



**CONNECTICUT
Clearinghouse**
a program of the Connecticut Center
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A Library and Resource Center on Alcohol, Tobacco, Other Drugs, Mental Health and Wellness

Methadone Treatment For Pregnant Women

If you're pregnant and using drugs such as heroin or abusing opioid prescription pain killers, it's important that you get help for yourself and your unborn baby. Methadone maintenance treatment can help you stop using those drugs. It is safe for the baby, keeps you free of withdrawal, and gives you a chance to take care of yourself.

How does methadone maintenance treatment (MMT) work?

Methadone is a long-acting opioid medication used with counseling and other services to treat individuals addicted to short-acting opioid drugs.



Withdrawal symptoms may last several weeks and commonly include:

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

Appropriate MMT provides several benefits:

- Reduces or eliminates craving for opioid drugs
- Prevents the onset of withdrawal for 24 hours or more
- Blocks the effects of other opioids
- Promotes increased physical and emotional health
- Raises the overall quality of life of the patient

MMT can prevent the withdrawal symptoms many drug users experience. Withdrawal for pregnant women is especially dangerous because it causes the uterus to contract and may bring on miscarriage or premature birth. By blocking withdrawal symptoms, MMT can save your baby's life. Additionally, MMT can help you stop using needles, which is a primary route of infection for drug users. More importantly, it can allow you to regain your quality of life.

Infant Withdrawal

Undergoing MMT while pregnant will not cause birth defects for your baby, but some infants may go through withdrawal after birth. Withdrawal does not mean the baby is addicted. Studies have shown that your dose of medication has no bearing on whether or not your baby experiences withdrawal. Infant withdrawal usually begins a few days after your baby is born but may begin two to four weeks after birth.

Many times a quiet, comfortable environment is enough to provide comfort to your baby. If the symptoms are severe, your baby's doctor may prescribe medicine to help. The doctor also may be able to provide information and support to you on how to make your baby more comfortable without medicine. Once your baby is born, never give methadone or any other medication to your baby without your doctor's approval. Even a small amount can be enough to seriously harm or even kill your baby. Let your doctor manage the baby's withdrawal. The good news is that babies born to mothers on methadone do as well as other babies. While it is not known for certain what long-term effects the exposure to methadone may have on babies, their health is much better than babies born to mothers on heroin.

It can be reassuring to know that thousands of healthy babies born to methadone-maintained moms develop into normal children.

Breastfeeding

For women who are not HIV-positive and who are on methadone, breast feeding is the best option. Women who are Hepatitis C-positive usually are able to breastfeed but should check with a doctor first.

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The benefits of breastfeeding often outweigh the effect of the tiny amount of methadone that enters the breast milk. Though breastfeeding generally is recommended, you should still discuss it with your doctor. If upon a doctor's advice you choose to withdraw from methadone to continue breastfeeding, it is important that you discuss this decision with your treatment provider to avoid a potential return to drug use.

Child Protection Services (CPS)

In some communities, special programs offer services for mothers in recovery. The support and practical help they provide can make a difference in day-to-day life for you and your child. Ask your local CPS whether such a program is available in your area. CPS caseworkers want to see you provide a healthy, loving, and secure home for your child. But if you continue to misuse drugs, your CPS caseworker will question your ability to care for your child. Taking good care of a child demands alertness, attention, patience, and good judgment. Taking drugs improperly can affect all of these qualities.

Parenting can be hard and sometimes overwhelming. Every mother needs support. Look to your doctor or treatment counselor for help. If the courts become involved, you may need to consult with a court-appointed attorney. Not all court officials understand that MMT is the recommended course of treatment for pregnant opioid-dependent women and that it reflects a mother's commitment to living a sober and responsible life.

Misusing drugs doesn't necessarily make you a bad parent, but it does make it harder to be a good parent. Continued drug use may make it necessary for your child to be removed from your home. Remember that there are a host of resources and advocacy organizations available to provide support for medication-assisted treatment patients. Many of these resources can be found online at www.dpt.samhsa.gov/patient/index.htm.

Birth Control

If you've been using opiates such as heroin or prescribed opiates such as oxycodone or oxycontin, you may have stopped getting your period. This may cause you to think that you can't get pregnant. If you've stopped getting your period, you actually may be pregnant. If you're not sure, get a pregnancy test from a doctor, pharmacist, or community health center.

As you begin to use less opiates or begin to use methadone, your period likely will return, and your chances of getting pregnant will increase. Use birth control. It's important that you wait until you're completely drug free before you get pregnant. It is equally important that you do not drink any alcohol if you think you might be or you are pregnant. Alcohol use during pregnancy is the leading cause of preventable birth defects.



SAMHSA's National Helpline

1-800-662-HELP (3457)

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services
Administration
Center for Substance Abuse Treatment, 2006
www.csat.samhsa.gov/publications/PDFs/PregnantWomen.pdf