

## OAT and children

- Babies born to individuals who are on OAT medication will have some OAT medication in their system, and some babies may experience withdrawal. If this happens, your baby can be safely cared for while the OAT medication clears out of their system. This must be done under medical supervision.
- You must not try to detox your baby yourself, or ever give OAT medication to a child. Even a small amount of OAT medication can be fatal to a child.
- Because OAT medications are very dangerous for children, always store your medication in a safe place where they cannot reach it. Ask your pharmacist to put your medication in a child-resistant bottle and keep your medication in a locked cupboard or somewhere high and out of sight where it can't be reached by climbing.
- Talk to your children about the dangers of all medication.
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## Pregnancy/Postpartum and Naloxone

- Naloxone should be administered for resuscitation if an opioid poisoning is suspected in a pregnant or postpartum individual.
- Take-home naloxone kits should be provided to all pregnant and postpartum individuals receiving OAT medications.

### Bonnyville

4904 – 50 Avenue  
780-826-8034  
| walk-in Mon–Fri

### Calgary

1213 4th Street SW  
403-955-3600  
| walk-in 7 days a week

### Cardston

144 2 Street W  
403-653-5283  
| walk-in Mon, Tues & Thurs only

### Edmonton Downtown

10225 106 Street  
780-342-7810  
| walk-in 7 days a week

### Edmonton Meadowlark Shopping Centre

156 Street 87 Ave.  
780-342-7810  
| by appointment Mon only

### Edmonton Northgate

2nd floor, 9499 137 Ave  
780-342-7810  
| by appointment Tues & Thurs only

### Edmonton South

3110 Calgary Trail  
780-342-7810  
| by appointment Mon only

### Fort McMurray

339 Powder Drive Fort  
780.793.8339  
| walk-in Mon–Fri

### Grande Prairie

11333 – 106 Street  
780-833-4991  
| walk-in 7 days a week

### High Prairie

5101 – 38 Street  
780-536-2136  
| walk-in Mon–Fri

### Lethbridge

528 6 St. South  
403-388-6227  
| walk-in 7 days a week

### Medicine Hat

564 S Railway St.  
825-406-6094  
| walk-in 7 days a week

### Red Deer

2nd floor, 4805 48 Ave  
403-314-5632  
| walk-in 7 days a week

### Sherwood Park, Strathcona Community Hospital

9000 Emerald Dr.  
780-342-7810  
| by appointment Wed only

### Alberta Wide, Virtual Opioid Dependency Program

7 Days Per week: 8AM-8PM  
Emergency Physician After Hours Access (pharmacy or client calls): 403-783-7770  
Toll Free: 1-844-383-7688  
Direct: 403-783-7688

For more information and to find an addiction services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322.



## OPIOID AGONIST TREATMENT (OAT) AND FAMILY PLANNING

## Your period

- Your period may be irregular while you are on OAT. It may be longer, shorter or may even stop for a while.
- Your period may be irregular for other reasons (such as pregnancy, stress, nutrition changes, weight fluctuations, menopause, other medical conditions, or other medication).
- Once you have been on OAT for a while, your period may become more regular than it was before.
- You can still get pregnant, even if you miss a period or don't get your period.

## Family planning

- You can get pregnant and have a normal pregnancy and delivery while on OAT.
- If you're having sex and don't want to become pregnant, you need to use contraception.
- ODP staff can provide you with information on contraception options or refer you to a sexual and reproductive health professional.
- ODP staff can provide you with a pregnancy test.
- If you are pregnant or planning on becoming pregnant, be sure to talk with an ODP team member. When you're pregnant, your OAT dose may need to be adjusted.

## OAT and pregnancy

- Practice guidelines recommend OAT as the treatment of choice for pregnant individuals with an opioid use disorder or who use opioids for chronic pain.
- There is no evidence to show that there is any risk to your baby's development while you are on a stable dose of OAT medication.
- Reducing or stopping OAT abruptly can be dangerous for you and your baby and should only be done under medical supervision.
- Your OAT dose may need to be adjusted (i.e., increased, or split) as your pregnancy progresses because of the physiological and metabolic changes that occur throughout pregnancy.
- When you go into labour, it's important to make sure your health care team is aware you have been taking OAT. This will help them take the best care of you and your baby.
- If you are choosing to have epidural analgesia during labour, practice guidelines recommend that epidurals be administered during early labour for people with opioid use disorder, as this may mitigate hyperalgesia caused by frequent opioid use.
- Premature birth and low birth weight can be associated with cigarette smoke, nicotine, inadequate nutrition, alcohol use and unregulated or non-prescribed drug use during pregnancy.

## OAT and chest/breastfeeding

- Chest/breastfeeding is considered safe if you are receiving stable doses of OAT or opioids for chronic pain, but not safe if you are using non-prescribed or unregulated substances while chest/breastfeeding.
- Small amounts of OAT in chest/breast milk can pass to the baby, but these levels are low.
- Chest/breastfeeding is one way to delay onset and decrease the severity of withdrawal symptoms in a newborn.

## OAT for pregnant individuals

- Long-acting opioid agonist treatment is the recommended standard of care for pregnant individuals with OUD. The most suitable medication for both you and your baby is the medication that you will stay on, coincides with your goals, and provides the fewest side effects.
- **Buprenorphine/naloxone** is a safe option during pregnancy. Switching to a buprenorphine-only formulation is not necessary.
- **Methadone** is safe and effective during pregnancy and may improve treatment retention. Split dosing, as well as dose increases, may be required to avoid maternal (and baby) withdrawal.
- **Slow- Release Oral Morphine (SROM)** is an available treatment option, however, there are limited studies to show long term safety data.
- **Narcotic Transition Services (NTS)**  
Hydromorphone is an available treatment option for individuals with severe OUD. There are limited studies to assess the safety and feasibility of this treatment option in pregnancy, however positive pregnancy outcomes were identified throughout these studies.