



## **toolsfortreatment**

Family-Centered Behavioral Health Support  
for Pregnant & Postpartum Women

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# Medication for the Treatment of Addiction (MAT)

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## Terminology: Words Matter

Medication **Assisted** Treatment (MAT)

The use of FDA approved medications in combination with evidence based behavioral therapies to provide a whole-patient approach to treating a substance use disorder

Recently the use of the word “assisted” has been challenged because it implies medications are corollary to treatment

Medication for Addiction Treatment (MAT)

Implies medication has a central role



## Medication for the Treatment of Addiction during Pregnancy

In the use of medication during pregnancy there are often two focal points:

- The mother and the management of her opioid use disorder
- The infant and the occurrence of neonatal abstinence syndrome (NAS)

# Medication for Addiction Treatment (MAT)



- The well being of the infant is improved with the well being of the mother
- We must focus on optimal outcomes for the mother/infant dyad



## MAT

Medications used to treat opioid use disorders

- Methadone (full agonist)
- Buprenorphine (partial agonist)  
mono and combination products
- Naltrexone (antagonist)

Not recommended for use during pregnancy

Use of opioid medications DO NOT replace one addiction with another

- Helps with craving, compulsion, consequences



## History of MAT for Pregnant Women

Methadone established as standard of care for pregnant women

- Drug Dependence in Pregnancy: Clinical Management of Mother and Child. NIDA, 1979
- State Methadone Treatment Guidelines, CSAT, US DHHS, 1993
- Effective Medical Treatment of Opiate Addiction, NIH Consensus Development Panel, 1998



## History of MAT for Pregnant Women

Buprenorphine was approved for use in the United States in 2002

- 2012 Joint Committee Opinion of the American College of Obstetricians and Gynecologists and the American Society of Addiction Medicine recommend the use of methadone or buprenorphine for use for pregnant women with opioid use disorder





## MAT Recommended as Standard of Care

- SAMHSA 1993 and 2004 Treatment Improvement Protocols for Opioid Use Disorders
- 1997 NIH Consensus Panel on Effective Medical Treatment of Opioid Addiction
- 2012 American College of Obstetricians and Gynecologists and American Society of Addiction Medicine Joint Opinion,
- 2014 WHO Guidelines for the Identification and Management of Substance Use and Substance Use Disorders in Pregnancy
- 2016 SAMHSA Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders



## MAT during Pregnancy

- Prevents erratic maternal opioid levels and protects the fetus from repeated episodes of withdrawal
- Associated with improved obstetrical care, increased birth weight, and reduced fetal and neonatal morbidity and mortality
- Supports and sustains recovery



## Maternal Dose

- Dose should be based on the same criteria as non-pregnant patients
- Pregnant women may develop symptoms of withdrawal as pregnancy progresses and may require dose increases in order to maintain the same plasma level
- Dose should NOT be reduced to avoid NAS
- No clear evidence of association between maternal dose and severity of NAS
- Non-therapeutic dose may promote supplemental drug use and increase risk to fetus



## Methadone or Buprenorphine

MOTHER study designed to determine the differential impact of buprenorphine and methadone on neonatal and maternal outcomes in women with opioid use disorders

- Multisite randomized clinical trial
- Double blind
- Double dummy
- Flexible dosing
  - 20-140mg methadone
  - 2-32mg buprenorphine



## Summary of MOTHER NAS Results

- 57% of methadone exposed and 47% of buprenorphine exposed babies were treated for NAS
- In comparison to methadone exposed neonates, buprenorphine exposed neonates:
  - Required 89% less morphine to treat NAS
  - Spent 58% less time being medicated for NAS
  - Spent 43% less time in the hospital

*(Jones et al., N Engl J Med, 2010)*



## Methadone or Buprenorphine

### Buprenorphine

- ↑ Easier access to treatment
  - Better outcome for infants
- ↓ Behavioral treatment not always provided
  - Induction may be difficult in pregnancy

### Methadone

- ↑ Easier Induction
  - Better treatment retention
- ↓ Restrictive regulations
  - Access to treatment often limited



## Methadone or Buprenorphine

- Opioid dependent women naïve to agonist treatment may be a good candidate for buprenorphine. If she does not respond to buprenorphine, transfer to methadone can be easily initiated.
- Women stabilized on buprenorphine or methadone who become pregnant should remain on their current medication
- Each woman's medical, psychological and substance use history must be considered in any treatment decision



## Medication Assisted Withdrawal in Pregnancy

- Transition from illicit opioid use to drug free state
- Taper is gradual transition from medication to a drug free state
- Women can be safely withdrawn during pregnancy  
Question is whether it should be done  
Very high rate of relapse in opioid dependent women  
Places fetus at additional risk





## MAT vs. Withdrawal or Taper

Recommendations/statement in support of treatment rather than withdrawal

- WHO 2014 Guidelines
- ACOG and ASAM Joint 2012 Opinion
- SAMHSA 2016 Clinical Guidance

# Medication for Addiction Treatment (MAT)



- We must focus on optimal outcomes for the mother/infant dyad
- The well being of the infant is improved with the well being of the mother



## Guidelines

\*American College of Obstetricians and Gynecologists Committee on Health Care for Underserved Women; American Society of Addiction Medicine. ACOG Committee No 524,2012. Opioid abuse, dependence and addiction in pregnancy. *Obstetrics and Gynecology*, 119:1070-1076

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## Guidelines Cont'd

\*SAMHSA 2009. Substance Abuse Treatment: Addressing the Specific Needs of Women, TIP 51.

\*SAMHSA 2016. Advancing the Care of Pregnant and Parenting Women with Opioid Use Disorder and Their Infants: A Foundation for Clinical Guidance.

\*SAMHSA 2016. Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders

\*World Health Organization 2104. Guidelines for the Identification and Management of Substance Use and Substance Use Disorders in Pregnancy

\*Available online



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# Thank you!



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