

A pregnant woman

who abuses opioid drugs may seriously damage two people: herself and her unborn child. While methadone itself does not eliminate all potential problems of pregnancy, a comprehensive methadone maintenance treatment (MMT) program can greatly reduce the possibility of sickness or even death in the mother or child.

If you are pregnant, or thinking about it, this brochure explains how MMT can be of help.

3
methadone & you

This brochure was developed by the editorial staff of *Addiction Treatment Forum* and made possible by an educational grant from Mallinckrodt Inc.

It is not intended as medical advice for individual problems, and appropriate clinic staff should be consulted regarding personal health and addiction recovery questions.

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3
methadone & you

MMT and Pregnancy



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What advantages does MMT offer?

Heroin and other opioid drug use can cause serious complications during pregnancy, including miscarriage or premature delivery of the unborn child (also called a *fetus*). And children born to addicted mothers also are at greater risk of sudden infant death syndrome (SIDS).

Since the early 1970s, medical experts have recommended MMT for opioid-dependent pregnant women. Because MMT helps reduce the use of illegal opioids and the abuse of other harmful drugs, it offers a number of proven advantages:

- helps you escape from a drug-seeking lifestyle;
- reduces the risks of contracting HIV, hepatitis and other infections;
- prevents erratic blood levels of drugs that put the unborn baby through dangerous withdrawal;
- improves your nutrition, leading to healthier weight and condition of the newborn;
- allows you to prepare for the birth, take baby care classes, and begin homemaking;
- reduces medical complications both before and during childbirth, allowing for a healthier newborn.

In short, research has clearly shown that MMT is safe for pregnant women and offers you a much greater chance for a healthy baby.

What is the best methadone dose?

There is no single best methadone dose for pregnant women. Your maintenance dose needs to be individually determined for your needs, to control drug craving and prevent withdrawal symptoms. Because of changes in your body during pregnancy, you may need an *increased* methadone dose at some point. This can be the case no matter how high your dose was to begin with and it does not harm the unborn child.

Stopping methadone or reducing the dose is not recommended. It could lead to withdrawal symptoms and street drug abuse, harming both you and your child.

Even mild withdrawal can put stress on the unborn baby, causing miscarriage, premature



delivery, or even death in the womb. If absolutely necessary, discontinuing methadone should only be done under close medical supervision.

Does methadone affect childbirth pain?

While you are in the hospital, you should continue receiving your regular methadone dose. Ask your clinic doctor to talk to the hospital staff about this if necessary.

Although methadone is a painkiller, your body becomes accustomed to its pain-relieving qualities. This means that you will feel pain just like any woman who has never taken methadone.

During labor and delivery, you should have the same choices for pain relief available to any patient — possibly including opioid pain medications. Discuss this with your doctor.

How is the baby affected?

At birth, the infant may have a slightly lower than average birth weight than a drug-free newborn. This is only temporary and can usually be avoided if you receive proper care before childbirth, and do not smoke or drink alcohol.

Since methadone crosses from mother to baby

in the womb, the infant can experience some withdrawal symptoms during the first few days after birth. Withdrawal usually develops slowly and is routinely treated by the baby's doctor.

There is no long-lasting harm to the child from methadone. And it is important to remember that a baby born to a mother in MMT is always much better off both physically and mentally than if the woman was using heroin or other street drugs.

What about after childbirth?

Your methadone should be continued daily as usual while you are in the hospital. Ask your clinic staff for help in arranging this if necessary.

You can breast-feed your new baby while taking methadone. Although methadone does show up in breast milk, research has shown that it is too small an amount to affect or harm the child.

However, you should not breast-feed if you use any alcohol or street drugs, or if you have an infection such as hepatitis or HIV.

What else can you do?

Taking good care of yourself is vital for the health of your baby:

- inform clinic staff as soon as you think you are pregnant;
- attend all prenatal doctor's appointments and education classes;
- follow your health care providers' instructions for prenatal care;
- eat healthy foods and watch your weight;
- stop or at least cut down on tobacco smoking;
- never take *any* drugs, vitamins, nutritional supplements, or alcohol that have not been specifically prescribed by your doctor.

You must do your part to get the full benefits of what MMT has to offer.