



## Information about Medication-Assisted Treatment (MAT) for Staywell Pregnant Women using Opioids

Opioid agonist pharmacotherapy, also known as medication-assisted treatment (MAT), continues to be the recommended therapy for pregnant women with an opioid use disorder. The American College of Obstetricians and Gynecologists recommends that screening for opioid use take place during the first prenatal visit using an appropriate validated clinical screening tool.

Ob-gyns should discuss the full range of contraceptive options with women with opioid use disorder. This is because the unintended pregnancy rate among this population is far higher than the national average.



For more information, visit [www.acog.org/opioids](http://www.acog.org/opioids).

Treatment with an opioid agonist, such as methadone or buprenorphine, improves pregnancy outcomes for women with opioid-use disorders. The best outcomes are achieved when women are enrolled in a comprehensive treatment program.

**Quality care is a team effort.  
Thank you for playing a starring role!**



## The overarching goals of therapy for opioid-use disorders during pregnancy is to:

- Provide medical support to prevent withdrawal during pregnancy
- Minimize fetal exposure to illicit substances and
- Engage the mother in her recovery

Engagement lets the mother receive both medical and support services to help her successfully parent her child.

Engagement in a comprehensive treatment program is usually a gradual process. Medication-assisted treatment providers likely face the difficult task of distinguishing between women who can become fully engaged in their treatment plan and women who may not yet be ready for treatment. Making this assessment may require a higher level of care before the initiation of medication-assisted treatment.

Office-based therapy with buprenorphine during pregnancy favors the woman who is highly motivated in her recovery and parenting. Women for whom office-based buprenorphine is a better fit typically agree to participate in substance-use disorder counseling and pregnancy home visitation programs (e.g., Healthy Start, Nurse-Family Partnership, etc.) to help in their recovery. Women who are unable to readily engage in these services may benefit from the structure of an opioid treatment program that offers methadone and/or buprenorphine along with comprehensive treatment services, which could include residential treatment.



Substance use disorder counseling and comprehensive, wrap-around services should be strongly encouraged for all women with opioid-use disorders. Medication alone is not sufficient for optimal pregnancy and parenting outcomes.

## Florida DCF-designated MAT Programs for Pregnant Women in Florida

An assessment will need to be completed prior to enrollment in an MAT program (please have Staywell card/subscriber information available when scheduling an appointment).

County	Program Name	Address	City	Phone	Additional Information
Alachua	Meridian Behavioral Healthcare/Medication-Assisted Treatment	4300 S.W. 13th St.	Gainesville	1-352-374-5600	
Brevard	Central Florida Treatment Centers Inc.	7 N. Cocoa Blvd.	Cocoa	1-321-631-4578	
Brevard	Central Florida Treatment Centers Inc.	2198 Harris Ave. NE	Palm Bay	1-321-951-9750	
Broward	Central Florida Treatment Centers Inc.	3181 Davie Blvd.	Fort Lauderdale	1-954-533-1670	
Columbia	Meridian Behavioral Healthcare/Medication-Assisted Treatment	439 SW Michigan St.	Lake City	1-352-374-5600	
Duval	River Region Human Services Inc./ Medication-Assisted Treatment	3901 Carmichael Ave.	Jacksonville	1-904-899-6300	Office locations in Duval and Clay counties

County	Program Name	Address	City	Phone	Additional Information
<b>Duval</b>	Duval Metro Treatment Center	590 Ellis Road S.	Jacksonville	<b>1-904-800-2231</b>	
<b>Escambia</b>	Lakeview Center Inc. / Medication-Assisted Treatment	1221 W. Lakeside Ave.	Pensacola	<b>1-850-469-3500</b>	Office locations across the county
<b>Hernando</b>	Operation PAR/ Medication-Assisted Patient Services	1245 Kass Circle	Spring Hill	<b>1-352-666-5709</b>	
<b>Hillsborough</b>	DACCO	4422 E. Columbus Drive	Tampa	<b>1-813-384-4010</b>	
<b>Lee</b>	Operation PAR/ Medication-Assisted Patient Services	535 Pine Island Road (Wal-Mart Plaza) Suite M	North Fort Myers	<b>1-239-656-7700</b>	Other office locations in Port Charlotte and South Fort Myers
<b>Manatee</b>	Operation PAR/ Medication-Assisted Patient Services	6253 14th St. W.	Bradenton	<b>1-941-753-0877</b>	
<b>Orange</b>	Central Florida Treatment Centers Inc.	1800 W. Colonial Blvd.	Orlando	<b>1-407-843-0041</b>	
<b>Orange</b>	Aspire Health Partners / Medication-Assisted Treatment	100 W. Columbia Ave.	Orlando	<b>1-407-245-0014</b>	
<b>Palm Beach</b>	Central Florida Treatment Centers Inc.	3155 Lake Worth Road	Lake Worth	<b>1-561-439-8440</b>	
<b>Pasco</b>	Operation PAR/ Medication-Assisted Patient Services	7720 Washington St. Suite 103	Port Richey	<b>1-727-816-1200</b>	
<b>Pinellas</b>	Operation PAR/ Medication-Assisted Patient Services	6150 150th Ave. N.	Clearwater	<b>1-727-507-4673</b>	Other office locations in Largo and St. Petersburg
<b>Polk</b>	DACCO	348 W. Highland Drive	Lakeland	<b>1-863-608-7778</b>	
<b>St. Lucie</b>	Central Florida Treatment Centers Inc.	1302 N. Lawnwood Circle	Fort Pierce	<b>1-772-468-6800</b>	
<b>Sarasota</b>	Operation PAR/ Medication-Assisted Patient Services	6124 S. Tamiami Trail	Sarasota	<b>1-941-925-6672</b>	

It is essential that medical and behavioral health providers ensure continuity and coordination of care for pregnant women who use opioids, because this is a potentially high-risk situation for adverse outcomes. It is the responsibility of the behavioral health provider, with the consent of the member, to communicate with the medical practitioner about the results of the initial assessment and any recommendations.

This initial communication from the behavioral health provider can let both practitioners initiate ongoing communication that can benefit all members.

**Providers should encourage breastfeeding in women who:**

- Are stable in their treatment
- Are not using illicit drugs and
- Have no other contraindications



**Both the medical and behavioral health provider should discuss with the member:**

- The importance of ongoing communication between both parties to ensure healthy outcomes for both the pregnant woman and her infant, and
- Obtain signed consents from the member before initiating this communication

*Source: Opioid Use and Opioid Use Disorder in Pregnancy. Committee Opinion No. 711. The American College of Obstetricians and Gynecologists (ACOG). Obstet Gynecol 2017; 130:e81-94.*

