

## Detoxification from opiate drugs during pregnancy.

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### Author information

### Abstract

**BACKGROUND:** The current recommendation regarding the management of a pregnant patient with opioid dependence is not to perform detoxification during pregnancy because of a potential risk for preterm labor, fetal distress, or fetal demise.

**OBJECTIVE:** The objective of the study was to evaluate the safety of full opiate detoxification during pregnancy in a large number of patients through 4 different methods and analyze the rate of newborn treatment of neonatal abstinence syndrome for each method.

**STUDY DESIGN:** This was a retrospective analysis of data collected prospectively during ongoing prenatal care of opiate-addicted pregnant women. Data were analyzed for pregnancy complications including fetal demise and preterm labor of opiate-addicted pregnant women who underwent detoxification during pregnancy through 4 different methods: acute detoxification of incarcerated patients; inpatient detoxification with intense outpatient follow-up management; inpatient detoxification without intense outpatient follow-up management; and slow outpatient buprenorphine detoxification. The rates of newborns treated for neonatal abstinence syndrome were also assessed for each group.

**RESULTS:** Over 5.5 years, 301 opiate-addicted pregnant patients were fully detoxified during pregnancy with no adverse fetal outcomes related to detoxification identified. There were 94 patients who delivered newborns treated for neonatal abstinence syndrome (31%). There was an 18.5% rate of neonatal abstinence syndrome in the 108 acutely detoxified while incarcerated, a 17.4% rate of neonatal abstinence syndrome in the 23 who had inpatient detoxification with intense outpatient follow-up management, a 17.2% rate of neonatal abstinence syndrome in the 93 who went through slow outpatient buprenorphine detoxification, but a 70.1% rate of neonatal abstinence syndrome in the 77 who had inpatient detoxification without intense outpatient follow-up management.

**CONCLUSION:** With these data and other published studies, more than 600 patients have been reported to detoxify from opiates during pregnancy with no report of fetal harm related to the process. These data highly suggest that detoxification of opiate-addicted pregnant patients is not harmful. The rate of neonatal abstinence syndrome is high but primarily when no continued long-term follow-up occurs. Once a patient is drug free, intense behavioral health follow-up is needed for continued success.

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**KEYWORDS:** decreasing neonatal abstinence syndrome; opiate detoxification; substance abuse in pregnancy