



Postpartum Medication Considerations and Opioid Use Disorder (OUD)

Your Health IS your Baby's Health

- **Mom's well-being is a key determinant of the health for her baby.**

Antidepressants called SSRIs (e.g. citalopram (Celexa®), escitalopram (Lexapro®), fluoxetine (Prozac®), and sertraline (Zoloft®)) are the safest, most studied medications for managing mood during and after pregnancy.

If you are on an antidepressant or depressed, talk to an OB provider or pharmacist about the benefits and risks of antidepressant treatment for depression during and after pregnancy. Generally, benefits outweigh any risks, but risks vary by antidepressant medication type.

Strategies for Keeping Baby After Birth

Plan of safe care (POSC) with social work

There are strategies to help increase the likelihood your baby will remain with you after birth. Talk to a social worker or Substance Use Counselor about these strategies.

Birthing-Related Treatment Concerns

OUD Treatment and Pregnancy

Buprenorphine (Suboxone® or Subutex®) or methadone are the safest medications for managing Opioid Use Disorder (OUD) during and after pregnancy (postpartum while breastfeeding).

- Breastfeeding is recommended for postpartum women taking buprenorphine or methadone.

OUD Treatment and Giving Birth

Neuraxial anesthesia effectiveness (your epidural)

- Will it work? Absolutely

Neonatal Opioid Withdrawal Syndrome (NOWS)

- NOWS is a condition (sometimes serious) that may occur in newborns to women who take opioids. NOWS is treatable by your delivery team. Ensure your team is aware that you take opioids (either for OUD treatment or otherwise).
 - Your dose/amount does not correlate with NOWS severity. Maintain the dose that works best for you through the birthing period and beyond.

What if you need pain medications?

- Pain medications can adequately manage your pain at the same time methadone or buprenorphine continues to manage your cravings and keeps you from returning to use.