Labor Pain Management for Patients on methadone or buprenorphine (OMT)

- Methadone, buprenorphine/naloxone (Suboxone), or buprenorphine (Subutex), should be continued in labor and postpartum. Be aware of the patient’s usual dose and schedule and try to maintain. (However, withdrawal is unlikely if the patient is receiving opioids for pain control.)
- Fentanyl may be used for analgesia, but higher and more frequent dosing may be required.
- Epidurals and nitrous oxide are OK.
- Do not use Nubain. It is a partial narcotic antagonist which may precipitate withdrawal.
- Expect decreased FHR variability and fewer accelerations.
- Naloxone (Narcan) may be used as a life-saving measure in the mother. Opioid withdrawal seizures may occur if used during infant resuscitation.
- A trauma drug screen should be ordered to confirm the absence of other drugs that may affect management.

Postpartum Management

Vaginal delivery or cesarean section: continue methadone or buprenorphine. Maximize NSAIDs and other comfort measures. Lortab or Percocet may be used while on OMT. Watch the acetaminophen cumulative dose. Don’t send them home with large prescriptions. Instead opt for quick follow-up in the clinic in 3-7 days. Breastfeeding is encouraged.

The baby will need to stay at least 72 hours. During the time from her discharge to the baby’s discharge, the patient should have her own buprenorphine or methadone to take. Don't prescribe it.