**DELIVERY PLANNING FOR PATIENTS ON MEDICATION FOR OPIOID USE DIOSORDER**

**Vaginal Delivery Planning**

Please continue your regular dose of buprenorphine or methadone before and during your hospitalization. You can receive opioid pain medication in addition to your buprenorphine or methadone during your hospitalization if needed. You can also take ibuprofen, acetaminophen, use heat, ice, and other methods to treat your pain.

You should follow-up with your addiction medical provider the week you have been discharged from the hospital. It is important to be seen soon to ensure your pain is controlled, your mood is stable, and you are still doing ok on your medication.

**Dose adjustments of your medication can be needed after you have delivered, so it is important to check-in with your provider if you are feeling drowsier than expected or are having any negative effects of your medication.**

Please have your hospital team call your addiction medicine provider or the MAT Provider Hotline at 1-866-HELPOUD for help with pain control or treatment at ANY TIME during your hospitalization.

**Cesarean Section On Buprenorphine:**

Please continue your regular dose of buprenorphine before and during your hospitalization. Take your regular dose prior to surgery. **Continue your regular dose of buprenorphine daily while in the hospital. Do not skip doses, as this can make restarting the medication difficult.**

You may be given extra pain medication in your spinal or epidural anesthesia; this can help. Local anesthesia can also help your pain and should be optimized. Ask your medical surgeon about this.

After your C-section, you should be given a PCA with either hydromorphine or fentanyl to treat your pain.Use this as needed. Please do not allow any family members or anyone other than yourself to push the button, this helps keep you safe and only get exactly the amount you need for pain.

This PCA should be switched to oral medications within 24-48 hours after surgery. Ideally, you will have your oral medications started to ensure your pain is well controlled prior to discontinuing the PCA pump. Once your pain is under control, you can have the PCA discontinued.

You should continue to take ibuprofen and/or acetaminophen as needed as well, as this can greatly reduce the pain.

You can continue pain medication in addition to your buprenorphine for about 1 week as needed after surgery; it is rare that you will need more time than this. If you pain is still severe, you should be evaluated by a medical provider.

You should follow-up with your addiction medicine specialist or buprenorphine provider the week after your surgery so that they can check in on your pain, pain medication, and buprenorphine treatment.

Please have **your hospital team call** your buprenorphine provider or the MAT Provider Hotline at 1-866-HELOOUD for help with pain control or treatment at ANY TIME during your hospitalization.

**BREASTFEEDING ON MEDICATION FOR ADDICTION TREATMENT:**

**You can breastfeed on buprenorphine or methadone and it is highly encouraged! It is the best for you and for baby if it works for you.**

Breastfeeding helps reduce a newborn’s need for medication treatment for withdrawal. Cuddling, skin-to-skin time, low stimulation (quiet, low lights, swaddling), and breastfeeding are all extremely comforting to baby and are the things baby needs most after delivery. It has been demonstrated that the majority of infants whose mothers were on treatment buprenorphine or methadone do not need morphine treatment if all these soothing methods are used first. Newborns should be fed on demand and cuddled as much as possible. When this is done, about 14% or less infants will require doses of morphine to treat withdrawal. Most infants can be treated with single one-time doses of morphine as needed. Ask your birthing hospital if they use these newer eat-sleep-console methods of reducing unnecessary medication for your baby.

Smoking cigarettes, taking other mental health medications, and caffeine can cause withdrawal symptoms. Mothers can help reduce risk of withdrawal by stopping smoking or cutting out caffeine.

If you slip to other substances when breastfeeding, you should pump and dump. Do not feed baby breastmilk if you are using substances that are not prescribed. Talk with your care provider about when it is safe to restart breastfeeding again.

Confirming Doses of Medication for Opioid Use Disorder:

YOUR CARE TEAM CAN CONFIRM BUPRENORPHINE DOSE BY CHECKING THE NJ Prescription Monitoring Program. They can confirm methadone dose by calling your methadone clinic.

Pain While Taking Buprenorphine

You may still have pain from everyday illnesses, medical issues, or even surgeries or procedures while you are on Suboxone. Being on Suboxone does not mean you will not be treated for pain when needed. Discuss any pain issues with your Suboxone provider so that your pain is treated in the safest and most appropriate way. Also tell any other health care providers treating your pain that you are on Suboxone, so that they can treat you safely. Direct them to your Suboxone provider for help if they are not sure what to do.

Basic Tips:

Use over the counter pain relief like (ex: acetaminophen (Tylenol), ibuprofen (Advil), Icy Hot, creams, heat/ice packs for everyday aches and pains like headaches, back pain, joint aches. These medications will work better than opioids and be the safest option for you.

If you are severely injured or having a surgery, it is important that your healthcare providers know that you are on Suboxone! In certain severe situations, you should receive opioid medications in the hospital or ED. Your doctors must know about your Suboxone so that they give you the correct amount of the correct medications.

• The hospital is a safe setting. Take what you need to treat your pain while you are there

• Have the treatment team call your Suboxone prescriber if they are not familiar with how to treat pain on Suboxone.

• Tell your Suboxone prescriber that you are in the hospital

• Make sure your Suboxone prescriber knows what drugs may show up in your urine drug screen

• Plan for how you will manage your pain when you leave the hospital

• Make a follow up appointment with your Suboxone provider within a few days of hospital discharge

• Prepare and be proactive! Risk of relapse is high when severe illness or injury or pain meds are involved.