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.

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.
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.

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.

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.

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 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 OAT 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.