

CHAT ABOUT MAT

MAT IN PREGNANCY AND BREASTFEEDING

EPISODE #8 WITH CHRIS STALLMAN

OPTIMAL STRATEGIES TO ASSIST PATIENTS WHO ARE PREGNANT OR BREASTFEEDING

The American College of Obstetricians and Gynecologists (ACOG) as well as SAMHSA agree that opioid agonist pharmacotherapy (methadone or buprenorphine alone) along with evidence based behavioral health interventions are the recommended therapies for pregnant women with an opioid use disorder.

Medication-assisted treatment (MAT) and behavioral health interventions are preferable to medically supervised withdrawal because withdrawal is associated with high relapse rates, which lead to worse outcomes. More research is needed to assess the safety (particularly regarding maternal relapse), efficacy, and long-term outcomes of medically supervised withdrawal.

MAT is **not** just replacing one drug with another. It has added benefits such as reducing risk of fentanyl contaminated exposure and accidental overdose due to tolerance loss as seen with using illicit opioids.

Free resources including fact sheets, guidelines, and consulting services for patients and providers exist. It is important to remember that you are not alone.

[SAMHSA Clinical Guidance and Factsheets](#)

[ACOG Clinical Guidance](#)

[MotherToBaby Consultations and Fact Sheets \(866-626-6847\)](#)

FOR MORE INFORMATION ABOUT MAT AND TREATMENT RESOURCES IN ARIZONA, YOU CAN CALL THE ARIZONA OPIOID ASSISTANCE AND REFERRAL LINE AT 888-688-4222 OR VISIT SUBSTANCEABUSE.AZ.GOV

