



## PATIENT CONSENT FOR BUPRENORPHINE TREATMENT DURING PREGNANCY

I understand I am currently prescribed buprenorphine combined with naloxone (Suboxone) for treatment of my opioid addiction.

I understand that OnCall HLP's Medication Assisted Treatment (MAT) program will be testing my urine at least once a month to determine if I'm pregnant due to the strict treatment guidelines that require an immediate change in medication for my safety. I understand that this testing is done as a preventative measure and if I am actively trying to get pregnant, I must disclose this information to my medical provider immediately.

I understand that at any point during treatment if I become pregnant, I will need to be switched from the combination tab or film of buprenorphine with naloxone (Suboxone) to the non-combination buprenorphine or transfer to methadone treatment as recommended by national addiction treatment guidelines. I understand that if I choose methadone as the preferred method of treatment OnCall HLP will help facilitate a smooth transfer of service as to not disrupt treatment.

I have met with the medical provider at OnCall HLP's MAT program, and s/he has discussed with me, and I understand the risks and benefits of taking buprenorphine and those associated with taking methadone during pregnancy.

I have been informed that the use of heroin during pregnancy is life threatening because of the risks of infection, overdose, and intrauterine withdrawal. Methadone is currently the standard of care in the United States and has been shown to be safe and effective in both pregnant women and neonates. The federal Food and Drug Administration (FDA) has not approved the use of buprenorphine for the treatment of opioid addiction in pregnant women. Whereas, methadone has been FDA approved for the treatment of opioid addiction during pregnancy and there is over 40 years of experience showing methadone treatment to be safe and effective during pregnancy. Although small research studies have been completed in Europe and research is now being conducted in the United States on the effects of buprenorphine on pregnant women and their unborn children, currently, there is too little information available to say that buprenorphine is safe during pregnancy.

A possible problem of taking any opioid (heroin, methadone or buprenorphine) during pregnancy is that after birth, the child may suffer a withdrawal syndrome called Neonatal Abstinence Syndrome. Babies with Neonatal Abstinence Syndrome may suffer from sleep disturbances, feeding difficulties, tremor, sneezing, irritability, vomiting, weight loss, and seizures. A large proportion of these children will require hospitalization, often for long periods of time.

I understand these risks and benefits and consent to switching medication immediately if becoming pregnant. I understand that medical knowledge on the actual or potential risks of buprenorphine on pregnant women and unborn children is not at all certain. I accept responsibility for this decision.

I hereby release and agree to hold harmless OnCall HLP, it's Office-Based MAT Program, the prescribing doctor, and the program's officers, directors, agents, and employees from any liability of any kind which may arise in connection with my taking buprenorphine during the duration of a pregnancy.

Patient \_\_\_\_\_ Date/Time \_\_\_\_\_

Medical Provider \_\_\_\_\_ Date/Time \_\_\_\_\_

**OnCall Healthy Living Program**  
51 Locust Street Northampton MA 01060  
P: 413-584-7425. F: 413-584-7440

**OnCall Healthy Living Program**  
568 Main Street Indian Orchard MA 01151  
P: 413-301-7759. F: 413-301-7871



## Pregnancy Test Determination Form: For Female Patients on Buprenorphine

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

In order to determine if you require a pregnancy test every month, please answer the following questions:

1. Have you had a hysterectomy?       Yes    No
2. Have you had a tubal ligation?       Yes    No
3. Have you undergone menopause?    Yes    No
4. Are you able to get pregnant?       Yes    No

a. If No, please explain why:

*(Please note - using birth control is not %100 effective in preventing pregnancy, therefore you will still receive an HCG test monthly.)*

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By signing your name below you confirm that you have answered this form truthfully.

Patient Signature: \_\_\_\_\_



## Pregnancy and Medication-Assisted Treatment Information and Support for Pregnant Women in Recovery

Developed jointly by the Department of Children and Families (DCF)  
and Department of Public Health (DPH) Bureau of Substance Abuse Services (BSAS).

DCF and DPH are working together to support **pregnant women in recovery**, who, as part of their addiction treatment, receive methadone or buprenorphine (the active ingredient in both Suboxone and Subutex), known as Medication Assisted Treatment (MAT).

### What happens if a mother or her newborn has a positive drug screen?

When your baby is born, you and your baby may be tested to see if there are drugs in your system. Most often, hospitals will send a report to DCF when they find drugs in you or your baby's system, even when the only drug found is methadone or buprenorphine that was prescribed for you by your medication-assisted treatment program or doctor. This report is called a "51A." Most 51A reports of positive drug screens at delivery are followed up by DCF, with further questions to learn about the care and safety of the baby and also to provide resources that help families meet their baby's needs.

### What happens if methadone or buprenorphine is found in your drug screen?

After a 51A report is made, DCF will:

- verify that medications present in your drug screen at delivery are those prescribed for you as part of your treatment;
- call your treatment provider to get information about your progress in treatment;
- make sure there are no other concerns about your baby's safety and well-being including asking about your plan for the longer term care and stability for the baby.

What you can do before you deliver:

- talk with your doctor or counselor about signing a Release of Information that will allow the DCF to speak with your treatment provider;
- talk to your provider about the information that the DCF will ask about your treatment; and
- make sure the hospital has the name of the treatment provider that is prescribing your medication; and
- make post delivery plans for the care of your baby and yourself!

After reviewing all available information, DCF may not take further action on this report if there are no other concerns about you or the safety of your baby. However, if you have not signed a Release of Information form for your treatment provider to talk to the DCF or if DCF has other concerns, a DCF social worker will contact you and may come to your home to learn more about your family.

### What happens when DCF responds to a 51A report?

For further information about how DCF responds to reports, please go to the **A Family's Guide to Protective Services for Children** at [www.mass.gov/dcf](http://www.mass.gov/dcf).

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