

# Opioid use disorder in pregnancy: Five things to know

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5. Ongoing support in the [postpartum period](#) is essential, as women with opioid use disorders are at increased risk of fatal overdose in the first year postpartum.

**More information:** *Canadian Medical Association Journal* (2019). [www.cmaj.ca/sites/default/files/cmaj-191-E1057.pdf](http://www.cmaj.ca/sites/default/files/cmaj-191-E1057.pdf)

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Opioid use is increasing in pregnancy as well as the general population. A "Five things to know about ..." practice article on opioid disuse in pregnancy in *CMAJ (Canadian Medical Association Journal)* provides information on how to manage this vulnerable population.

1. Opioid use and [opioid use](#) disorders in pregnancy are rising.
2. Guidelines support universal screening for drug use, including opioids, by prenatal care providers.
3. Opioid agonist therapy is the standard of care for opioid use disorders in pregnancy, along with counselling and mental health supports. Pregnant women with an opioid use disorder should be offered timely access to opioid agonist therapy.
4. Neonatal opioid withdrawal syndrome is best managed by keeping mothers and infants together after delivery. Breastfeeding should be encouraged in women who are stable on opioid agonist therapy, for whom there are no concerns about ongoing drug use.

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