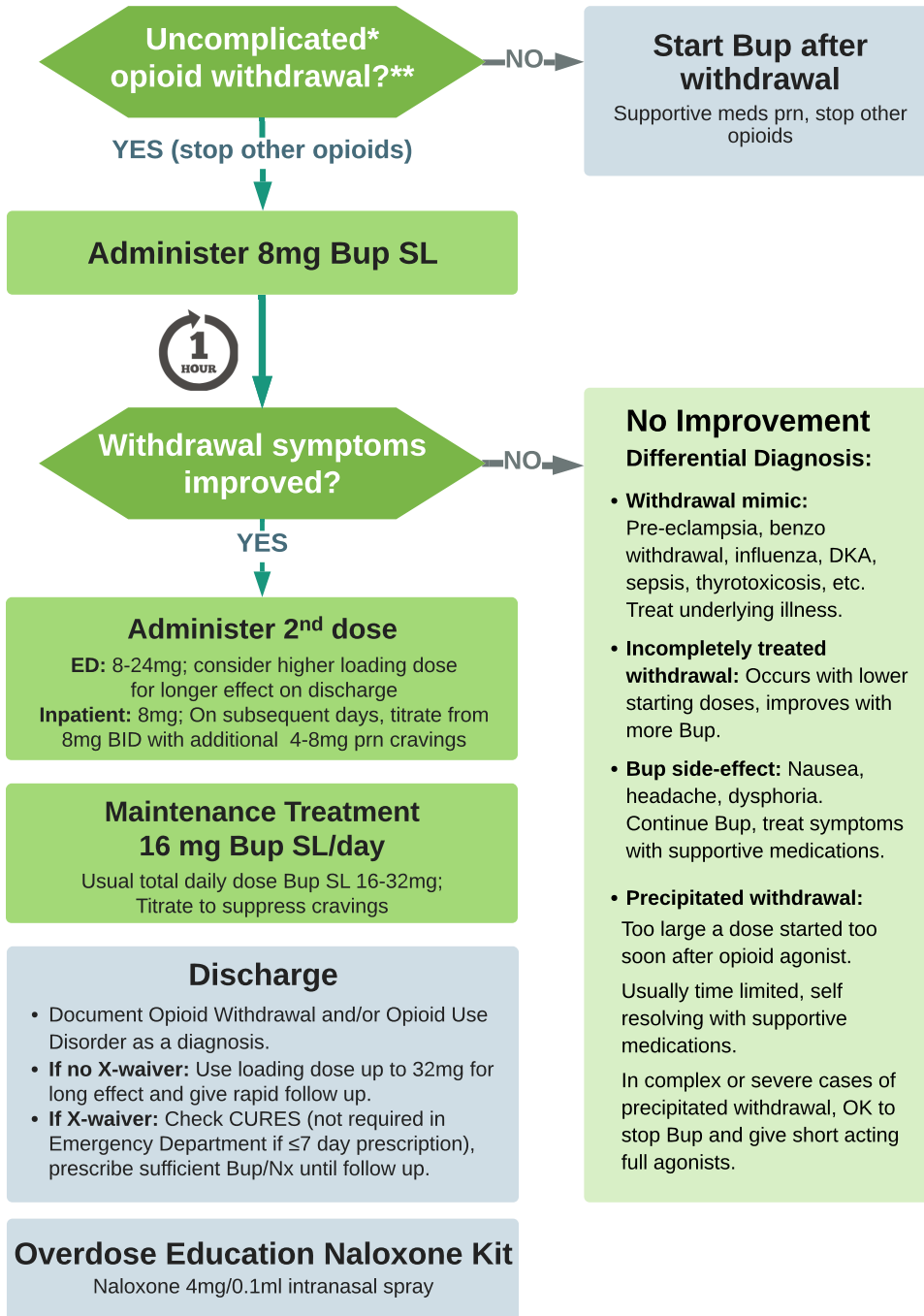


- Bup is a high-affinity partial agonist opioid that is **SAFE** in pregnancy and highly effective for treating opioid use disorder.
- **If patient is stable on methadone or prefers methadone**, recommend continuation of methadone as first-line treatment.
- **Fetal Monitoring** is not required to start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



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 q4h prn 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 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.

9.1.2019



Buprenorphine (Bup) Quick Start in Pregnancy

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