PERINATAL MOUD Ongoing Care

Illinois Helpline

Antepartum Care (Late Second/Early Third Trimester)

Higher MOUD doses (e.g., 24-32 mg bup) and/or higher frequency dosing may be needed due to changes in metabolism and renal clearance during pregnancy. Ask patient about withdrawal symptoms and cravings, increasing timing and dosing of bup/methadone as needed. Reassure patients that higher/more frequent doses have not been shown to increase the newborn's severity of Neonatal Opioid Withdrawal Syndrome (NOWS).

Prior to Labor

Discuss with patient (and the delivering provider) **that MOUD should be continued** during labor & delivery and which options below should be used to control labor & delivery pain. *(Note: MOUD will not fully address pain)*.

Offer **neuraxial anesthesia** (epidural, spinal) and/or **nitrous oxide** as first line modalities. Okay to use **full agonists** (e.g., morphine, dilaudid, fentanyl).

Use **non-opioid modalities** too. (e.g., IV acetaminophen and transverse abdominis plane blocks)

Avoid **partial agonists** because they can cause precipitated withdrawal. (e.g., nalbuphine, butorphanol and pentazocine)

Postpartum Care

Pain Control

For vaginal deliveries, continue MOUD + non-opioid options (e.g., acetaminophen, ibuprofen, ice-packs and sitz baths).

For more severe pain (e.g., C-section, higher order perineal tears),
•consider IV acetaminophen and ketorolac for 48 hours,
•consider full opioid agonists (e.g., hydromorphone), noting that up to 50% higher doses may be needed to achieve adequate analgesia, and
•address patient's concerns about use of full agonists (i.e., won't cause withdrawal, but may increase cravings).

Breastfeeding & Other Interactions

If patient is stable on MOUD with no recent use of illicit substances, encourage breastfeeding, which can reduce the severity of NOWS.

Encourage rooming-in, skin to skin, and low lights/reduced stimuli, which can also reduce severity of NOWS and improve patient's mental health.

Reporting Requirements

Any newborn with a positive toxicology test for any controlled substance must be reported to IDPH through APORS. Generally, your hospital will have a process for this. If birthing patient is stable on prescribed MOUD, there is no requirement for a DCFS report if no other illicit substances are present. DCFS must be contacted if illicit substances are present or there is concern for the newborn's wellbeing.

Reassure patient that a report to IDPH or DCFS does not mean the newborn will be automatically be separated from their parents; it just means that an investigation may be opened.

Continued Care

Continue follow-up with patient to retain in OUD treatment, as MOUD reduces chance of opioid overdose death by 60%.

Offer contraception to decrease unintended pregnancies (e.g., long-acting reversible contraceptive such as an IUD or a subdermal progesterone implant).

If at any point, you need assistance with initiating MOUD treatment or providing follow-up or ongoing care management for your patient, contact MAR-NOW or IllinoisDocAssist.