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 acts in Pregnancy.
- Split dosing and an increase in total Bup dose is often necessary esp in later trimesters.

**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, rhinorrea, 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 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 pm or during induction process (i.e. clonidine, acetaminophen, ondansetron, diphenhydramine, etc).

**Start Bup after withdrawal**

Supportive meds prn, stop other opioids

**Uncomplicated* opioid withdrawal?**

- YES (stop other opioids)
  - Administer 8mg Bup SL
  - 1 hour
  - 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
      - 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.

**Maintenance Treatment**

16 mg Bup SL/day

Usual total daily dose Bup SL 16-32mg; Titrate to suppress cravings

**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

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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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REFERENCES


