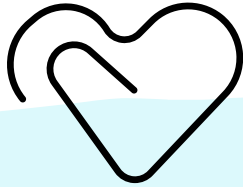
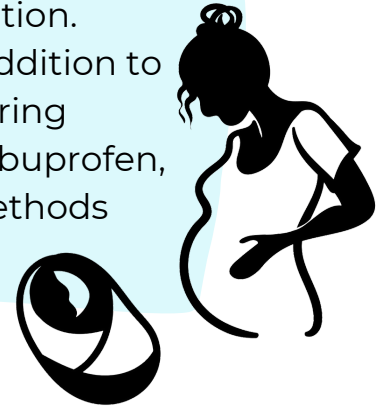


# Delivery Planning for Pregnant Patients Who Are on MOUD



## Vaginal Delivery Planning

Please continue your regular dose of buprenorphine or methadone before & during hospitalization. You can receive opioid pain medication in addition to your buprenorphine or methadone during hospitalization if needed. You can also take ibuprofen, acetaminophen, use heat, ice, & other methods to treat your pain.



## Follow-Up

You should follow-up with your addiction medical provider the week that you have been discharged from the hospital. It is important to be seen soon to ensure your pain is controlled, your mood is stable, & you are still doing ok on your medication.

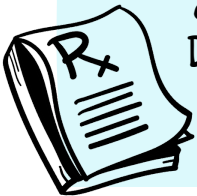
Dose adjustments of your medication can be needed after you have delivered, so it is important to check-in with your provider if you are feeling drowsier than expected or are having any negative effects of your medication.

Please have your hospital team call your addiction medicine provider or call/text the NJ MAT Provider Hotline at 1-866-HELPOUD for help with pain control or treatment at ANY TIME during your hospitalization.

Cesarean Section (C-Section) on Buprenorphine Guidelines for Patients are on the following page...

# Cesarean Section (C-Section) on Buprenorphine Guidelines for Patients

Please continue your regular dose of buprenorphine before & during your hospitalization. Take your regular dose prior to surgery. Continue your regular dose of buprenorphine daily while in the hospital. Do not skip doses, as this can make restarting the medication difficult.



You may be given extra pain medication in your spinal or epidural anesthesia; this can help.

Local anesthesia can also help your pain & should be optimized. Ask your medical surgeon about this.

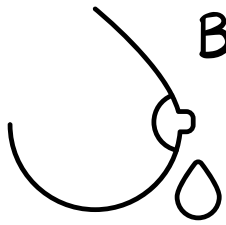
After your C-section, you should be given a PCA with either hydromorphone or fentanyl to treat your pain. Use this as needed. Please do not allow loved ones or anyone other than yourself to push the button—this helps keep you safe & only receive exactly the amount you need for pain.

This PCA should be switched to oral medications within 24-48 hours after surgery. Ideally, you will have your oral medications started to ensure your pain is well-controlled prior to discontinuing the PCA pump.

Once your pain is under control, you can have the PCA discontinued.

You should continue to take ibuprofen &/or acetaminophen as needed as well. You can continue pain medication in addition to your buprenorphine for 1 week as needed after surgery; it is rare that you will need more time. If your pain is still severe, you should be evaluated by a provider.

You should follow-up with your buprenorphine provider the week after your surgery so that they can check in on your pain, pain medication, & treatment. Please have your hospital team call your addiction medicine provider or call/text the NJ MAT Provider Hotline at 1-866-HELPOUD for help with pain control or treatment at ANY TIME during your hospitalization.



# Breastfeeding/Chestfeeding on MOUD

## Guidelines for Patients

You can breastfeed/chestfeed on buprenorphine or methadone & it is highly encouraged!

It is the best for you & for baby if it works for you.

Breastfeeding/chestfeeding helps reduce a newborn's need for medication treatment for withdrawal. Cuddling, skin-to-skin time, low stimulation (quiet, low lights, swaddling), & breastfeeding/chestfeeding are all extremely comforting to baby & are the things baby needs most after delivery.

Smoking cigarettes, taking other medications, & caffeine can cause withdrawal symptoms. If you use other substances when breastfeeding, you should pump & dump. Do not feed baby breastmilk/chestmilk if you are using substances that are not prescribed. Talk with your provider about when it is safe to restart again.

It has been demonstrated that the majority of infants whose mothers were on buprenorphine or methadone treatment do not need morphine treatment if all these soothing methods are used first.

Newborns should be fed on demand & cuddled as much as possible. When this is done, about 14% or less infants will require doses of morphine to treat withdrawal.

Your care team can confirm your buprenorphine dose by checking the PDMP.

They can confirm your methadone dose by calling your OTP (methadone clinic).

Most infants can be treated with single one-time doses of morphine as needed. Ask your birthing hospital if they use these newer eat-sleep-console methods of reducing unnecessary medication for your baby.

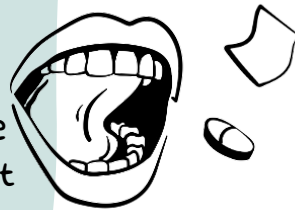
# Pain While Taking Buprenorphine

## Guidelines for Patients

Use over the counter pain relief including acetaminophen (Tylenol), ibuprofen (Advil), Icy Hot, creams, heat/ice packs, etc. for every day aches & pains like headaches, back pain, joint aches. These medications will work better than opioids & be the safest option for you.

You may still have pain from everyday illnesses, medical issues, or even surgeries or procedures while you are on Suboxone. Being on Suboxone does not mean you will not be treated for pain when needed. Discuss any pain issues with your Suboxone provider so that your pain is treated in the safest & most appropriate way. Also tell any other providers treating your pain that you are on Suboxone, so that they can treat you safely. Direct them to your Suboxone provider for help if they are not sure what to do.

If you are severely injured or having a surgery, it is important that your providers know that you are on Suboxone! In certain severe situations, you should receive opioid medications in the hospital or ED. Your doctors must know about your Suboxone so that they give you the correct amount of the medications.



The hospital is a safe setting. Take what you need to treat your pain while you are there. Have the treatment team call your Suboxone prescriber if they are not familiar with how to treat pain on Suboxone. Tell your Suboxone prescriber that you are in the hospital.

Make sure your Suboxone prescriber knows what drugs may show up in your urine drug screen.

Plan for how you will manage your pain when you leave the hospital.

Make a follow-up appointment with your Suboxone provider within a few days of hospital discharge.