

# MYTHS VS FACTS

## MOUD in Pregnancy and Post-partum

NIH  
**HEAL**  
INITIATIVE

HEALing Communities Study  
Kentucky

### MYTH

Medications for opioid use disorder (MOUD) should be stopped when you get pregnant

### FACT

Methadone and buprenorphine are first-line recommended treatments for opioid use disorder (OUD) during pregnancy.<sup>1-4</sup> These medications reduce opioid craving, the risk of returning to opioid use, and prevent repeated cycles of intoxication and withdrawal that can be harmful to the fetus.

### MYTH

People who are pregnant can't receive injectable forms of MOUD

### FACT

There is limited but growing information on the use of long-acting injectable buprenorphine (LAI-b) and naltrexone formulations in pregnancy.<sup>5,6</sup> A clinical trial comparing Brixadi® (LAI-b) to sublingual buprenorphine in pregnancy is underway.<sup>7</sup> If a person becomes pregnant while taking a LAI medication for OUD, the decision to continue or change treatment should be made after the patient and clinician discuss potential risks, benefits, and alternatives.<sup>1,2,6</sup>

### MYTH

You can be forced to stop taking your prescribed MOUD when pregnant

### FACT

Individuals may be wrongfully instructed to discontinue MOUD treatment by officials in court, probation and parole, or child welfare systems.<sup>8,9,12</sup> OUD is a medical illness and disability under the Americans with Disabilities Act (ADA), which prohibits state and local governments, including child welfare agencies, from having blanket policies that prohibit access to MOUD.<sup>8,9,12</sup>

### MYTH

Your dose of MOUD will not change during pregnancy

### FACT

A person may need changes to their MOUD dosing during pregnancy and after delivery. Increased or split dosing may be required, especially in the third trimester as blood volume increases and changes in medication metabolism and elimination occur.<sup>1,2</sup>

### MYTH

Babies born to individuals taking MOUD are born "addicted"

### FACT

Babies cannot have OUD or addiction. Babies may experience neonatal opioid withdrawal syndrome (NOWS) shortly after birth, which is an expected, treatable condition following exposure to MOUD.<sup>1,2</sup> Babies can be monitored and treated for NOWS, which may include rooming-in, breastfeeding, swaddling, skin to skin contact, or medication.

### MYTH

You cannot breastfeed or give your baby your breastmilk while taking MOUD

### FACT

Breastfeeding while taking prescribed methadone or sublingual buprenorphine is safe, recommended, and beneficial for both parent and baby.<sup>1,2,10</sup> Breastfeeding is associated with increased infant bonding, decreased NOWS severity, decreased need for medications to treat NOWS, and shorter infant hospital stays.<sup>1,2,11</sup>

### References

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