clinical recommendations

SUPPORTING PEOPLE WHO USE OPIOIDS IN PREGNANCY

DID YOU KNOW?

Canada has recommendations to help doctors, nurses, and other healthcare providers care for people who use opioids during pregnancy. These recommendations are based on the best available research and help make sure everyone gets the right care. This document summarizes those recommendations, and important considerations for your pregnancy.

People use opioids for many reasons, including to manage pain or cope with the effects of trauma. People may also be at different stages in their opioid use. Some use harm reduction strategies, some are maintaining their current use, and some are working to reduce or stop using opioids. Everyone deserves respectful healthcare and support to make informed decisions about pregnancy and family planning, no matter why they use opioids or where they are in their journey.

UNREGULATED OPIOIDS OR OPIOID AGONIST THERAPY

- All pregnant people who use opioids should be offered opioid agonist therapy (OAT).
- OAT (e.g., methadone or buprenorphine [Suboxone, Subutex]) is the first line treatment for people who use opioids in pregnancy, and is considered gold standard when combined with integrated care.
- Transition people from non-medical opioids to OAT, starting at the lowest effective dose.
- Methadone and slow-release oral morphine do not require stopping opioids before starting therapy and may be preferred.
- Dose increases (or split doses) may be needed to prevent withdrawal as pregnancy progresses from physiological and metabolic changes.
- Risks & benefits of OAT in pregnancy must be clearly explained to support informed, patient-centred choices.
- Detoxification in pregnancy is not recommended.

OPIOID PAINKILLERS

- Risks & benefits of using opioid painkillers in pregnancy must be clearly explained to patients.
- Take the lowest effective dose for the shortest amount of time in pregnancy.

INTEGRATED CARE PROGRAMS

- Pregnant people taking opioids should be referred to integrated care programs where available.
- These programs offer multiple services (e.g., prenatal care, addiction treatment, psychosocial interventions, harm reduction) in one place and are the BEST option for pregnant people who use opioids.
- Integrated care leads to healthier moms/parents and infants with less child welfare intervention.

Every pregnant person who uses opioids has a right to non-judgmental, trauma-informed, culturally appropriate, and family-centred care. Healthcare providers have an important role in creating safe, respectful environments that reduce stigma, support informed decision-making, and build trust.

The Society of Obstetricians and Gynaecologists of Canada (SOGC) is a national medical organization that represents healthcare professionals to advance women's health care across Canada. The SOGC provides recommendations to support people with opioid use in pregnancy.

scan for the full guideline, or visit sogc.com