CHILDBIRTH, BREASTFEEDING **AND INFANT CARE:**

Methadone and Buprenorphine

HOW SHOULD I PREPARE FOR DELIVERY?

- Choosing a doctor and hospital with experience in methadone and • buprenorphine during labor and delivery can be helpful.
- Select a doctor for your baby (a pediatrician or family physician) and meet before delivery to talk about the care of your baby.
- Find out whether you can tour the nursery before your baby is born • to learn about how the nursery cares for opioid exposed infants.

WHAT ABOUT PAIN RELIEF DURING AND AFTER DELIVERY?

- Your usual daily methadone or buprenorphine dose will not treat • pain.
- Discuss pain control for childbirth and after delivery with your physician during prenatal care.
- Meet with the anesthesia doctor to discuss your labor and delivery • pain. This meeting can happen before labor or early in labor.
- If you are having a planned cesarean delivery or have one after • labor, discuss postoperative pain.
- The doctors on Labor and Delivery MUST know that you are taking • methadone or buprenorphine so that you are not given labor pain medications such as Stadol and Nubain which can cause withdrawal in women taking methadone or buprenorphine.



WHAT ABOUT CHILD PROTECTIVE SERVICES?

- Many babies and mothers get tested for drugs and alcohol at delivery -- this might include methadone and buprenorphine
- Having a positive drug test, even if it's for prescribed medications, • may mean that social workers or a child protection agency will want to talk to you and your family.
- A child services worker may come to your home to see how safe the environment is for your baby.
- Please talk to your doctor and other health care providers about the child protection laws in your state.

Are you pregnant, taking methadone or buprenorphine, and want to know how this may affect your delivery, ability to breastfeed, or your newborn?

Or are you a pregnant woman using heroin or prescription opioids and considering treatment with methadone or buprenorphine?

HOW DOES OPIOID WITHDRAWAL AFFECT THE BABY AFTER **DELIVERY**?

- After delivery, the baby no longer receives nutrients and medications such as buprenorphine and methadone from the mother's bloodstream. Your baby may develop withdrawal called Neonatal Abstinence Syndrome (NAS).
- Not all babies born to moms on methadone or buprenorphine develop NAS.
- Each baby shows withdrawal differently. The following are some of the most common signs in opioid exposed babies:

Tremors or shakes	Crying	Frequent yawning
Poor feeding/sucking	Sleep problems	Stuffy nose
Fever	Sneezing	Tight muscles
Vomiting	Diarrhea	Loose stool (poop)

- These signs may happen from birth to 7 days after delivery and can last days, weeks, or months.
- Your baby may need medication to treat these symptoms and make the baby feel better. The baby's dose will then be decreased over time, until the symptoms have stopped.
- Your baby may be watched for four or five days in the hospital to see if medication will be needed.
- If a baby has NAS, it does not mean that he or she will have long-term problems.

CAN I BREASTFEED IF I AM TAKING BUPRENORPHINE OR **METHADONE?**

- Breastfeeding is usually encouraged for women who are taking methadone or buprenorphine, except in some cases.
- Breastfeeding is not safe for women those with HIV, taking certain medicines that are not safe in breastfeeding, or who are actively using street drugs.
- Only very small amounts of methadone and buprenorphine get into the baby's blood and may help lessen the symptoms of NAS.

HOW WILL HAVING A NEWBORN AFFECT MY RECOVERY?

- The weeks and months after the baby is born can be a stressful time for women in recovery. Be sure to continue counseling, and use parenting support programs.
- Do not make a decision to stop your opioid medication too quickly or too soon because this increases the risk of relapse.
- It is important to discuss decisions about your medication with your doctors and your counselors. *For further information, please* see brochure Pregnancy and Methadone and Buprenorphine.