About buprenorphine

Buprenorphine is used to treat addiction to heroin, morphine, pethidine, codeine or oxycodone. It is a crushed tablet taken under the tongue.

Buprenorphine has been available in Australia since 2000. It is an alternative treatment to methadone opiate substitution therapy.

Suboxone is a combination of buprenorphine and naloxone. It is a film which is placed under the tongue. Suboxone is now considered safe to use in pregnancy but only if you are stable on it when you become pregnant. If you are using heroin or other opiates, it is unlikely that you will be started on Suboxone in pregnancy as this will cause rapid withdrawal in you and your baby which is not safe. Talk to your doctor or midwife for more information.

Buprenorphine is longer acting than most other opiates and therefore can be taken once a day or every two days. During pregnancy, a daily dosage is recommended to provide a more stable environment for you and your baby. When you are on the correct dose of buprenorphine, it will stop you, and therefore your baby, from experiencing withdrawal symptoms and cravings. This is very important for your unborn baby’s health.

If you are using heroin or other opiates and experiencing physical withdrawal symptoms when you do not use, methadone or buprenorphine stabilisation is recommended.
You may need dietary supplements such as iron and calcium during your pregnancy. All women should take folic acid before conceiving and for at least the first three months of their pregnancy.

Eating well during pregnancy and whilst you are breastfeeding is important for the health of you and your baby. Good dental care is important for all pregnant women.

**Breastfeeding**

If you are stable on buprenorphine or Suboxone, then breastfeeding is usually encouraged. The amount of buprenorphine or Suboxone excreted in breast milk is very small and unlikely to have any adverse effect on your baby. If you plan to stop breastfeeding your baby, you will need to do so slowly and with support from your maternal and child health nurse (MCHN). If you stop breastfeeding suddenly, you are withdrawing the small amount of buprenorphine the baby is getting through breast milk and they may have withdrawal symptoms.

Do 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. When you have been a regular user of opiates (including buprenorphine) during pregnancy, your baby is at risk of developing Neonatal Abstinence Syndrome (NAS) or infant withdrawal.

NAS is a condition which can be treated safely and effectively. It is not possible to reliably predict before birth which babies will develop NAS. NAS is not related to your dose of buprenorphine but if you are using other drugs as well as buprenorphine such as heroin, crystal methamphetamine (‘ice’) or benzodiazepines (‘benzo’s’), your baby is more likely to need medication to help them through their withdrawal.

Most babies will show some signs of withdrawal and will need to stay in hospital for 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 will need medication. Research suggests that 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 Care Unit.

**Sudden Unexpected Death in Infancy (SUDI)**

Sudden Unexpected Death in Infancy (SUDI - including SIDS) is a sleep related death in the first year of life. Research has identified several ways to care for your baby that will reduce the risk of SUDI.

If you smoke, use 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 and ensure their safety.

**Safe Sleeping Guidelines**

The six ways to sleep your baby safely and reduce the risk of Sudden Unexpected Death in Infancy (SUDI) are:

- Sleep baby on back
- Keep head & face uncovered
- Keep baby smoke free before & after birth
- Safe sleeping environment night & day
- No soft surfaces or bulky bedding
- Sleep baby in safe cot in parents’ room
- Breastfeed baby

For more information, speak with your midwife or doctor or visit www.rednose.com.au/section/safe-sleeping

**On the Women’s website**


**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

**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

**Red Nose**

Tel: 1300 308 307 | www.rednose.com.au