

Bartlesville
918-337-6007
610 Hensley BLVD.
Bartlesville, OK 74003

McAlester
918-429-7950
2202 Peaceable Rd.
McAlester, OK 74501

South OKC
405-616-3366
1613 SE 66th St.
Oklahoma City, OK 73149

West OKC
405-686-7828
5401 SW 29th St.
Oklahoma City, OK 73149

Ponca City
580-762-3217
827 E. Hubbard Rd.
Ponca City, OK 74601

Roland
918-427-3344
117 E. Ray Find BLVD.
Roland, OK 74954

Tulsa
918-610-3366
3445 S. Sheridan Rd.
Tulsa, OK 74145

Women's Treatment

Get Help Today

Methadone Maintenance Treatment and Pregnancy

Since the early 1970s, medical experts have recommended MMT for opioid-dependent pregnant women. Because MMT helps reduce the use of illegal opioids and the abuse of other harmful drugs, it offers a number of proven advantages:

- MMT helps you escape from a drug-seeking lifestyle;
- Reduces the risks of contracting HIV, hepatitis and other infections;
- Prevents erratic blood levels of drugs that put the unborn baby through dangerous withdrawal;
- Improves your nutrition, leading to healthier weight and condition of the newborn;
- Allows you to prepare for the birth, take baby care classes, and begin homemaking;
- Reduces medical complications both before and during childbirth, allowing for a healthier newborn.

In short, research has clearly shown that MMT is safe for pregnant women and offers you a much greater chance for a healthy baby.

What Is The Best Methadone Dose?

There is no single best methadone dose for pregnant women. Your maintenance dose needs to be individually determined for your needs, to control drug craving and prevent withdrawal symptoms. Because of changes in your body during pregnancy, you may need an increased methadone dose at some point. This can be the case with many women. Several studies have suggested that the dosage of methadone should be increased for pregnant women to ensure maintenance concentrations similar to those in non-pregnant patients. This need for escalating dosages may be explained by the numerous physiologic changes that a woman experiences during pregnancy, which may result in alterations in the pharmacokinetics of methadone, specifically its absorption, distribution, metabolism, and elimination. Stopping methadone or reducing the dose is not recommended. It could lead to withdrawal symptoms and street drug use, which would be harmful to both you and your child. Even mild withdrawal can put stress on your baby. If absolutely necessary, discontinuing methadone should only be done under very close medical supervision.

How is the baby affected?

Since methadone crosses from mother to baby in the womb, the infant can experience some withdrawal symptoms during the first few days after birth. Withdrawal usually develops slowly and is routinely treated by the baby's doctor. There is no long-lasting harm to the child from methadone. And it is important to remember that a baby born to a mother in MMT is always much better off both physically and mentally than if the woman was using heroin or other street drugs. After childbirth, your methadone treatment should be continued daily as usual while you are in the hospital. Ask your clinic staff for help in arranging this if necessary. You can breast-feed your new baby while taking methadone. Although methadone does show up in breast milk, research has shown that it is too small an amount to affect or harm the child. However, you should not breast-feed if you use any alcohol or street drugs, or if you have an infection such as hepatitis or HIV.