

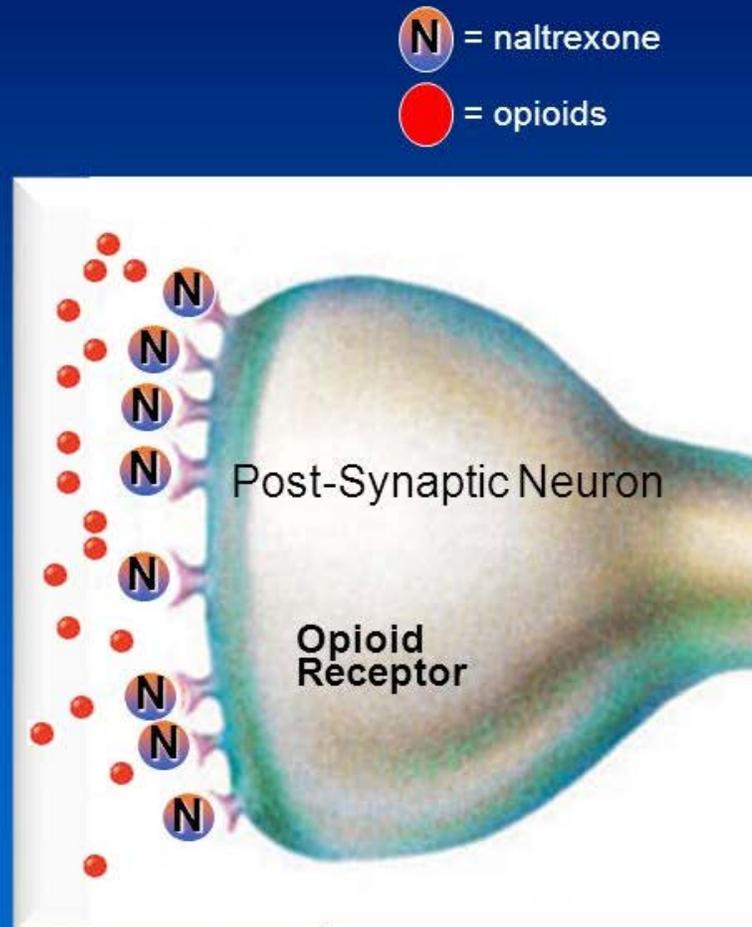
# Naltrexone and Pregnancy

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# Naltrexone: how it works

## It's an antagonist.

- 1) It blocks opioid receptors,
- 2) the reinforcing "reward" effects from dopamine are reduced,
- 3) drug consumption is thus reduced.



# Naltrexone

- Daily oral pills, film
  - 50 mg daily
  - Very poor adherence
  - 7-10 days abstinence to start
- Naltrexone-XR (Vivitrol)
  - Monthly injection
- Naltrexone implant (Subiaco)
  - 3-6 months duration
  - Not currently in U.S.



# Naltrexone and pregnancy: evaluation

- Substance use and misuse, including alcohol
- Prior overdoses and surrounding circumstances
- Details of prior effective/ineffective treatment
  - Is transition to an alternative an option?
- Discussion with substance use treatment team
  - Needs 42 CFR consent for information sharing
- Risk factors for relapse
- Presence of positive social supports

# Naltrexone in pregnancy : evidence

- Limited evidence (Hulse 2004, Kelty 2017)
- Retrospective cohorts, case series, < 100 patients
- Vs. methadone:
  - No difference EGA or birth weight
- Vs. methadone and buprenorphine
  - Increased fertility, increased early pregnancy loss
  - No difference OB complications
  - No difference anesthetic, analgesic utilization
- Vs. non-exposed
  - Elevated rate urogenital anomalies

## Naltrexone in pregnancy: experts

- ACOG: methadone or buprenorphine in pregnancy
- ASAM: methadone or buprenorphine in pregnancy
- SAMSHA: disagreement among experts on continuing in pregnancy, offer methadone or buprenorphine if discontinuing

# Naltrexone in pregnancy

- Maternal – fetal medicine or OB consultation
  - Experience with opioid use disorder in pregnancy
- Offer transition to alternative treatment
  - Buprenorphine, methadone
  - Abstinence with very close surveillance, naloxone prescription
- Ongoing
  - Informed consent
  - Transition to oral 4 weeks prior to anticipated delivery
  - Discontinue oral ~ 72 hours before procedure

# Naltrexone: intrapartum

- No data in delivery management
- Surgical reports, non-pregnancy
- Elective, planned
  - Oral: 72 hour washout; injectable : 4 weeks
- Emergent
  - High-dose opioids often ineffective
    - ICU with fentanyl drip
  - Propofol and ketamine as adjuncts
- Encourage epidural/spinal, scheduled non-opioid analgesics, TAP block

# Naltrexone: postpartum

- Restart after 3-7 days of opioid abstinence
- Close surveillance for relapse risk
- Naloxone (Narcan) for overdose risk
- Breastfeeding: one case report, identified in breast milk

# References

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