Buprenorphine (Bup) Quick Start in Pregnancy

- Bup is a high-affinity partial agonist opioid that is **SAFE** in pregnancy and highly effective for treating opioid use disorder.
- **If patient is stable on methadone or prefers methadone,** recommend continuation of methadone as first-line treatment.
- **Fetal Monitoring** is not required to start Bup in a normal pregnancy regardless of gestational age.
- **Admission for observation is NOT required** at Bup starts.
- **Bup/Nx or Bup monoproduct** is OK in Pregnancy.
- **Split dosing** and an increase in total Bup dose is often necessary esp in later trimesters.

Uncomplicated* opioid withdrawal?**

NO → **Start Bup after withdrawal**
Supportive meds prn, stop other opioids

YES (stop other opioids)

Administer 8mg Bup SL

1 HOUR

Withdrawal symptoms improved?

NO → **No Improvement**

Differential Diagnosis:

- **Withdrawal mimic:** Pre-eclampsia, benzo withdrawal, influenza, DKA, sepsis, thyrotoxicosis, etc. Treat underlying illness.
- **Incompletely treated withdrawal:** Occurs with lower starting doses, improves with more Bup.
- **Bup side-effect:** Nausea, headache, dysphoria. Continue Bup, treat symptoms with supportive medications.
- **Precipitated withdrawal:** Too large a dose started too soon after opioid agonist.

  Usually time limited, self resolving with supportive medications.

  In complex or severe cases of precipitated withdrawal, OK to stop Bup and give short acting full agonists.

YES

Administer 2nd dose

ED: 8-24mg; consider higher loading dose for longer effect on discharge
Inpatient: 8mg; On subsequent days, titrate from 8mg BID with additional 4-8mg prn cravings

Maintenance Treatment
16 mg Bup SL/day
Usual total daily dose Bup SL 16-32mg; Titrate to suppress cravings

Discharge

- Document Opioid Withdrawal and/or Opioid Use Disorder as a diagnosis.
- **If no X-waiver:** Use loading dose up to 32mg for long effect and give rapid follow up.
- **If X-waiver:** Check CURES (not required in Emergency Department if ≤7 day prescription), prescribe sufficient Bup/Nx until follow up.

Overdose Education Naloxone Kit
Naloxone 4mg/0.1ml intranasal spray

Peripartum

For planned C-Section and/or labor, or acute pain:

- Continue patient's normal Bup dose in combination with multimodal analgesia that may include regional anesthesia and opioids.
- Bup is safe for breastfeeding.
- Bup reduces NAS severity. Dose does not correlate to NAS severity.
- Postpartum Bup dose reduction should be gradual and per pt cravings.

Buprenorphine Dosing

- Any provider can order Bup in the ED or inpatient.
- If unable to take SL, try Bup 0.3mg IV/IM.
- Total initial daily dose above 16mg may increase duration of action beyond 24 hrs.
- Ok to start with lower initial dose: Bup 2-4mg SL

* Complicating Factors

- Severe acute pain or trauma
- Significant respiratory compromise, medically unstable (do not start Bup)
- Recent methadone

** Diagnosing Opioid Withdrawal

Subjective symptoms AND one objective sign

Subjective symptons:
Patient reports feeling "bad" due to withdrawal (nausea, stomach cramps, body aches, restlessness, hot and cold, stuffy nose).

Objective signs [at least one]:
Restlessness, sweating, rhinorrhea, dilated pupils, watery eyes, tachycardia, yawning, goose bumps, vomiting, diarrhea, tremor.

Typical withdrawal onset:
≥ 12 hrs after short acting opioid
≥ 24 hrs after long acting opioid
≥ 48 hrs after methadone (can be >72 hrs)

If unsure, use COWS (clinical opioid withdrawal scale). Start if COWS ≥ 8 AND one objective sign.

If Completed Withdrawal
Typically >72 hrs since last short-acting opioid, may be longer for methadone. Start Bup 4mg q4h prn cravings, usual dose 16-32mg/day. Subsequent days, usual dosing frequency TID or QID

Symptomatic / Supportive Meds

Can be used to help treat withdrawal symptoms prn or during induction process (i.e. clonidine, acetaminophen, ondansetron, diphenhydramine, etc).

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PROVIDER RESOURCES

UCSF Substance Use Warmline
National (M-F 6am - 5pm; Voicemail 24/7)
1-855-300-3595

California Substance Use Line
CA Only (24/7)
1-844-326-2626

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