

Resources

You are eligible for substance use services through your local Community Services Board or Behavioral Health Authority. You can figure out which organization you should go to based on where your permanent residence is. Pregnant and postpartum women are prioritized for substance use services and you may be eligible for financial assistance for a Medication Assisted Treatment Program at your local Community Services Board or Behavioral Health Authority.

Central Virginia Community Services Boards/Behavioral Health Authorities

Richmond Behavioral Health Authority (RBHA)

Walk-in Intake: Monday-Friday 8:00am-3:00pm
107 S 5th St
Richmond, VA 23219
(804) 819-4100

Henrico Mental Health & Developmental Services

East Location Walk-in Intake: Monday, Tuesday, Thursday 9:00am-3:00pm
4825 S Laburnum Ave
Richmond, VA 23231
West Location Walk-in Intake:
Monday-Thursday 9:00am-3:00pm
2010 Bremono Road, Suite 122
Henrico, VA 23226
(804) 727-8515

Chesterfield Community Services Board

Walk-in Intake:
Monday-Thursday 8:30am-5:00pm,
Friday 8:30am-2:00pm
6801 Lucy Corr Boulevard
Chesterfield, VA 23832
(804) 768-7318

Hanover Community Services Board

Walk-in Intake: Monday-Friday 9:00am-3:00pm
12300 Washington Highway
Ashland, VA 23005
(804) 365-4253

District 19 Community Services Board

Colonial Heights, Dinwiddie, Emporia/Greensville,
Hopewell/Prince George, Petersburg, Surry, Sussex
(804) 862-8002

Medication Assisted Treatment Programs (Methadone and Buprenorphine)

Richmond Metro Treatment of Virginia

2217 E Franklin St
Richmond, VA 23223
(804) 213-0249

Richmond Southside Treatment Center

9609 Jefferson Davis Highway
Richmond, VA 23237
(804) 275-1116

Family Counseling Center for Recovery (FCCR)

905 Southlake Blvd, Suite C
Richmond, VA 23236
(804) 419-0492

Human Resources, Inc. Methadone Outpatient Clinic/Jump Street

15 W Cary St
Richmond, VA 23220
(804) 644-4636

River City Comprehensive Counseling Services

13100 Mountain Rd
Glen Allen, VA 23059
(804) 230-0999

Richmond Private Methadone Clinic

4926 West Broad St
Richmond, VA 23230
(804) 673-5241

Childbirth, Breastfeeding and Infant Care:

Opiates, Methadone, Buprenorphine



Are you pregnant and dependent on taking methadone or buprenorphine? Or are you using heroin, other street drugs or prescription medications and considering treatment with methadone or buprenorphine?

If so, these medications can impact your delivery, the care of your baby and whether or not you can safely breastfeed. It's important to learn how best to prepare, and to educate yourself about the unique health challenges you and your baby will face.

It's also important to know that you're not alone. Opioid dependency is a huge problem and is more common than people realize. It is a medical condition — not a reflection of who you are or what kind of parent you can be. With help, you can break free from opioid dependency, and live a full, healthy life with your baby.

Let us guide you.

How can I prepare for delivery?

- Choose a doctor and hospital with experience caring for mothers and infants who are exposed to drugs. At VCU Health we are experienced in this type of care.
- Select a doctor for your baby (a pediatrician or family physician) and meet before delivery to talk about the care of your baby after leaving the hospital.
- Take a tour of the nursery before your baby is born to learn about how the nursery cares for infants who are exposed to drugs.

What about pain relief during and after delivery?

- Your daily methadone or buprenorphine dose will not treat the pain you may experience from childbirth.
- Discuss pain control for childbirth and after delivery with your physician during prenatal care appointments.
- Talk with the anesthesia doctor about your pain to develop a plan.
- If you are having a cesarean delivery, discuss postoperative pain options.
- The doctors and nurses on the Labor and Delivery Unit MUST know that you are taking methadone or buprenorphine so that you are not given labor pain medications such as Stadol and Nubain, which can cause withdrawal in women taking methadone or buprenorphine. They also will continue to give you your daily medication while in the hospital.



You can help soothe your baby by holding him or her often; keeping lights low in your room; and providing quiet, soothing sounds, voices and gentle rocking.

What about child protective services?

- Babies and mothers are often tested for drugs and alcohol at the time of delivery — this includes methadone and buprenorphine.
- Having a positive drug test for yourself or baby, even if it's for prescribed medications, means that social workers and a child protection agency will want to talk to you and your family.
- The steps that happen next will depend on what county you live in, but the goal is the same — to provide you with the resources you need to care for your baby. A child protective services worker may come to your home to see how safe the environment is for your baby.
- Please talk to your doctor and other health care providers about child protection laws in Virginia.
- Be sure to follow up with your baby's doctor as directed and communicate with their team if you are not able to do so for any reason. Failure to follow medical directions can result in additional involvement with child protective services.

How does withdrawal affect the baby after delivery?

- After delivery, the baby no longer receives nutrients and medications such as buprenorphine and methadone from the mother's bloodstream. Your baby may develop withdrawal — called Neonatal Abstinence Syndrome (NAS).
- Not all babies born to moms on methadone or buprenorphine develop NAS. The dose you are taking does not always predict if NAS will develop or the severity.
- Each baby shows withdrawal differently. The following are some of the most common signs in infants with substance exposure:
 - Tremors or shakes (not seizures)
 - Excessive crying
 - Frequent yawning
 - Poor feeding/sucking
 - Fast breathing
 - Difficulty sleeping
 - Stuffy nose
 - Fever
 - Sneezing
 - Tight muscles
 - Vomiting
 - Diarrhea
 - Loose stools (poop)

- These signs may happen from birth to several days after delivery and may last days, weeks or months. Your baby will be monitored for 4-5 days in the hospital for these symptoms prior to discharge to see if treatment is needed.
- You can help soothe your baby by holding him or her often; keeping lights low in your room; and providing quiet, soothing sounds, voices and gentle rocking.
- If your baby develops NAS, a medication like methadone will be started on your baby in the hospital. Methadone helps the baby feel better and prevents complications like seizures. The baby's dose will be decreased over time, until the symptoms have improved. This process can take several weeks in the hospital.

Can I breastfeed if I am taking buprenorphine or methadone?

- Breastfeeding is encouraged for women who are taking methadone or buprenorphine, except in some rare cases.
- Breastfeeding is not safe for those who have HIV, take certain medicines that are not safe in breastfeeding or actively use street drugs. Ask your doctor if there are any reasons why you should not breastfeed.
- Only very small amounts of methadone and buprenorphine get into the baby's blood through breastfeeding and breastfeeding may help lessen the symptoms of NAS.

How will having a newborn affect my recovery?

- The weeks and months after the baby is born can be a stressful time for women in recovery. Be sure to continue your counseling, and use parenting support programs.
- Do not make a decision to stop taking your methadone or buprenorphine too quickly or too soon because this increases the risk of relapse.
- It is important to discuss decisions about your medication with your doctors and your counselors.

