

Buprenorphine in Pregnancy

Pankti Acharya DO; Alopi Patel, MD

Department of Anesthesiology, Rutgers University, New Brunswick, New Jersey

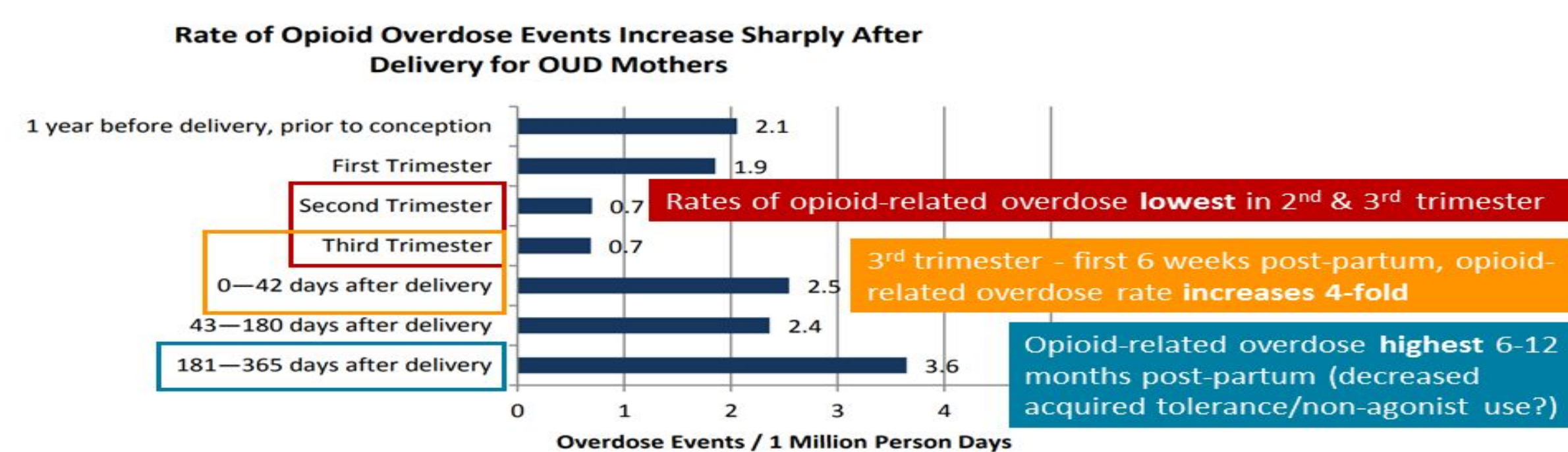
Introduction

- Pain medicine requires a multidisciplinary approach to addressing patient needs, ranging from pharmacologic to social support.
- Furthermore, pain control in patients who have struggled or are currently struggling with substance use disorder becomes complicated.
- Approximately 24% of chronic pain patients also have opioid use disorder.¹ It is a balance of providing adequate pain control while not causing further harm. We will discuss a multifaceted case

Case Report

- A 29 year old G3 P1011 female at 29 weeks gestation with past medical history of a L4/L5 herniated disc from a year ago presented with worsening back pain.
- Patient struggled with opioid use disorder from a young age, since her mother used to give her opioids as a child. As a result, the patient has been on buprenorphine since 14 years old and graduated from a recovery program.
- She has been struggling with chronic pain throughout her pregnancy. She was on buprenorphine 8mg BID with well controlled pain prior to pregnancy. The patient recently had a car accident and fell down the stairs resulting in uncontrolled pain. Recent CT lumbar spine without contrast showed L4-5 disc herniation causing severe stenosis.

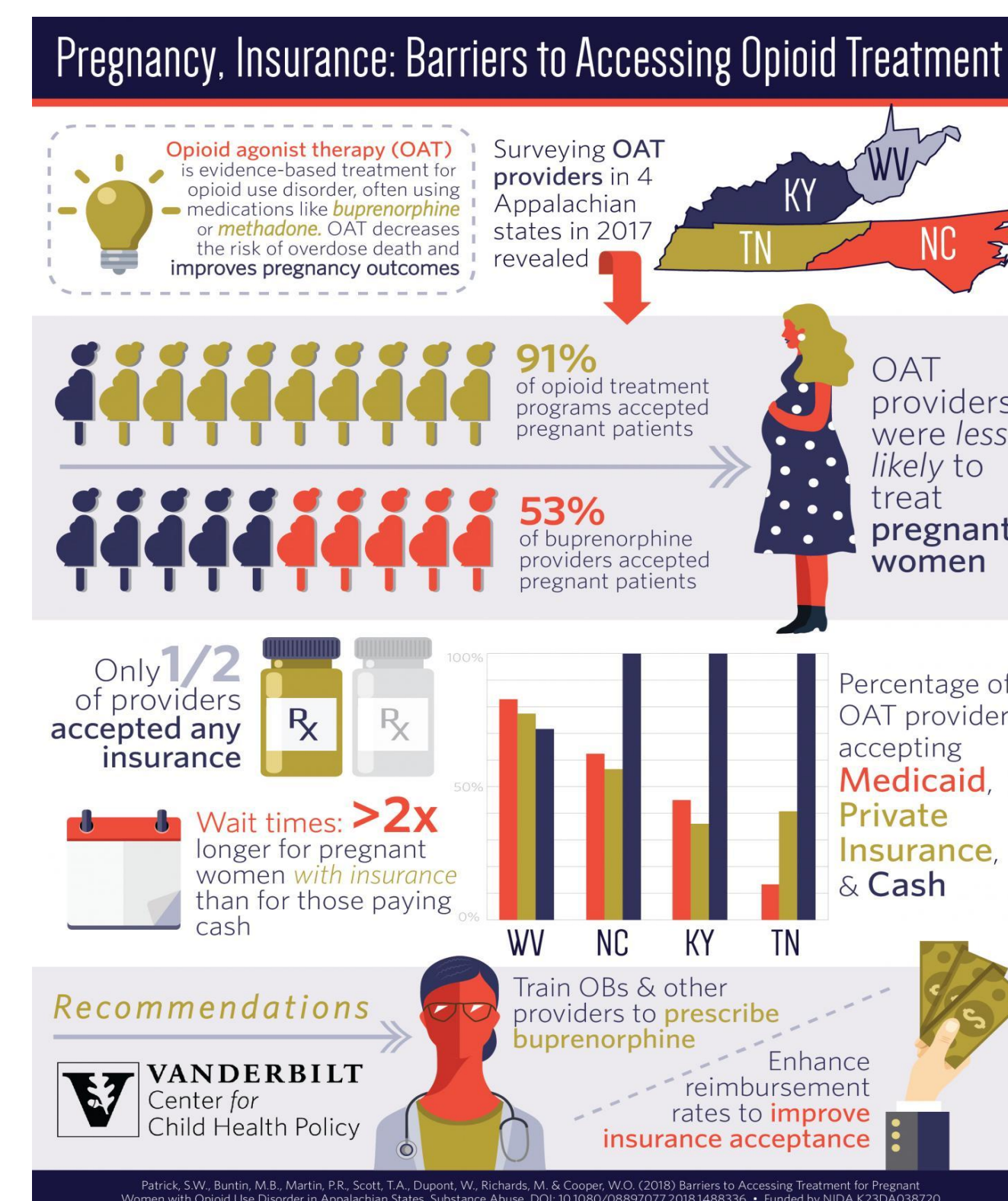
OVERDOSE IN MOTHERS WITH OPIOID USE DISORDER



An Assessment of Fatal and Nonfatal Opioid Overdoses in Massachusetts (2011–2015) Released August 2017
MA DPH: <https://www.mass.gov/files/documents/2017/08/31/regulative-report-chapter-5-5-aug-2017.pdf>

Case Report (continued)

- She tried hot packs and salt baths with mild relief. She continues to have sharp back pain bilaterally and muscle tightness. The pain got better with forward bending and squatting. Lidocaine patch, acetaminophen and buprenorphine 4mg three to four times a day have provided moderate relief.
- Previously at best, patient rated her pain at a 5/10. Following the accident, her pain has become significantly worse, rating it a 9/10.
- In her current pregnancy, she is taking buprenorphine 14-16mg.
- Her primary care physician recommended she stop the buprenorphine due to ‘risk’ to the fetus but did not provide further pain management options.
- Patient tried to decrease her dose over the years, but experienced withdrawal symptoms. She was referred to the pain team after her PCP refused to continue prescribing buprenorphine citing risk to the fetus.
- The pain team advocated for her to stay on buprenorphine. Expectations were managed and multimodal medication and noninvasive treatment plan was started.



Conclusion

- Chronic pain patients that have a history of substance use disorder require a multifaceted approach. Particularly for maternal opioid use disorder, there are many factors that affect relapse, especially postpartum.
- Mothers are at a higher risk of relapse the first year after giving birth compared to the previous year.² There is a gap in recommendations of these patients.
- Buprenorphine is safe for use during pregnancy as well as postpartum.³⁻⁴ It is a valuable tool to prevent relapse and pain management— dosing should be modified to help with analgesic peak.
- Keeping an open line of communication with the patient is extremely important.
- Additionally, it is important to remove biases when transitioning care of patients between providers. This bias should not continue to affect the quality of the patient’s case. Our team was able to advocate for this patient and provide the pain relief she needed.

References

- Vadivelu N, Lumermann L, Zhu R, Kodumudi G, Elhassan AO, Kaye AD. Pain control in the presence of drug addiction. *Curr Pain Headache Rep.* 2016;20(5):35. doi:10.1007/s11916-016-0561-0
- Rankin L, Mendoza NS, Grisham L. Unpacking Perinatal Experiences with Opioid Use Disorder: Relapse Risk Implications. *Clin Soc Work J.* 2023;51(1):34-45. doi:10.1007/s10615-022-00847-x
- Cheatle M, Comer D, Wunsch M, Skoufalos A, Reddy Y. Treating pain in addicted patients: recommendations from an expert panel. *Popul Health Manag.* 2014;17(2):79-89. doi:10.1089/pop.2013.0041
- Lim G, Carvalho B, George RB, et al. Consensus Statement on Pain Management for Pregnant Patients with Opioid-Use Disorder from the Society for Obstetric Anesthesia and Perinatology, Society for Maternal-Fetal Medicine, and American Society of Regional Anesthesia and Pain Medicine. *Anesth Analg.* November 6, 2024. doi:10.1213/ANE.0000000000000723
- Patrick SW, Buntin MB, Martin PR, et al. Barriers to accessing treatment for pregnant women with opioid use disorder in Appalachian states. *Subst Abus.* 2019;40(3):356-362. doi:10.1080/08897077.2018.1488336