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.

**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.).

**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 prn 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

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