



# PAIN RELEASE

February 2010

Published by the EHS Pain Initiative Committee  
(your resource for pain-related issues)  
Manchester, New Hampshire 03103  
603-663-2767

## **PREGNANCY & METHADONE**

By Donna Poirier, RN  
NICU and Pain Management Center

As a class of drugs, the opiates have been one of the most important medicinal plants used by humans for centuries. They have been widely used for ailments ranging from influenza to chronic pain as well as for pleasure. Until the late 1800s anyone could buy and sell opiates and it wasn't until the Harrison Act of 1914 that opiates were regulated through physicians in the US. Addiction to opiates knows no boundaries and includes all socioeconomic classes, races and religions.

The Elliot, like many other hospitals, has seen a marked increase in drug abuse in the pregnant woman. Narcotics such as heroin or oxycontin taken during the 1<sup>st</sup> trimester can cause birth defects and abnormal development. Methadone is a synthetic opioid that is used for treatment of opiate addiction. Methadone is a safe choice of treatment in pregnancy with no serious side effects to the fetus. Methadone relieves the cravings associated with opiate addiction, is low cost, and has a long analgesic duration.

There are seven methadone clinics in NH, including two in Manchester. (The first of which opened in 2000.) They are currently both open 7 days a week from 5:30 am to 11:30 am for daily dosing of patients. It costs \$15/day or \$105/month regardless of dose and is now covered by Medicaid. For women on methadone maintenance who plan to deliver at Elliot Hospital, their obstetrical provider is encouraged to have these women attend a class offered at Elliot. (These

classes are scheduled through Elliot on Call.) In class the expectant mother will learn the effects of methadone on her baby, the potential for withdrawal, treatment of withdrawal, as well as services needed after discharge.

Pregnant women meet with the methadone clinic doctor once a month and often by the 3<sup>rd</sup> trimester the dose needs to be increased due to the doubled blood volume and increased metabolism. Physical findings of tremors, shakes, dilated pupils and goose-bumps would be signs to increase the methadone dose. A few days to a week after giving birth the mothers usually return back to their previous dose. Feelings of grogginess, lethargy, or nodding off, suggest it's time to cut the methadone dose back.

On average, 60-90% of babies born to mothers on methadone will show signs of acute narcotic withdrawal, which usually begins within 24-72 hours after birth. Synthetic opioids such as methadone are fat soluble and have a longer half life than other opiates that may cause a later onset of withdrawal symptoms. Therefore, infants delivered at Elliot Hospital are observed for signs of withdrawal for a minimum of five days in the hospital. When indicated to screen for drugs of abuse or non-prescribed narcotics, urine and meconium (baby's first stool) screening is obtained after birth. Meconium can detect drug exposure back through the 2<sup>nd</sup> trimester. The earliest signs in these infants are irritability, tremors, sweating, sneezing, high-pitched cry, poor feeding, and diarrhea. The Neonatal Abstinence Scoring tool (NAS) is initiated 2 hours after birth and every 3-4 hours until discharge. Medication is initiated if three consecutive NAS scores are >8 or two consecutive

NAS scores are >12. This scoring tool uses specific physical signs and symptoms which infants are scored on. Depending on the presence and severity of these objective markers, infants exposed to opiates or methadones are put on Morphine 0.4mg/ml solution. Generally, the dosing is relative to the infant's weight and NAS scores. Target scores range from 4-8 with weaning of morphine at scores below 4. The *Guidelines for Management of the Substance-Exposed Newborn* is available on IKE. (Policy search by title in Women & Children's manual.)

The policy at Elliot Hospital is that once the mom is discharged, she can stay with her baby on the pediatric floor while ongoing NAS scores are completed and assessed. If the baby requires pharmacological treatment they are transferred to the Newborn Intensive Care Unit (NICU). Infants remain hospitalized while receiving treatment with morphine. Once symptoms are controlled pharmacologically, the infant may be transferred back to Pediatrics to continue wean off morphine. The length of stay for these babies ranges from five days for those infants not requiring pharmacological therapy, and to up to six weeks for those needing medication for control of withdrawal.

The healthcare team also encompasses social services to provide additional support and resources for these families and their babies. When needed, social services also interact with DCYS. Occupational and physical therapists are another part of the healthcare team very involved with the care of these infants. Prior to discharge a referral is made for the early intervention program.

These withdrawing infants need special care and are usually very irritable and kept at minimal stimulation with low light and noise. The Elliot Hospital NICU is equipped with room darkening shades and decibel meters to maintain this environment. They are not woken for meds that are scheduled to be given with their feeds. Swaddling, rocking, swinging, holding, and pacifiers are also used for comfort measures. There is also a volunteer "cuddler" program in place to facilitate their baby's care in the parents' absence. (See volunteer cuddler information.)

Drugs of abuse, or an HIV diagnosis in the mother, contraindicate breastfeeding. Methadone maintenance does not. On average, 2.2% of the mother's methadone dose is excreted in her milk. The lower the methadone dose, the less likelihood of withdrawal in the infant and it has been shown that breastfeeding may actually help the infant as a slow wean itself.

When methadone exposed babies become of school age, many of these children have been found to have behavioral disturbances, brief attention spans, temper outbursts, and learning disabilities.

### **Interested in Becoming a Volunteer "Cuddler"?**

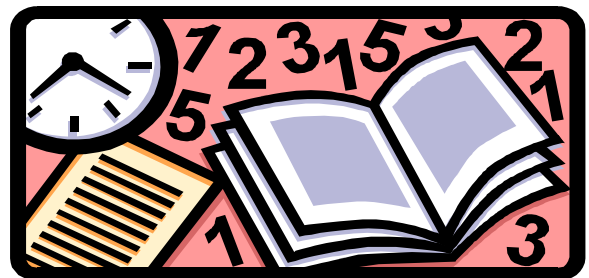
Working together, the Volunteer Office and the NICU have put in place a program for training selected volunteers to soothe, swaddle and cuddle newborns struggling with Neonatal Abstinence Syndrome (NAS). If you think you have what it takes to become a volunteer cuddler, contact the Volunteer Office or Pam Bedford (x4360) in NICU.

### **Quote of the Month**

"To nourish children and raise them against odds is in any time, any place, more valuable than to fix bolts in cars or design nuclear weapons."

- Marilyn French  
1929 - 2009

### **EDUCATIONAL OPPORTUNITIES:**



- **Understanding and Managing Chronic Pain.** A 10-week course. Pain patients attend ten, 2-hour weekly educational and skill-developing sessions. Participants learn to master the skills needed to improve their quality of life – despite the persistence of pain. \$35 *Thurs evenings, April 23<sup>rd</sup> thru June 24, 2010* Call 663-2767
- **Medication Management.** A 2-class course for patients to learn the risks and benefits of taking narcotic medications for pain control. Free! *June 3 and 10, 2010. Call 663-2767 to register.*
- The **Chronic Pain Support Group** meets twice a month on the 2<sup>nd</sup> and 4<sup>th</sup> Tuesday from 5:00 to 6:30pm. This peer group focuses on education; bringing new thinking to what chronic pain patients *can do* to more fully engage in life. Reiki Master Robert Willan will be the guest speaker on Tuesday, February 23<sup>rd</sup>. *Call 663-2767 to register – it's free!*