



UNDERSTANDING YOUR OPTIONS
FOR PREGNANT OPIOID USERS AND THEIR ALLIES





Welcome!

This is a guide for people who are pregnant and who are currently opioid users. This guide is intended to provide accurate information about options available to help you, not to judge.

What is an **“opioid”**? An opioid is any natural, semi-synthetic, or synthetic substance that binds to the opioid receptors in the brain. Some natural opioids, or “opiates”, are heroin and morphine. Percocet, OxyContin, Fentanyl, and Methadone are examples of semi-synthetic and synthetic opioids.

Unfortunately, there is not a huge amount of information out there for pregnant opioid users and this guide is not exhaustive. If you would like more information, it is important that you connect with a health care provider. In this guide we have even included some providers who specialize in helping opioid users. Remember, it is that it is never too late to get medical care!

TABLE OF CONTENTS

Considering Your Options	1
Prenatal Care	3
Adoption	5
Abortion	6
Opiate Use & the Fetus	7
Harm Reduction Strategies	8
Narcan/Naloxone	
Risks of Quitting “Cold Turkey”	9
Medication Assisted Treatment	10
Methadone	
Subutex	
Drug Screening & DCF	11
Residential Programs	12
Outpatient Programs	13

Considering your Options



So you're pregnant. What are your choices now?

There are three options for you to choose from:

- Carrying the pregnancy to term and keeping the baby
- Carrying the pregnancy to term and placing the child up for adoption
- Terminating the pregnancy.

Like all choices you have to make in life, each option has benefits and risks. The choice you make will be influenced by many things. Your personal beliefs, your health, your current circumstances, how raising a child would impact the plans you have for your life: these are just a few things to consider! Being an active user or a person in recovery adds another layer to these choices. Throughout this packet, we will address each of these options, and how being an active user or being in recovery affects them.

Considering your Options: Prenatal Care

If you are interested in carrying the pregnancy to term, whether or not you intend to raise the child yourself or place it up for adoption, prenatal care is an important part of keeping the baby healthy.ⁱ

ACCESSING CARE EARLY

Though getting prenatal care may seem challenging, it is crucial for the health and wellbeing of you and your baby. Babies whose parents don't get early prenatal care are three times more likely to have a low birth weight and five times more likely to die than those who do.ⁱⁱ It is important to find a doctor whom you feel comfortable sharing your drug use history with so that they can provide you with the best possible care.

The Boston area has many great organizations and providers who specialize in working with patients who have a history of substance use. **Project R.E.S.P.E.C.T.**, for example, is a team of doctors and nurses at Boston Medical Center who specialize in working with active users who are pregnant. If you are currently using and interested in transitioning to methadone or Subutex maintenance, you can go to the BMC emergency department 24 hours a day. You will be admitted to the hospital for "titration" to methadone or Subutex. Titration is a process where they monitor your withdrawal symptoms as you detox and gradually increase your methadone or Subutex dose over a few days. From that point on, you will receive all your prenatal care through **Project R.E.S.P.E.C.T.**

Project R.E.S.P.E.C.T. 617.414.2000

BASIC PRENATAL CARE

What will happen during a prenatal visit?

- The provider will collect information about your health history and your family's health history.
- You will receive a full physical examination, including a vaginal exam.
- Blood and urine samples will be taken for lab work to determine your blood type and confirm that you are, in fact, pregnant. There will also be routine tests conducted for HIV, Hepatitis B, and syphilis.
- The provider will calculate your due date and answer any questions you may have.

What are some steps I can take for a healthy pregnancy?

The Office on Women's Health and U.S. Department of Health and Human Services recommend the following as a part of a healthy pregnancy:

- Take prenatal vitamins. Folic acid in vitamins prevents birth defects in the brain and spinal cord, while calcium aids in bone growth for the baby and iron helps both mother and baby carry oxygen.
- Try your best to get a variety of healthy foods in your diet. These include whole grains, vegetables, fruits, and lots of water. Breakfast cereal often contains the daily servicing of many of the vitamins and nutrients you and the fetus need. Read the label on the box!
- Avoid litter boxes. Toxoplasmosis is a parasite sometimes found in cat feces that can cause birth defects.
- Avoid alcohol and cigarettes when possible. Both are linked to birth defects, low birth weight and fetal death.ⁱⁱⁱ

SEXUALLY TRANSMITTED INFECTIONS DURING PREGNANCY

Knowing if you have any sexually transmitted infections (STIs) is an important part of reproductive health. It is especially important if you are pregnant because STIs can affect the health of the fetus. Getting tested is the first step in accessing treatment. The majority of sexually transmitted infections can be treated. There are also medications you can take before delivery to minimize the chances the infection is passed on to your baby.

Keep in mind that new infections can still occur during pregnancy, so try to use protection with sexual partners and get tested repeatedly if you feel there is a chance for new infection during your pregnancy.^{iv}

HEPATITIS C DURING PREGNANCY

The risk of passing Hepatitis C from parent to child is very small, approximately 5%.^v Children who do not contract the virus from their parent will still be born with hepatitis C antibodies, but will not have an active infection.^{vi} Testing your baby when they are 18 months old can determine your child's hepatitis C status. Even for children who contract Hepatitis C from their parent, there is a high chance that their body may get rid of the virus without treatment. Nearly forty percent of children will fully recover by the age of two without medical intervention.^{vii}

Breastfeeding with Hepatitis C:

Hepatitis C cannot be transmitted through breast milk, so it is safe for people with Hepatitis C to breastfeed. However, if your nipples have been irritated from breastfeeding and have open cracks or bleeding, it may be necessary to discontinue breastfeeding until the wounds heal to ensure that your baby does not come into contact with infected blood.^{viii}

Considering your Options: Adoption

The laws surrounding adoption vary from state to state. In general, you place your child up for adoption shortly after giving birth. If both parents of the child are known and admit to being the parents, both must sign the forms they give consent for the adoption. If only one parent is known, then they are the only person responsible for signing the consent forms for adoption.

There are three types of adoption:

- open
- closed
- semi-open

In an **open adoption**, the birth parent(s) and the adoptive parent(s) can meet, exchange names and contact information and decide if they want to be involved in each other's lives.

In a **closed adoption**, the parents never meet and only relevant health care information is exchanged.

The middle-ground between these two is called a **semi-open adoption**. Both parents will receive some information about each other but names are usually kept secret and the parents do not usually communicate.^{ix}

If you are interested in learning more about what it takes for a person to adopt a child, you can:

See the **Department of Children and Families'** brochure on the subject at www.mass.gov/eohhs/docs/dcf/adoption-guide.pdf.

Call the **Department of Children and Families** Boston office at 617.748.2000.

Considering your Options: Abortion

In the United States, abortion is quite common. In fact, by the time they're 45 years old, three out of every ten women in the United States will have had an abortion.^x Abortion is safe, legal and does not affect your ability to have children in the future.^{xi} Many insurance plans, including MassHealth, cover abortions. If you are unable to afford the procedure, the Eastern Massachusetts Abortion Fund can help.

Eastern Massachusetts Abortion Fund can be reached online at emafund.org or by phone at 617.354.3839.

There are two different kinds of abortion that you may be offered by your health care provider. One procedure takes place entirely at a clinic and the other is started at a clinic and completed at home.^{xii}

An aspiration abortion takes place entirely at the clinic. A small piece of tubing is inserted into the uterus through the vaginal canal, and suction is used to remove the contents of the uterus, ending the pregnancy. Some people undergoing this procedure choose to receive local or general anesthetic and some do not. The entire procedure takes less than half an hour.^{xiii}

A medical abortion takes place partially at the clinic and partially at home. It takes a little bit longer to complete. This process is similar to what happens during a natural miscarriage. A drug is given at the clinic that stops the production of the hormone that makes the lining of the uterus. A second drug is given that causes the uterus to cramp and shed its contents; the pregnancy is ended during the bleeding that follows.^{xiv}

If you have any questions about your options, please speak with a medical provider or call the **Planned Parenthood Counseling and Referral Hotline** at 617.616.1616.

Opiate Use & the Fetus

Opioid use during pregnancy can have a number of different effects on the fetus. It can lead to premature birth, low birth weight, and fetal death.^{xv} When the person who is pregnant consumes opioids, the substance passes through the umbilical cord to the fetus. Routine use will cause the fetus to become dependent on opioids.

If substance use continues throughout the entire pregnancy, the newborn child may suffer from neonatal abstinence syndrome (NAS). This means the newborn will go into withdrawal after birth. Symptoms of neonatal abstinence syndrome include excessive crying, fever, irritability, seizures, slow weight gain, tremors, diarrhea, vomiting, and possibly death. NAS requires hospitalization and can often be relieved by the use of medications such as morphine. The medication will slowly be tapered off until the infant can adjust to being opioid free.^{xvi}



Harm Reduction Strategies

If you continue to use substances throughout your pregnancy, it is crucial to do so as safely as possible.

- If you inject, try to use clean, unused needles and “works” every time. If that’s not possible, disinfect injection equipment with bleach to lower your risk of HIV transmission and use fresh water. Bleach is not as effective for preventing the spread of Hep C. Remember, reusing or sharing injection equipment puts you at high risk for getting or passing infections.
- Avoid using alone. Having people around reduces the risk of fatal overdose because they can call for help and administer Narcan if necessary.
- Be mindful of tolerance change, a major risk factor for overdose. If you stop using over the course of your pregnancy and then start again, your tolerance will be different than it was when you were using regularly. This means that the substances you put into your body may affect you in unexpected ways, putting you at high risk for overdose. Make sure to pay attention to your tolerance if you use substances differently throughout your pregnancy.

NARCAN/NALOXONE

Narcan is an opioid antagonist used to counteract an opioid overdose. Administered through the nose, it will stop an overdose within a few minutes. While Narcan is completely safe for people who are not pregnant, it **poses special risks for people who are pregnant**. Miscarriage, early birth, or serious withdrawal in babies can occur if Narcan is given to a person who is pregnant. Narcan should only be administered to a pregnant person who is overdosing if there are no other options. Keep in mind that while Narcan can put the baby’s life at risk, it is likely to save the parent’s life.^{xvii} The parent’s life must be prioritized because the health of the fetus depends on it!

The Risks of Quitting “Cold Turkey”



The term “cold turkey” refers to abruptly stopping substance use instead of gradually reducing use or using replacement medication to stop use. It is NOT SAFE for people who are consistently using opiates to quit cold turkey when they become pregnant. The effects of withdrawal can put the life of the fetus at risk. The Center for Substance Abuse confirms that opiate withdrawal can cause the uterus to contract and it may induce a premature birth or miscarriage. According to the American Congress of Obstetricians and Gynecologists, going cold turkey can cause premature birth, harm to the fetus and even the death of the fetus.^{xviii}

Medication Assisted Treatment

Medication assisted treatment is a form of drug treatment. When someone consistently uses a drug, their body becomes dependent on it. If the body doesn't get the drug regularly, it goes into withdrawal, which feels like the flu. The medications discussed below, Methadone and Subutex, prevent the person from feeling opioid withdrawal and help reduce drug cravings.

METHADONE

At this time, the standard procedure for opiate maintenance during pregnancy is methadone. Methadone maintenance often requires daily visits to a clinic to receive a daily dose, which can be beneficial for people who are pregnant because it ensures that they are being seen by a provider regularly.

Studies have shown that people who engage in methadone maintenance throughout their pregnancy have lower rates of pregnancy complications including miscarriage, and lower rates of infectious disease such as HIV and hepatitis. Again, methadone maintenance is strongly advised over any attempt to go through opiate withdrawal without medication.^{xx}

It is safe to breastfeed while taking methadone. Small amounts of methadone can be detected in breast milk, but these amounts are completely safe for your child. Breastfeeding is known to have many benefits over formula. Breast milk has added nutrients not found in formula (and it's free!). If you'd like to breastfeed, feel free to continue it while on a methadone maintenance program.^{xxi}



SUBUTEX

Buprenorphine, the active ingredient in Subutex, is used to prevent withdrawal symptoms in opiate users. It is taken daily and considered safe during pregnancy. According to studies done by the National Institutes of Health, Subutex was found to be a better treatment option for pregnant people than methadone. Though methadone is still considered safe for your child, it was found that infants whose parents were treated with buprenorphine (Subutex) experienced milder symptoms of neonatal abstinence syndrome than infants exposed to methadone and also spent less time in the hospital and required less medication. However, Subutex (buprenorphine) for pregnant people addicted to opiates is not yet standard procedure and may not be available by some doctors, clinics and hospitals.^{xxii}

Because of the low levels of buprenorphine in breast milk, it is okay to breastfeed your baby while on Subutex. However, make sure to monitor your child's drowsiness, weight gain, and developmental milestones. Although it is unlikely, a child may experience increased sleepiness, difficulty breathing and breastfeeding, and limpness. If you notice any of these symptoms, notify your doctor as soon as possible.^{xxiii}

Drug Screening & DCF

Hospitals are mandated to report patients who have a urine screen during pregnancy or at the time of birth that shows methadone, Subutex, or any illicit substance. The hospital will file a 51A with the Department of Children and Families (DCF). Filing a 51A does not mean the child will be taken away. It means that the situation will be evaluated for safety. A social worker will be assigned by the hospital to be your advocate and help you navigate this system. Whenever possible, DCF will connect you to services to help stabilize and strengthen your family.

Residential Treatment Programs

Residential Treatment Programs are live-in health care facilities that treat addiction, mental health and behavioral issues. All residential programs included in this chart are for women and their children.

Casa Esperanza – Latinas y Ninas	263 Eustis St, Roxbury, MA 02119	617.445.1104	Residential treatment for women and their children.
Faith House	142 Burncoat St. Worcester, MA 01606	508.438.5625	Residential treatment for mothers and their children.
Serenity House	P.O. Box 344 Hopkinton, MA 01748	508.435.9040	Long-term residential treatment. Special groups and programs for pregnant and post-partum women and their children.
Griffin House	26-28 Thane St, Boston, MA 02124	617.265.2830	Long-term residential treatment, outpatient for pregnant and post-partum women and their children.
Stepping Stones Incorporated	979 Pleasant St. New Bedford, MA 02740	508.984.1880	Residential treatment for women and their children.
Project COPE	117 Common St, Lynn, MA 01902	781.581.9273	Inpatient residential substance abuse program for pregnant and postpartum women and their infants.
The Dimock Center	55 Dimock St. Roxbury, MA 02119	617.442.6778	Transitional housing for pregnant women and their children.
Phoenix House Foundation	90 Cushing Ave, Boston, MA 02125	617.379.2019	Transitional housing for women and their children.

Outpatient Programs

Outpatient programs take place during the day or evening, usually including counseling and group therapy. Program participants leave at the end of each day, making it easier to keep up with responsibilities like family or work. Due to the less structured nature of these programs, more responsibility is placed on the participant to abstain from drug use and show up for programming.

Saint Elizabeth's Comprehensive Addiction Program	736 Cambridge St, Brighton, MA 02135	617.789.2574	No detox services available, however counseling is available to pregnant women.
Addiction Treatment Center of New England	77 F Warren Street, Building 5, Brighton, MA 02135	617.254.1271	Outpatient treatment offering suboxone and methadone maintenance to pregnant women as well as counseling and group therapy.
Habit OPCO	11 Circle Ave, Lynn, MA 01902	617.442.1499	Suboxone and Methadone available to pregnant women.
Bay Cove Andrew House	Mary Morris Building, P.O. Box 90, North Quincy	617.479.9320	Methadone maintenance available during pregnancy

Endnotes

ⁱThe American College of Obstetrics and Gynecologists (2013) Frequently Asked Questions FAQ168 Pregnancy, Available at: <http://www.acog.org/-/media/For%20Patients/faq168.pdf?dmc=1&ts=20140429T0951101177>

ⁱⁱOffice of Women's Health, U.S. Department of Health and Human Services (2012) Prenatal Care Fact Sheet, Available at: <http://womenshealth.gov/publications/our-publications/fact-sheet/prenatal-care.html>

ⁱⁱⁱIbid.

^{iv}Center for Disease Control (2013) STDs and Pregnancy, CDC Fact Sheet, Available at: <http://www.cdc.gov/std/pregnancy/stdfact-pregnancy.htm>

^vMichael R. Narkewitz (2012) Hepatitis C in Children, American Liver Foundation, Available at: <http://www.liverfoundation.org/chapters/rockymountain/doctorsnotes/pediatriccv/>

^{vi}Ibid.

^{vii}Ibid.

^{viii}Center for Disease Control (2009) Breastfeeding: Hepatitis B and C Infections, Available at: <http://www.cdc.gov/breastfeeding/disease/hepatitis.htm>

^{ix}The American College of Obstetrics and Gynecologists (2013) Frequently Asked Questions FAQ168 Pregnancy, Available at: <http://www.acog.org/-/media/For%20Patients/faq168.pdf?dmc=1&ts=20140429T0951101177>

^xPlanned Parenthood Federation of America (2014) Abortion, Available at: <http://www.plannedparenthood.org/health-topics/abortion-4260.asp>

^{xi}The American College of Obstetrics and Gynecologists (2013) Frequently Asked Questions FAQ168 Pregnancy, Available at: <http://www.acog.org/-/media/For%20Patients/faq168.pdf?dmc=1&ts=20140429T0951101177>

^{xii}Planned Parenthood Federation of America (2014) Thinking about Abortion , Available at: <http://www.plannedparenthood.org/health-topics/pregnancy/thinking-about-abortion-21519.htm>

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^{xiv}Planned Parenthood Federation of America (2014) The Abortion Pill, Available at: <http://www.plannedparenthood.org/health-info/abortion/the-abortion-pill/>

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^{xv}Substance Abuse and Mental Health Services Administration (2008) Medication-assisted treatment for opioid addiction during pregnancy, Rockville (MD), Available at: <http://www.ncbi.nlm.nih.gov/books/NBK26113>

^{xvi}The American College of Obstetrics and Gynecologists, Committee on Health Care for Underserved Women and the American Society of Addiction Medicine (2012) Opioid Abuse, Dependence, and Addiction in Pregnancy, Washington, D.C., Available at: http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Health_Care_for_Underserved_Women/Opioid_Abuse_Dependence_and_Addiction_in_Pregnancy

^{xvii}Maryland Poison Center: University of Maryland School of Pharmacy (2010)ToxTidbits: Antidote Facts, Naloxon, Available at: <http://mdpoison.com/healthcareprofessionals/antidote%20facts/Naloxone%20Antidote%20Facts.pdf>

^{xviii}The American College of Obstetrics and Gynecologists, Committee on Health Care for Underserved Women and the American Society of Addiction Medicine (2012) Opioid Abuse, Dependence, and Addiction in Pregnancy, Washington, D.C., Available at: http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Health_Care_for_Underserved_Women/Opioid_Abuse_Dependence_and_Addiction_in_Pregnancy

^{xix}U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment (2011) Medication Assisted Treatment for Opioid Addictio: Facts for Family and Friends, Available at: <http://store.samhsa.gov/shin/content/SMA09-4443/SMA09-4443.pdf>

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^{xxii}National Institute of Health (2010) Buprenorphine treatment in pregnancy: less distress to babies, U.S. Department of Health and Human Services, Available at: <http://nih.gov/news/health/dec2010/nida-09.htm>

^{xxiii}Substance Abuse and Mental Health Services Administration (2008) Medication-assisted treatment for opioid addiction during pregnancy, Rockville (MD), Available at: <http://www.ncbi.nlm.nih.gov/books/NBK26113>

WHO WE ARE

The Cambridge Needle Exchange, a program within the AIDS Action Committee's Prevention and Education Department, is committed to the practice of harm reduction and founded on the idea that drug users deserve to be treated with dignity and respect. We provide a safe and confidential space for injection drug users to access sterile injection equipment, sharps disposal, risk reduction strategies, overdose prevention education and nasal Narcan, educational materials on HIV, HCV, & STIs, and rapid HIV and HCV testing. We also offer STI testing through Fenway Health. Overdose prevention education, Narcan, and testing services are open to the general public. Our services are provided FREE of charge and participation is anonymous or confidential.

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