



# METHADONE (DONE)

## About methadone

Methadone is a prescribed substitute for heroin and other opiates such as morphine, pethidine or codeine. It is longer acting than most other opiates and can therefore be taken once a day. When you are on an appropriate dose of methadone, it stops you from having withdrawal symptoms and craving opiates. Research shows that methadone as an opiate substitution treatment helps users to reduce their other opiate use such as heroin. It also reduces the harm caused by other opiate use and helps people to improve their life circumstances. If you are experiencing physical withdrawal from heroin or other opiates, a methadone stabilisation is recommended. Being on an appropriate dose of methadone is very important during pregnancy so that your baby is not having withdrawal symptoms.

## Effects on pregnancy

Methadone maintenance treatment has been shown to significantly improve pregnancy outcomes for opiate dependent women. Methadone does not increase the risk of congenital abnormalities in infants. Congenital abnormalities are caused by problems during the baby's development during pregnancy that might affect the way they look, develop or function.

Methadone maintenance is known to:

- » help stabilise your use of drugs and your lifestyle
- » help provide a stable environment in your body for your baby, which can improve the health and growth of your baby
- » improve your participation in pregnancy care
- » reduce the risk of blood borne viral infections including Hepatitis B and C and HIV
- » be safe in breastfeeding.

Methadone should be started as soon as possible after your pregnancy has been confirmed. If you are already on a methadone program it should continue. Talk with your health professional about the about the advantages and disadvantages of methadone treatment. This will help you to make an informed decision. An inpatient methadone stabilisation program is available at the Royal Women's Hospital and through some drug and alcohol detoxification ('detox') units.

Abruptly stopping methadone treatment or heroin (going 'cold turkey') during pregnancy is not recommended because it increases the risk of miscarriage, premature labour, fetal death and return to dependent heroin/opiate use.

## Counselling in pregnancy

As well as helping to support you with emotional and other support issues, a counsellor can help you to access a methadone treatment program. Counselling can also help prevent a relapse to drug use and assist you to stay on the program after your baby is born.

## Pregnancy care

Pregnancy care is important to make sure you are healthy and your baby is growing well. This will involve regular visits with your midwife or doctor to meet your individual needs, which will vary during the different stages of your pregnancy. Routine investigations such as blood tests, ultrasounds and a health screen are included in pregnancy care.

The dose of methadone usually needs to be increased during pregnancy, especially in the later months. There are a number of reasons for this, including;

- » increased volume of fluid in your body
- » the methadone is broken down or metabolised faster by the placenta and the fetus
- » your kidneys excrete more of the methadone by-products through urine.

It is common for pregnant women to have some nausea, vomiting and constipation, if you are worried though, talk to your midwife or doctor about what you can do.

If you vomit following a methadone dose, note how soon after the dose of methadone was taken you vomited and contact your prescribing doctor and your pharmacist. Your doctor will determine what to do about your methadone dose and will talk with your pharmacist.

A healthy diet is always important but even more so when you are pregnant and breastfeeding. If you are concerned about your diet, ask to see a dietitian who will work with you to make improvements if you need to. Even with good eating habits you may still need supplements such as iron, calcium and other vitamins. All women are encouraged to take folate before conceiving and for at least the first three months of their pregnancy.

Always get advice from your doctor, midwife or dietitian before taking supplements.

Good dental care is important for all pregnant women. If you are taking methadone, it is a good idea to chew sugar-free gum or rinse your mouth after your dose. Dental problems are more common as a dry mouth is a side effect of methadone. This means that the amount of saliva ('spit') being produced is reduced, which can increase the risk of tooth decay.

Visit the Women's website for more information about a healthy pregnancy, diet and breastfeeding information.

[www.thewomens.org.au/health-information/pregnancy-and-birth/pregnancy-drugs-alcohol/](http://www.thewomens.org.au/health-information/pregnancy-and-birth/pregnancy-drugs-alcohol/).

## Breastfeeding

Generally, breastfeeding is encouraged for women who are stable on methadone. The amount of methadone excreted in breast milk is minimal and unlikely to have any adverse effect on your baby. If you are going to stop breastfeeding your baby it is best to do so slowly and with advice from your Maternal and Child Health Nurse (MCHN). If you stop breastfeeding suddenly, your baby may experience withdrawal symptoms as the methadone they are getting through your breast milk has been suddenly taken away.

You should not breastfeed your baby if you are using heroin or 'ice' or if you are HIV positive.

## Your baby's care after the birth

A doctor will check your baby after the birth.

Your baby will be at risk of developing symptoms of infant withdrawal or Neonatal Abstinence Syndrome (NAS).

NAS is a condition which can be treated safely and effectively. It is not possible to reliably predict before birth which babies may develop NAS. NAS is not related to the mother's dose of methadone. Pregnant women who combine methadone with other drugs such as heroin, crystal methamphetamine ('ice') or benzodiazepines ('benzo's') are more likely to have babies who need medication to help them through their withdrawal.

Most babies will show some signs of withdrawal and will need to stay in hospital for at least five days for observation. This can vary from mild withdrawal symptoms, which can be managed by supportive care (cuddling, quiet environment and using pacifiers) to more marked symptoms, which require medication. Around 50% of babies will show signs of withdrawal that are severe enough to require medication (usually oral morphine) and will need specialised care in the Newborn Intensive and Special Care unit.

## Sudden Infant Death Syndrome (SIDS) and sleeping accidents

Research has identified several ways to care for your baby that will reduce the risk of sudden and unexpected infant death, including Sudden Infant Death Syndrome (SIDS) and fatal sleeping accidents.

If you are smoking, using drugs, alcohol or medicines that make you feel drowsy, sleeping with your baby is dangerous. Anything that makes you sleep deeply will make it hard for you to respond properly to your baby's needs. You may also be less aware of where your baby is in your bed and any dangerous positions your baby may be in. These things greatly increase the risk of your baby dying suddenly.

It is important that a baby is in a smoke free environment at all times, sleeps in their own cot (never on the couch), lies on their back without their face or head covered with their feet touching the bottom of the cot, which makes wriggling under the blankets less likely.

For more information, speak with your midwife or doctor or contact SIDS and Kids by phone 1300 308 307 for the cost of a local call – or visit the SIDS and Kids website [www.sidsandkids.org](http://www.sidsandkids.org)

## For more information

### On the Women's website

[www.thewomens.org.au/wm-pregnancy-drugs-alcohol](http://www.thewomens.org.au/wm-pregnancy-drugs-alcohol)

### Women's Alcohol and Drug Service

Royal Women's Hospital  
8.30am–5.30pm Monday to Friday  
Tel: (03) 8345 3931  
Email: [wads@thewomens.org.au](mailto:wads@thewomens.org.au)

### DirectLine

DirectLine is part of Turning Point's state-wide telephone service network, providing 24-hour, seven day counselling, information and referral to alcohol and drug treatment and support services throughout Victoria. DirectLine is a free, anonymous and confidential service. | Tel: 1800 888 236

### Quit

Visit this website to help you quit or help you find out more about how smoking harms you.  
Tel: 137848 | [www.quit.org.au](http://www.quit.org.au)

### SIDS and Kids

Tel: 1300 308 307 | [www.sidsandkids.org](http://www.sidsandkids.org)