

Prenatal Buprenorphine Induction Guidelines

- Determine clinical indication for buprenorphine therapy:

Indication

- Opioid use disorder and
- Desire for buprenorphine treatment to assist with cessation or reduction in use

Contraindications

- Allergy to buprenorphine
- Medically unstable and unable to tolerate mild withdrawal safely
- Heavy benzodiazepine or alcohol binges

Relative Contraindications

- Severe psychiatric or social instability that inhibits ability to take daily medication
- On methadone maintenance

- Discuss options with patient and obtain patient preference for methadone vs. buprenorphine. See decision guide on next page.

- Before initiating buprenorphine, contact the outpatient buprenorphine provider to ensure that a discharge appointment will be available within 1-3 days of discharge.

- Ensure that the patient does not currently have fully activated opioid receptors, as this can lead to precipitated withdrawal from buprenorphine. To do this, either:

- Measure COWS score to identify mild to moderate withdrawal from more recent opioid administration. Patients in withdrawal may receive buprenorphine.

or

- Confirm that the patient has been off of opioids long enough to be out of the withdrawal period. Patients with prolonged abstinence due to incarceration, hospitalization, or illness may not show signs of withdrawal but may still be good candidates for buprenorphine treatment.

- If in adequate withdrawal or status post prolonged abstinence, follow the algorithm on the next page for dosing instructions

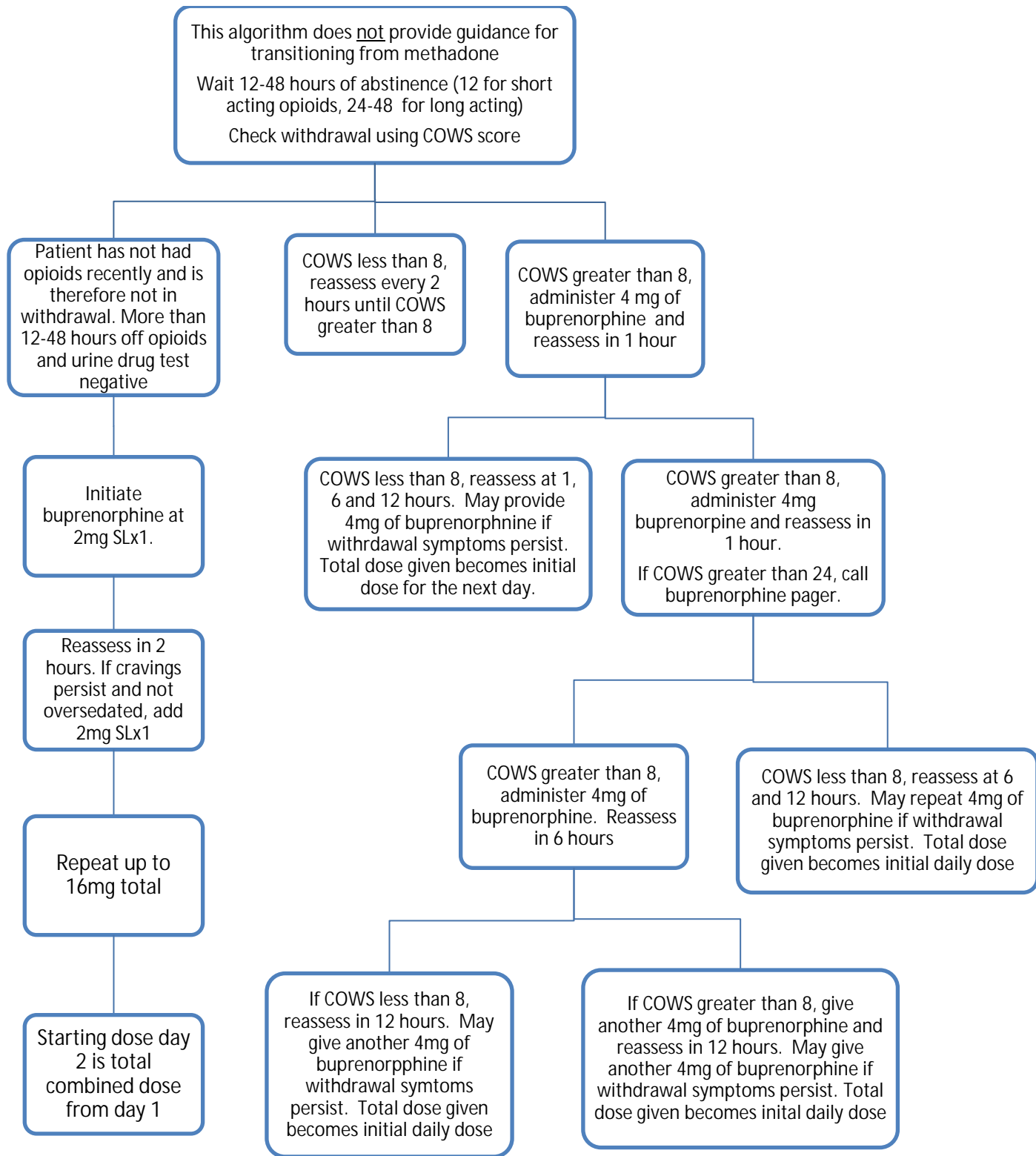
- Total dose on day one not to exceed 16 mg.

- On discharge, a provider with a buprenorphine DEA waiver must write a prescription for enough buprenorphine to last until the follow-up appointment. At most, 3 days.

Decision Support Table for to Guide Shared Decision Making Buprenorphine vs. Methadone

	Methadone	Buprenorphine
Retention in Treatment	82% in MOTHER study	67% with most drop outs during induction process
Frequency of Office Visits	Daily Take-homes may be allowed if stable for long term (minimum 3 months)	Can range from daily to monthly depending on patient treatment needs
Abuse Potential	Low for DOT, high for take home	Low for DOT, moderate for take-homes
Sedation	Low to high depending on dose and use of concurrent drugs/medications	low (unless concurrent use of illicit drugs, i.e. alcohol/benzodiazepines)
Who can prescribe?	Methadone program only	Any physician who has DATA2000 waiver
Overdose risk	Higher	Lower
Mortality	Much better than without treatment	Poor quality data suggest better mortality outcomes than methadone
Withdrawal if detoxing	Can be severe if too rapid	Moderate
Risk of withdrawal when starting medication	None	Some, but minimal
Neonatal Abstinence Syndrome	Yes (75% of neonates) --17.5 day average length of hospitalization in MOTHER study --10.4mg morphine required during hospitalization	Less severe --10 day average length of hospitalization --1.1mg morphine required over throughout hospitalization
Clinical Venue and Services	Initially, daily administration in federally licensed opioid treatment program May decrease frequency if stable after 3 months in program	Can be provided in prenatal care setting, primary care setting, or addiction medicine setting by any provider with a DEA waiver. Visit frequency can range from multiple times a week to monthly. Many federally licensed opioid treatment programs also offer buprenorphine and can provide daily visits for patients who benefit from that structure.

Prenatal Buprenorphine Induction Algorithm



DAY 2: Give cumulative dose from day 1 as starting dose for day 2. If the patient has cravings or withdrawal symptoms, add 2-4 mg buprenorphine.

Patient Name: _____ Date: _____

Clinical Opioid Withdrawal Score (COWS)

For each item, write in the number that best describes the patient's signs or symptom. Rate on just the apparent relationship to opiate withdrawal. *For example:* If heart rate is increased because the patient was jogging just prior to assessment, the increased pulse rate would not add to the score.

Enter scores at time zero, 30 minutes after first dose, 2 hours after first dose, etc. Times of Observation	Time 0 Score	Time 1	Time 2	Time 3
Resting Pulse Rate: (record beats per minute) <i>Measured after patient is sitting or lying down for one minute</i> <ul style="list-style-type: none"> • 0 pulse rate 80 or below • 1 pulse rate 81–100 • 2 pulse rate 101–120 • 4 pulse rate greater than 120 				
Sweating: <i>over past ½ hour not accounted for by room temperature or activity</i> <ul style="list-style-type: none"> • 0 no chills or flushing • 1 subjective chills or flushing • 2 flushed or observable moistness on face • 3 beads of sweat on brow or face • 4 sweat streaming off face 				
Restlessness: <i>observation during assessment</i> <ul style="list-style-type: none"> • 0 able to sit still • 1 reports difficulty sitting still, but is able to do so • 3 frequent shifting or extraneous movement of legs/arms • 5 unable to sit still for more than a few seconds 				
Pupil size <ul style="list-style-type: none"> • 0 pupils pinned or normal size for light • 1 pupils possibly larger than normal for room light • 2 pupils moderately dilated • 5 pupils so dilated that only the rim of the iris is visible 				
Bone or joint aches: <i>if patient was having pain previously, only the additional component attributed to opiate withdrawal is scored</i> <ul style="list-style-type: none"> • 0 not present • 1 mild/diffuse discomfort • 2 severe diffuse aching of joints/muscles • 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort 				
Runny nose or tearing: <i>not accounted for by cold symptoms or allergy</i> <ul style="list-style-type: none"> • 0 none present • 1 nasal stuffiness or unusually moist eyes • 2 nose running or tearing • 4 nose constantly running or tears streaming down cheeks 				
GI upset: <i>over last ½ hour</i> <ul style="list-style-type: none"> • 0 no GI symptoms • 1 stomach cramps • 2 nausea or loose stool • 3 vomiting or diarrhea • 5 multiple episodes of diarrhea or vomiting 				
Tremor: <i>observation of outstretched hands</i> <ul style="list-style-type: none"> • 0 no tremor • 1 tremor can be felt, but not observed • 2 slight tremor observable • 4 gross tremor or muscle twitching 				
Yawning: <i>observation during assessment</i> <ul style="list-style-type: none"> • 0 no yawning • 1 yawning once or twice during assessment • 2 yawning three or more times during assessment • 4 yawning several times/minute 				
Anxiety or irritability <ul style="list-style-type: none"> • 0 none • 1 patient reports increasing irritability or anxiousness • 2 patient obviously irritable or anxious • 4 patient so irritable or anxious that participation in the assessment is difficult 				
Gooseflesh skin <ul style="list-style-type: none"> • 0 skin is smooth • 3 piloerection of skin can be felt or hairs standing up on arms • 5 prominent piloerection 				

5—12 = mild
 13—24 = moderate;
 25—36 = moderately severe;
 > 36 = severe withdrawal