Frequently Asked Questions (FAQ) about Methadone and Pregnancy

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National Advocates for Pregnant Women
N A P W

What is methadone?

- Methadone is an opioid medication used to treat individuals who are dependent on opioid drugs such as heroin and the prescription drug Oxycodone; it has also been used extensively in recent years for management of chronic pain.
- Methadone maintenance treatment (MMT) reduces cravings for opioid drugs, prevents the onset of withdrawal and blocks the effects of other opiates.[i]
- Forty years of well-documented experience with MMT throughout the world has consistently demonstrated a marked reduction in illicit drug use and the medical and social consequences of such use – including a major drop in likelihood of overdose and death.
- MMT is most effective when accompanied by availability of counseling and other supportive services.

What are the main concerns for pregnant women who experience opiate addictions or who try to overcome them?

- Use of injection drugs during pregnancy is generally associated with poor nutrition and anemia, high risk of infectious diseases such as hepatitis and HIV, and inadequate prenatal care[ii], as well as exposing the patient to significant risk of overdose.[iii] These consequences place both the expectant mother and the fetus at risk.
- Opiate detoxification (whether by going "cold turkey" or gradually with the aid of medication) always is associated with a significant risk of relapse to illicit drug use, but is particularly dangerous during pregnancy because withdrawal can cause uterine contractions, miscarriage or early labor.[i]

Is methadone a safe and effective way to manage opiate addiction during pregnancy?

- Yes, there is a scientific consensus recognized by US government authorities and researchers that methadone is safe and effective for the management of opioid dependence during pregnancy.[iv]*
- Women can conceive, have normal pregnancies and give birth to and raise healthy children while receiving methadone treatment.[v]
- Methadone maintenance should be continued at therapeutic levels throughout pregnancy to prevent withdrawal symptoms or relapse to illicit opioid use. It is well established that metabolic changes during pregnancy often require an increase in the dosage of methadone to ensure optimal therapeutic results.
- Some newborns born to women receiving methadone maintenance may experience "mild to modest opiate withdrawal signs and symptoms in the early postnatal period…"[vi] When such withdrawal occurs it is readily managed by appropriate treatment with an opiate medication; there is no evidence indicating any long-term adverse consequences.[vi]
- A review of "the methadone maintenance pregnancy" concluded: "Methadone treatment during pregnancy offers overwhelming advantages . . . [and] has been shown to be an invaluable and often an essential ingredient in bettering the health of women during pregnancy, in improving the outcomes of those pregnancies, and in offering opiate-addicted women a chance to improve both their lives and the lives of their families."[vii]
- A study published in 2005 found that "high doses of methadone were not associated with increased risks of neonatal abstinence symptoms but had a positive [i.e., favorable] effect on maternal drug abuse."[viii]
- It is noteworthy that federal regulations require methadone treatment programs to give priority to pregnant women who seek treatment and explicitly document reasons for denying them admission.[ix]

* Buprenorphine is an alternatives medication to methadone. Initial experience has also found it to be safe during pregnancy, although more research is needed.

Are women who use methadone in pregnancy "abusing" their fetuses?

- No, in fact, MMT for pregnant women protects their fetuses from the harmful effects of opioid withdrawal and/or resumption of illicit drug use. For women who are addicted to heroin or other opiates, MMT is the most thoroughly researched option to improve their health and birth outcomes.[x]
- Methadone does not harm the developing fetus, but maternal withdrawal and detox may create significant risks of harm.[iv]
- Methadone does not cause birth defects or other long-term health problems. [iv]
- Babies born to mothers on methadone do as well as other babies and much better than babies born to mothers using heroin.[i]

Are women who use methadone capable of being good parents?

- Yes, people who are on MMT are capable of being good parents. Like any group of parents, some mothers reportedly benefit from additional services to address co-occurring mental health issues and to develop parenting skills.[xi]
- A review of the scientific literature reveals that methadone is compatible with breastfeeding as the amount of methadone in breast milk is very small.[xii]

The Bottom Line: As a brochure entitled, "Methadone Treatment for Pregnant Women," produced and distributed by the US Department of Health and Human Services, sums up: **"Methadone maintenance treatment can help you stop using drugs. It is safe for the baby, keeps you free of withdrawal, and gives you a chance to take care of yourself."**[i]

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[i] U.S. Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Methadone Treatment for Pregnant Women. Publication number SMA 06-4124. 2006.

[ii] U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Medication-Assisted treatment for opiod addiction during pregnancy. In *Medication-Assisted Treatment for Opiod Addiction in Opiod Treatment Programs*, TIP 43. 2005, 211-224.

[iii] U.S. Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. OxyContin: Prescription Drug Abuse. *Breaking News for the Treatment Field*, 1(1). 2001.

[iv] Kaltenbach K, Silverman N, Wapner R. Methadone maintenance during pregnancy. In: Center for Substance Abuse Treatment. *State Methadone Treatment Guidelines*. DHHS Publication No. (SMA) 93-1991. Rockville, MD: U.S. Department of Health and Human Services. 85-93. 1993; Finnegan LP. Treatment issues for opioid-dependent women during the perinatal period. *Journal of Psychoactive Drugs*. 23,191-201. 1991; Finnegan LP. Clinical perinatal and development effects of methadone. In: Cooper JR, et al., eds. *Research on the Treatment of Narcotic Addiction: State of the Art*. Rockville, MD: U.S. Department of Health and Human Services. 26, 155-61. 1983; Rayburn, WF & Bogenschutz, MP, Pharmacotherapy for pregnant women with addictions. *American Journal of Obstetrics & Gynecology*, 191(6), 1885-97. 2004.

[v] The Lindesmith Center-Drug Policy Foundation. About Methadone. 2000.

[vi] Institute of Medicine. *Federal Regulation of Methadone Treatment*. Washington, DC: National Academy Press; 1995:203-4. Retrieved on 8/27/09 from http://www.nap.edu/openbook.php?isbn=0309052408

[vii] Kandall, S.R et al. The Methadone-Maintained Pregnancy. *Clinics in Perinatology*, 26(1), 173-183. 1999.

[viii] McCarthy, J.J. et al. High-Done Methadone Maintenance in Pregnancy: Maternal and Neonatal Outcomes. *American Journal of OBGYN,* 193, 606-610. 2005.

[ix] Addiction Treatment Forum, retrieved on 8/28/09 from www.atforum.com/newsletters/2009summer.php.

[x] U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Medication-Assisted treatment for opiod addiction during pregnancy. In *Medication-Assisted Treatment for Opiod Addiction in Opiod Treatment Programs*, TIP 43. 2005, 211-224.

[xi] Dawe S, Harnett P. Reducing potential for child abuse among methadone-maintained parents: results from a randomized controlled trial. *Journal of Substance Abuse Treatment*, 32(4), 381-90. 2007; Luthar SS, Suchman NE, Altomare M. Relational Psychotherapy Mothers' Group: a randomized clinical trial for substance abusing mothers. *Developmental Psychopathology*, 19(1),243-61. 2009.

[xii] Jansson LM, Velez M, Harrow C. Methadone maintenance and lactation: a review of the literature and current management guidelines. Journal of Human Lactation, 20(1), 62-71. 2004.