Substance Abuse and Mental Health Services Administration
SAMHSA
1 Choke Cherry Road • Rockville, MD 20857
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

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June 26, 2017

Dear Colleague:

As we continue to respond to the opioid overdose epidemic in the United States attention is increasingly turning to the role of medication in the treatment of opioid use disorder. Several federal reports and other publications have been released over the last few months to which we would like to bring your attention. These reports address the care of a particularly vulnerable population: pregnant and parenting women and their infants.

Last fall, SAMHSA released a report entitled "Advancing the Care of Pregnant and Parenting Women with Opioid Use Disorder and Their Infants: A Foundation for Clinical Guidance" Which can be found here: https://www.samhsa.gov/specific-populations/age-gender-based#poia.This report summarizes the evidence review and rating process, and resultant clinical recommendations to optimize the outcomes for both pregnant women and their infants. In April a literature review based on this work was published in the Journal of Addiction Medicine entitled "Treating Women Who Are Pregnant and Parenting for Opioid Use Disorder and the Concurrent Care of Their Infants and Children: Literature to Support National Guidance." It is freely available here: http://insights.ovid.com/pubmed?pmid=28406856. The findings of the report were included in the Protecting Our Infants Act: Report to Congress released in January and are reflected in the Protecting Our Infants Act: Final Strategy (The Strategy) released May 25, 2017 both of which can be found here: (https://www.samhsa.gov/sites/default/files/topics/specific_populations/final-strategy-protect-our-infants.pdf. SAMHSA wishes to highlight to both substance use disorder treatment and maternity care providers, as well as professionals involved in caring for and assuring the safety of substance exposed infants, that pregnant women with opioid use disorder should be started on either methadone or buprenorphine. After she gives birth, the new mother should continue medication for opioid use disorder, and, in the absence of contraindications, be encouraged to breastfeed her baby. Pregnant women with opioid use disorder should be advised that medically supervised withdrawal from opioids is associated with high rates of relapse and is not the recommended course of treatment during pregnancy.

Pregnant women are identified as a priority population in regulations (42 CFR Part 8.12(e)(3), (f)(3), and (j)) and federal block grant programs, but if programs and providers able to meet their needs are not available in a community, being a priority population is of limited benefit. Efforts to expand access to medication for opioid use disorder (OUD) are underway but access may still be limited. Limiting factors include the perceived regulatory burden and the persistent lack of acceptance of substance use disorder as a chronic brain disease leading to resistance to using medication. Rejection of the evidence base supporting the use of medication may result in the exclusion of persons receiving medication from social and behavioral services available to others

through community programs. Women may also be excluded from services because the need to care for their children is not accommodated by available treatment sources.

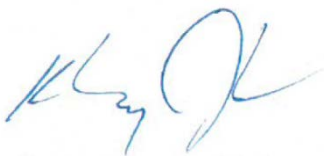
Providers of medication for opioid use disorder have a special role in implementing the Strategy. In particular with regard to the following recommendations:

- Provide ready access to effective SUD treatment, including tobacco cessation counseling/treatment, prior to conception and during pregnancy.
- Provide ready access to family-friendly SUD treatment for parents.
- Support continuation of treatment for SUD from preconception through pregnancy and minimally one year postpartum and tailor medication according to parental need.
- Make available family-friendly relapse prevention and recovery support for parents in recovery.
- Promote breastfeeding for women who receive opioids for pain or the treatment of OUD when not otherwise contraindicated and consistent with appropriate guidelines.

Please consider these recommendations when assessing your program, planning any program expansion and coordinating with other providers, such as maternity hospitals in your community, and make free use of the Protecting Our Infants Act: Final Strategy and documents referenced here. Please also watch for a clinical guidance document for addiction treatment, maternity care and pediatric providers expected to be published by SAMHSA soon. Sign up to receive alerts here: https://public.govdelivery.com/accounts/USSAMHSA/subscriber/new.

For further information or any questions, please contact Melinda Campopiano, MD at 240-276-2701 or Melinda.campopiano@samhsa.hhs.gov.

Sincerely,



Kimberly Johnson, Ph.D.
Director
Center for Substance Abuse Treatment