PERINATAL MOUD Intake (*Not Already Diagnosed with OUD*)

Illinois Helpline

Is pregnant patient already diagnosed with OUD and receiving treatment?

Yes → Go to second workflow: Perinatal MOUD Intake (Already Diagnosed with OUD)

No ↓

Screen for substance use with validated tools such as 5Ps, NIDA Quick Screen, CRAFFT (for persons under age 26).

Universal urine drug screens not recommended (results do not indicate presence or absence of OUD)

If positive screen ↓

Ask questions (DSM-5) to determine if OUD is present.

If OUD diagnosed ↓

Administer other recommended screens if possible and educate patient on all available MOUD options (handout).

Other recommended screens
(but not mandatory for initiating MOUD)

Mental Health (e.g., PHQ-9, GAD-7)	Infections (e.g., Hep B, Hep C, and HIV)	Fetal Assessment (e.g., ultrasound, doppler)

Buprenorphine and methadone are FDA approved as first line OUD treatments with no increase in risks of birth defects or adverse long-term developmental impacts.

Naltrexone is FDA approved for OUD, but not recommended to initiate during pregnancy. **Medically supervised withdrawal (detox) + abstinence** is discouraged due to high rate of return to use.

Patient chooses buprenorphine ↓

Patient chooses methadone ↓

If access to inpatient setting is available, patients can be admitted to rapidly titrate up to a stable **methadone** dose using this guide before bridging to a methadone treatment center (MTC).

Otherwise, patients must be referred to an MTC for initiation.

Discuss possible formulations.

Bup mono (Subutex) is safe and effective w/o harm to fetus, according to large-scale human studies. It has a higher potential for misuse (i.e., intravenous injection and diversion) than bup combo.	**Bup combo** (Suboxone) is safe and effective w/o harm to fetus, according to human case reports and small-scale human studies. It is more commonly prescribed than bup mono, which might make it easier for the patient to obtain.	**Bup injectable** (Sublocade) has no reported adverse effects on fetus (evidence from human case reports), but animal studies have shown birth defects in 1st trimester. For pregnant patients who continue to use or have barriers to cessation, this option may be advantageous as it decreases overdose risk, which outweighs the theoretical (not yet proven) risk of injectable bup.

If patient chooses either **bup mono** or **bup combo**, go to third workflow: Perinatal MOUD Initiation.

If patient chooses **bup injectable**, click here for further guidance.

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.