

Methadone

Drug Information;

Methadone is a substitute for heroin and other opiates such as morphine, pethidine or codeine. It is longer acting than most other opiates and therefore can be taken once a day. When you are on the correct dose of methadone, it will stop you from experiencing withdrawal. This is very important during pregnancy.

If you are using heroin or other opiates and experiencing physical withdrawal symptoms when you don't use, methadone stabilisation is recommended.

Effects on Pregnancy;

Methadone maintenance treatment has been demonstrated to significantly improve pregnancy outcomes for opiate dependent women. Methadone does not increase the risk of congenital abnormalities in infants.

Methadone maintenance is known to:

- assist with stabilisation of drug use and lifestyle
- help provide a stable environment in your body for your baby, which can improve the health of your baby
- facilitate attendance for pregnancy care
- reduce the risk of blood borne viral infections including Hepatitis C and HIV
- reduce crime associated with drug use
- is safe in breastfeeding

Methadone should be commenced as soon as possible after pregnancy has been confirmed, or continued if you are already on a methadone program. You should discuss the advantages and disadvantages of methadone treatment with your health professional in order to make an informed decision about management during your pregnancy

Withdrawal from methadone treatment during pregnancy is strongly discouraged due to the risk of miscarriage, premature labour, fetal death and possible return to dependent heroin/opiate use.

Counselling;

Counselling can assist you in accessing a methadone treatment program. Counselling can also help you prevent relapses and assist you in staying on the program after your baby is born. Combined with methadone, counselling can help you lead a healthier lifestyle.

Pregnancy Care;

Pregnancy care is important to ensure you are healthy and your baby is growing well. This will involve regular visits to your midwife or doctor to meet your individual requirements which will vary during the different stages of your pregnancy. Routine investigations such as blood tests, ultrasounds and a health screen will be included in your care.

It is important that you consider a methadone program as soon as you find out that you are pregnant.

Your dose of methadone will need to be increased during your pregnancy especially in the later months. This is due to several factors including:

- increased volume of fluid in your body
- increased metabolism by the placenta and fetus
- increased excretion by your kidneys

You may need dietary supplements such as iron and calcium throughout your pregnancy. All women should take folate before conceiving and for at least the first three months of their pregnancy.

If you vomit following a methadone dose you should contact your pharmacist. Nausea, vomiting and constipation commonly occur in pregnancy. Speak with your midwife or doctor - they may refer you to a dietitian. [Healthy Pregnancy Hints](#) (.pdf) is a brochure available for you to download and print.

Eating well during pregnancy and whilst you are breastfeeding is important for the health of you and your baby. [Eating Well & Pregnancy](#) (.pdf) is a brochure available for you to download and print.

Good dental care is important for all pregnant women. If you are taking methadone, it is a good idea to chew sugar-free gum or rinse your mouth after your dose. [Dental Health Information for People Taking Methadone](#) (.pdf) is a brochure that is available for you to download and print.

Breastfeeding;

Generally, breastfeeding is encouraged for women maintained on methadone. The amount of methadone excreted in breast milk is minimal and unlikely to have any adverse effect on your baby. It is advised that you wean your baby slowly with the advice from your maternal and child health nurse (MCHN).

You should not breast feed your baby if you are using heroin or if you are HIV positive.

Infant Development;

With the exception of alcohol, it is very difficult to prove that drug use in pregnancy results in any permanent long term behavioral or learning problems in children as they grow up.

Most research suggests that if a child is raised in a caring and supportive family environment, they will do as well at school as any other child in similar circumstances. However, alcohol consumption during pregnancy is a very different problem. Evidence suggests that regular daily consumption of more than one standard drink per day during pregnancy may result in obvious behavioral and learning problems in children that can persist into adult life. The more alcohol that is consumed during pregnancy, the more likely it is that the child will experience significant long term learning and behavioral problems.

The combined use of alcohol and drugs, particularly cannabis and cocaine, is an especially high risk situation.

Care of Infant;

Following birth, your baby will be seen by a paediatric doctor to ensure he/she is well. Babies of women who have been regularly using opiates, including methadone, during their pregnancy are at risk of developing a Neonatal Abstinence Syndrome (NAS) or infant withdrawal.

NAS is a condition which can be treated safely and effectively. It is not possible to reliably predict before birth which babies may develop NAS. NAS does not appear to be related to the mother's dose of methadone.

Most babies will show some signs of withdrawal. This can vary from mild withdrawal symptoms which can be managed by supportive care (cuddling, quiet environment and using pacifiers) to more marked symptoms which require medication. All babies will remain in hospital for a 7 day period and be observed for signs of NAS.

If you are on methadone, co-sleeping with your baby is not recommended as drugs and/or alcohol can make you sleep more deeply. You may be less aware of where your baby is in your bed and less responsive to your baby's needs. Please refer to SIDS information below.

It is important that you provide a smoke free environment for your baby at all times.

Sudden Infant Death Syndrome;

SIDS is the sudden unexpected death of a baby from no known cause. It is the most common cause of death for infants in Australia between the ages of one and twelve months. The risk of SIDS is greater if you smoke or use drugs and alcohol during pregnancy or after your baby is born.

For more information, speak with your midwife or doctor or contact SIDS and Kids by phoning, for the cost of a local call, 1300 308 307 or log on to <http://www.sidsandkids.org>

Other services;

DirectLine is part of Turning Point's statewide telephone service network, providing 24-hour, seven day counselling, information and referral to alcohol and drug treatment and support services throughout Victoria. DirectLine is a free, anonymous and confidential service.

Phone: 1800 888 236