

Moms who use opioids need extra care during pregnancy and after delivery.

Women taking medications or supplements for opioid use disorder should talk with their healthcare provider about what is safe during pregnancy and breastfeeding.

Your provider can also help you manage pain safely during pregnancy, including recommending approved medications and non-medical pain management alternatives.

Moms who use opioids need extra special care during pregnancy. This may include treatment for opioid use disorder, regular medical testing, and close monitoring of the baby's growth.

No matter how
difficult the
journey, there is
always hope,
and there is
always support.
**You are not
alone.**

For help contact:

Marion County Addiction Treatment Services

2045 Silverton Road NE, Suite A

Salem, Oregon 97301

503-576-4660

or

www.samhsa.gov/substance-use/prevention



Marion County
OREGON

Health & Human Services

Sources: 1. www.cdc.gov/overdose-prevention/hcp/clinical-care/opioid-use-and-pregnancy.html
2. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/08/opioid-use-and-opioid-use-disorder-in-pregnancy>

OPIOID USE AND PREGNANCY



Taking opioids or any illicit drug during pregnancy may impact your unborn child for life.

Opioid use during pregnancy may involve using prescription opioids as directed by a doctor, misusing prescription opioids, or using illicit opioids such as heroin or fentanyl.

Opioid use during pregnancy can have serious risks to both the baby and the mother and requires specialized care from a medical professional trained in treating substance use disorder (SUD) during pregnancy. It can lead to complications such as stillbirth, poor fetal growth, preterm delivery, opioid withdrawal syndrome, and even maternal death.

All women of childbearing age who are taking opioids - whether prescription or otherwise - should talk to their healthcare provider about future pregnancy plans and contraception.

See your doctor as soon as possible if you become pregnant while taking opioids.

Abruptly stopping opioids is not recommended and can lead to severe withdrawal and even seizures in both the mother and baby. Safe and effective medications are available for to treat opioid use disorder during pregnancy, and they should be started as early as possible to protect the health of both mother and baby.

After pregnancy:

MOUD (medications for opioid use disorder) should be continued after childbirth to help prevent relapse. These medications can be weaned later under the supervision of your doctor

Opioid use during pregnancy can lead to:

- **Stillbirth**
- **Poor fetal growth**
- **Preterm delivery**
- **Birth defects**
- **Maternal death**
- **Neonatal Opioid Withdrawal Syndrome (newborn shows opioid withdrawal symptoms)**

Infants exposed to opioids before birth need extra care.

It's best for babies exposed to opioids before birth to be delivered at a facility equipped to monitor, evaluate and treat and treat Neonatal Opioid Withdrawal Syndrome (NOWS).

NOWS can occur within the first 28 days of life due to prenatal opioid exposure. Babies at risk for NOWS should be observed in the hospital for 3-7 days, according to the American Academy of Pediatrics.

Opioid exposure during pregnancy may have lifelong effects on the child

While the long-term impacts are still being studied, children exposed to opioids before birth may experience developmental delays. Close developmental follow-up is recommended, along with ensuring a safe, nurturing and stimulating environments, and adequate nutrition.