Buprenorphine (Bup) Quick Start in Pregnancy

- Bup is a high-affinity partial agonist opioid that is **SAFE** in pregnancy and highly effective for treating opioid use disorder.
- **If patient is stable on methadone or prefers methadone**, recommend continuation of methadone as first-line treatment.
- **Fetal Monitoring** is not required to start Bup in a normal pregnancy regardless of gestational age.
- **Admission for observation is NOT required** at Bup starts.
- **Bup/Nx or Bup monoprod** is OK in Pregnancy.
- **Split dosing** and an increase in total Bup dose is often necessary esp in later trimesters.

Uncomplicated* opioid withdrawal?**

- YES (stop other opioids)
- **Administer 8mg Bup SL**
- **Withdrawal symptoms improved?**
  - YES
  - **Administer 2nd dose**
    - ED: 8-24mg; consider higher loading dose for longer effect on discharge
    - Inpatient: 8mg. On subsequent days, titrate from 8mg BID with additional 4-8mg prn cravings
- **Maintenance Treatment 16 mg Bup SL/day**
  - Usual total daily dose Bup SL 16-32mg;
  - Titrate to suppress cravings

Start Bup after withdrawal
Supportive meds prn, stop other opioids

No Improvement

- Differential Diagnosis:
  - Withdrawal mimic:
    - Pre-eclampsia, benzo withdrawal, influenza, DKA, sepsis, thyrotoxicosis, etc.
    - Treat underlying illness.
  - Incompletely treated withdrawal: Occurs with lower starting doses, improves with more Bup.
  - Bup side-effect: Nausea, headache, dysphoria.
    - Continue Bup, treat symptoms with supportive medications.
  - Precipitated withdrawal:
    - Too large a dose started too soon after opioid agonist.
    - Usually time limited, self resolving with supportive medications.
    - In complex or severe cases of precipitated withdrawal, OK to stop Bup and give short acting full agonists.

Peripartum
For planned C-Section and/or labor, or acute pain:
- Continue patient's normal Bup dose in combination with multimodal analgesia that may include regional anesthesia and opioids.
- Bup is safe for breastfeeding.
- Bup reduces NAS severity. Dose does not correlate to NAS severity.
- Postpartum Bup dose reduction should be gradual and per pt cravings.

Buprenorphine Dosing
- Any provider can order Bup in the ED or inpatient.
- If unable to take SL, try Bup 0.3mg IV/IM.
- Total initial daily dose above 16mg may increase duration of action beyond 24 hrs.
- OK to start with lower initial dose: Bup 2-4mg SL

* Complicating Factors
- Severe acute pain or trauma
- Significant respiratory compromise, medically unstable (do not start Bup)
- Recent methadone

** Diagnosing Opioid Withdrawal
Subjective symptoms AND one objective sign
Subjective symptoms:
Patient reports feeling “bad” due to withdrawal (nausea, stomach cramps, body aches, restlessness, hot and cold, stuffy nose).
Objective signs [at least one]:
- Restlessness, sweating, rhinorrhea, dilated pupils, watery eyes, tachycardia, yawning, goose bumps, vomiting, diarrhea, tremor.
- Typical withdrawal onset:
  - ≥ 12 hrs after short acting opioid
  - ≥ 24 hrs after long acting opioid
  - ≥ 48 hrs after methadone (can be >72 hrs)
- If unsure, use COWS (clinical opioid withdrawal scale). Start if COWS ≥ 8 AND one objective sign.
- If Completed Withdrawal
  - Typically >72 hrs since last short-acting opioid, may be longer for methadone. Start Bup 4mg q6h pm cravings, usual dose 16-32mg/day. Subsequent days, usual dosing frequency TID or QID.

Symptomatic / Supportive Meds
Can be used to help treat withdrawal symptoms prn or during induction process (i.e. clonidine, acetaminophen, ondansetron, diphenhydramine, etc).

The CA Bridge Program disseminates resources developed by an interdisciplinary team based on published evidence and medical expertise. These resources are not a substitute for clinical judgment or medical advice. Adherence to the guidance in these resources will not ensure successful patient treatments. Current best practices may change. Providers are responsible for assessing the care and needs of individual patients.

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**Discharge**
- Document Opioid Withdrawal and/or Opioid Use Disorder as a diagnosis.
- **If no X-waiver**: Use loading dose up to 32mg for long effect and give rapid follow up.
- **If X-waiver**: Check CURES (not required in Emergency Department if ≤7 day prescription), prescribe sufficient Bup/Nx until follow up.

Overdose Education Naloxone Kit
Naloxone 4mg/0.1ml intranasal spray
REFERENCES
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REFERENCES


REFERENCES: Buprenorphine (Bup) Quick Start in Pregnancy
More resources available www.CABridge.org

