

Appendix I: Opioid Use Disorder Treatment

Medication-assisted treatment should be informed by individual patient characteristics and preferences. Medications differ in the location from which they can be dispensed, how they can be prescribed, side effects, and how they work chemically.ⁱ Agonist medication therapy, methadone or buprenorphine, is generally recommended for patients who are pregnant.^{ii,iii} Providers should follow the Committee on Obstetric Practice and American Society of Addiction Medicine joint opinion [Opioid Use and Opioid Use Disorder in Pregnancy](#) and the Bree Collaborative's 2017 [Opioid Use Disorder Treatment Report and Recommendations](#). Buprenorphine services for patients who are pregnant with opioid use disorder are available among primary care providers with obstetrics privileges, group buprenorphine care, case management, patient navigation and maternal support services

Recommendations include:

- Gestational parents who have opioid use disorder should be started on opioid maintenance therapy as early as possible in pregnancy to help reduce the severity of neonatal abstinence syndrome. After a positive screen for opioid use disorder, medical examination and psychosocial assessment should be performed.
- Co-manage care for patients who are pregnant with opioid use disorder with a prenatal care provider and an addiction specialist.
- Use urine drug testing to detect or confirm suspected use with informed consent.
- Use a supported referral to a setting offering methadone or buprenorphine rather than withdrawal management or abstinence. Initiate treatment with opioid replacement therapy as early as possible. Hospitalization during initiation may be advisable

ⁱ Srivastava A, Kahan M, Nader M. Primary care management of opioid use disorders: Abstinence, methadone, or buprenorphine-naloxone? *Canadian Family Physician*. 2017;63(3):200-205.

ⁱⁱ NIH Consensus Statement Effective medical treatment of opiate addiction. 1997;15(6):1-38.

ⁱⁱⁱ Opioid Use and Opioid Use Disorder in Pregnancy. Committee Opinion No. 711. American College of Obstetricians and Gynecologists. *Obstet Gynecol*. 2017; 130:e81-94. Available: www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co711.pdf?dmc=1&ts=20170918T1748041836