MEDICATION ASSISTED TREATMENT (MAT)

Overview

Arranging for the provision of medication assisted treatment (MAT) on site is an optimal way to deliver the standard of care for pregnant patients with OUD.

Why We Recommend this Best Practice

Opioid-dependent pregnant individuals often can be treated effectively with methadone or buprenorphine. Medication Assisted Treatment (MAT) in pregnancy has been shown to improve birth outcomes among people who have substance use disorder and are pregnant.

While the care team may initially find such a patient challenging, they have a chance to introduce life-changing therapy. Along with the screening and brief intervention portions of SBIRT, obstetric providers can offer MAT treatment. Few obstetric providers have received training in OUD management and understandably feel reluctant to begin this practice. Obstetric providers often feel more comfortable referring patients with OUD to a stand-alone outpatient opioid treatment clinic or other office-based outpatient treatment (OBOT) program for induction and management of OUD with MAT. However, the desired future state in opioid treatment is for patients with OUD to be able to begin treatment wherever they receive medical or prenatal care. Providers who can initiate treatment for OUD will have a significant impact on the unmet treatment gap in their county

Strategies for Implementation

Step 1: Providers

- Become a Buprenorphine Waivered Practitioner | SAMHSA
- SAMHSA- Medication Assisted Treatment
- ASAM National Practice Guideline for the Treatment of Opioid Use Disorder- Pregnant Women pages 49-53

Step 2: Use a toolkit. Numerous toolkits exist that provide clinics with the education and resources needed to offer MAT. One such is example is the Providers Clinical Support System (PCSS).

Step 3: Create a procedure to receive provider consultation to begin or titrate maintenance medication if your hospital does not already have a provider that in on-site or on-call.

- Washington State 24-hour Perinatal Psychiatry Consult Line for Providers
- 1-833-YESWECAN: Swedish Perinatal Addiction Provider Consultation Line - open Mon-Fri from 8-5, (833) 937-9326 and can answer questions about perinatal people who have substance use.

Step 4: Explore emerging therapies. Aside from traditional in-office induction, consider other modalities that best suit your patients. These include home and hospital induction, micro-dosing transition, and Buprenorphine Quick Start.

Sample Order Sets and Protocols
COMING SOON

Additional Resources:

- Toolkit-for-Perinatal-Care-of-Women-with-Substance-Use-Disorders_Final-2019.pdf (nnepqin.org)
- Utilize shared decision making to tailor post-procedure pain control
- Implement care pathways for peripartum and postpartum pain management for pregnant patients without opioid use disorder to minimize opioid use
- Ensure methadone and buprenorphine doses are not tapered in the immediate postpartum period
- Implement evidence-based anesthesia practices in the peripartum period for opioid use disorder in pregnancy
- U.S Department of Justice: Rules for Prescribing Medications to Treat OUD
- Article: Clinical care for opioid-using pregnant and postpartum women: the role of obstetric providers
- ACOG – Obstetric Care for Women with Opioid Use Disorder Provider Education (CEUs Available!)
- AGOC Pharmacologic Stepwise Multimodal Approach for Postpartum Pain Management
- Applying CDC's Guideline for Prescribing Opioids: Module 9 - Opioid Use During Pregnancy
- Buprenorphine & Pregnancy: Training Course for Obstetricians