

ACOG: Opioid agonist Rx first choice in affected pregnancies

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recommended for [pregnant women](#) with opioid use disorder, and is preferable to medically supervised withdrawal. The authors note there may be a select group of women who make an informed choice of medically supervised withdrawal, which should be under the care of an experienced physician and include long-term follow-up and support to help prevent relapse. Pediatric care providers should monitor infants born to women who used opioids during pregnancy for neonatal abstinence withdrawal syndrome.

"Medication-assisted treatment improves adherence to prenatal care and [addiction treatment programs](#) and has been shown to reduce the risk of pregnancy complications," Mascola said in a statement.

More information: [Abstract/Full Text](#)

(HealthDay)—While opioid agonist pharmacotherapy continues to be the recommended therapy for pregnant women with an opioid use disorder, medically supervised withdrawal can be considered under the care of a physician experienced in perinatal addiction treatment and with informed consent, according to a committee opinion published in the August issue of *Obstetrics & Gynecology*.

Maria A. Mascola, M.D., M.P.H., and colleagues from the American College of Obstetrics and Gynecology Committee on Obstetric Practice and the American Society of Addiction Medicine present ways to address opioid use in pregnancy, which has escalated dramatically in recent years.

The authors note that pregnancy offers an opportunity to identify and treat women with [substance use disorders](#). Substance use screening should be universal, form part of comprehensive obstetric care, and be performed at the first prenatal visit. Opioid agonist pharmacotherapy is

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