stress on the fetus.

Pregnant women who participate in methadone maintenance treatment are also more likely to receive appropriate prenatal care and more likely to maintain a healthy lifestyle.

Why Do So Many Women Seem to Get Pregnant after Starting Methadone Maintenance Treatment?

The abuse of heroin or other opiates can lead to irregular or absent periods, which leads many opiate-dependent women to mistakenly believe that they are infertile.

Methadone can restore hormonal levels and induce normal ovulation and fertility in women who thought they were unable to conceive.

Are Opiate-Addicted Women at an Increased Risk of Complications During Pregnancy?

Pregnant women who abuse opiates are more likely to have certain conditions that, if left untreated, can increase the risk of complications during pregnancy and childbirth. Intravenous drug users are at particular risk. Some of the more commonly encountered medical conditions include the following:

- Hepatitis B or C
- Endocarditis
- Septicemia
- Tetanus
- Cellulitis
- HIV
- Other sexually transmitted infections

Early testing and treatment for any of the above can greatly reduce the risk of complications during pregnancy -- and, for certain conditions, the risk of infection transmission during childbirth.

Many opiate addicts also suffer from some nutritional neglect and benefit from treatment with vitamins and minerals. Stabilization with methadone is associated with increased health and nutrition, which further reduces the odds of problems during pregnancy.

Should I Reduce My Methadone Dosage While Pregnant?

A lot of pregnant women on methadone wonder if, for the good of the baby, they should reduce their methadone dosage or quit their methadone maintenance treatment while pregnant.

In general, pregnant women should avoid reducing methadone intake during pregnancy. Any reduction in methadone dosage is associated with withdrawal symptoms that can be tough on the developing fetus, and which can induce miscarriage. A reduction in methadone dosage (and a reduction in withdrawal symptom suppression and drug craving suppression) is also associated with an increased risk of relapse to illicit drug use.

Many women feel compelled to reduce their methadone dosage hoping to reduce the severity of neonatal abstinence syndrome (NAS). Recent research, however, has shown little evidence that reducing methadone dosages during pregnancy has any impact on the frequency, severity, or length of experienced NAS -- and has shown that both the mother and unborn child do better when the mother remains free of withdrawal symptoms and on methadone maintenance treatment.

Many women actually need an increase in methadone dosing during the later stages of pregnancy as body mass increases and blood plasma levels of the medication thereby drop slightly.

What Is NAS?

NAS is a syndrome comprising various symptoms of withdrawal sometimes experienced by opiate-dependent infants.

About half of babies born to methadone using women will experience NAS, usually within 72 hours of birth, although some infants won't experience symptoms for up to four weeks after birth.

Symptoms of NAS include the following:

- Fever
- Vomiting
- Not eating or sleeping
- Trembling/restlessness

The symptoms of NAS can be treated and the baby can be made more comfortable with medications such as benzodiazepines or opiates. Although NAS-born babies may lag slightly during the first year of life, after the first year, development is normal.

Can I Breastfeed While on Methadone?

Breast milk contains small quantities of methadone, but the advantages of breastfeeding outweigh any possible negatives of passing very small amounts of methadone to the baby through breast milk.

Methadone levels in breast milk will peak between two and four hours after taking a dose of the medication. Women are sometimes advised to try to schedule feeding times to avoid this period of maximal methadone concentration in the milk.

Can I Use Buprenorphine (Subutex) Instead of Methadone during Pregnancy?

Long-term studies have demonstrated the safety and efficacy of methadone for use during pregnancy. Buprenorphine has not yet been studied as thoroughly for use during pregnancy, and so the U.S. Food and Drug Administration (FDA) recommends methadone as the drug treatment of choice for opiate dependent pregnant women.

Preliminary studies of buprenorphine use during pregnancy have shown the medication to be safe and effective for both mother and child.

Your doctor may prescribe buprenorphine (Subutex) during pregnancy if he or she feels that the benefits of buprenorphine use outweigh the risks.

Some reasons why doctors might prescribe buprenorphine instead of methadone during pregnancy:

- Methadone is not available in the area.
- The woman cannot tolerate methadone.
- The woman refuses to use methadone.
- The woman is already on buprenorphine.

Pregnant women who are already maintained on buprenorphine will generally take Subutex instead of Suboxone (which contains naloxone).

Infants are equally likely to experience NAS on Subutex or methadone, but studies indicate that the NAS symptoms are less severe on Subutex.

If you are addicted to opiates and find yourself pregnant, you need to get into an opiate addiction treatment program today. To schedule an appointment to discuss opiate addiction treatment options with a doctor in your area, call 888-471-0431.



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