



## Opioids addiction and treatment with buprenorphine during pregnancy

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### Objective

**Introduction:** Opioids addiction during pregnancy is often seen among pregnant women in our country. We can mainly record abuse of heroin, which is related to numerous risks for the women and the health status of her fetus. If patients abruptly discontinue the drug abuse immediately when the pregnancy has been diagnosed, we can face with risks such as premature labor, intrauterine growth restriction, fetal demise, severe fetal damages and placental abruption. Throughout the past year we created a standardized and specialized protocol for treatment of drug abusers with opioid agonists during pregnancy. **Aim of the study:** Promotion of all positive effects from the treatment with substitution drug, such as buprenorphine, in pregnant women.

### Methods

**Material and methods:** We present a case series of nine patients which were on a continuous buprenorphine treatment at the University clinic for toxicology. They were all hospitalized, treated and delivered at the University clinic for obstetrics and gynecology.

### Results

The treatment was fully successful in all of our patients. Doses of buprenorphine were given by a clinical toxicologist, who controlled the patients during the entire pregnancy, with slightly higher doses during the third trimester. None of the patients discontinued the therapy, neither had a fetus with congenital anomalies. Seven patients delivered at term and two delivered preterm. Four babies were small for gestation age and five were normal for gestational age. In six of the newborns we recorded typical syndrome of abstinence with hyperactivity of the central and autonomous nervous system, uncoordinated neonatal reflexes, inappropriate feeding and irritability. These symptoms usually lasted 12-24 hours, with a complete regression after seven days.

### Conclusion

Pregnant drug addicted women usually do not visit their toxicologist during pregnancy, do not have regular perinatal controls, have lower weight, poor health status, symptoms of light sedation and they do not pay appropriate attention to their pregnancy. We have to spot this group of women and put them on the buprenorphine protocol in order to control their health status and their pregnancy. With the usage of opioid agonists we reduce all the risks related to drug abuse during pregnancy.