

FDA-approved Medications for AUD (MAUD)

- **First Line:** Naltrexone, Acamprosate
- **Second Line:** Disulfiram
- *These medications help reduce cravings, prevent return to use, and support long-term recovery.*

Treatment Gaps in Pregnancy

A significant gap exists in the identification and treatment of alcohol use disorder among pregnant individuals, particularly within prenatal care settings.



<2% of pregnant women with AUD receive MAUD.¹



There are no established clinical guidelines for MAUD use during pregnancy.

A national survey of **78 naltrexone prescribers** was conducted to assess the availability of naltrexone for treating AUD and opioid use disorders in pregnant patients.²

36%

offered naltrexone to pregnant patients.

39%

reported that they would continue to treat a patient with naltrexone if the patient were to become pregnant.

In the same survey, prescribers reported the following barriers to MAUD use:²

14.1%

No guidelines

9.4%

Safety concerns

4.7%

Inexperience

Integrating MAUD into settings that care for women during pregnancy and the postpartum period (e.g., prenatal care, addiction treatment) could help close the AUD treatment gap.¹

Risk vs. Benefit



No MAUD trials include pregnant women, so there is limited data available on the safety and efficacy of the medications during the perinatal period.³



However, existing observational data in humans do not indicate evidence of proven fetal harm with naltrexone or acamprosate.⁴



Therefore, MAUD should be considered in pregnancy and postpartum clinical care.³



Untreated AUD poses greater risks to the maternal-fetal dyad than carefully prescribed and monitored MAUD.³

Risks of Alcohol Use During Pregnancy⁵

- Miscarriage
- Stillbirth
- Preterm birth
- Low birth weight
- Sudden infant death syndrome (SIDS)
- Other physical problems: heart, kidney issues, abnormal facial characteristics
- Fetal alcohol spectrum disorders

Fetal Alcohol Spectrum Disorders⁶

- Short palpebral fissures
- Smooth philtrum
- Thin upper lip vermilion
- Neuropsychological features
- Hearing, speech, language disorders
- Developmental delay
- Cognitive impairments

Maternal Health Risks of Untreated AUD



Alcohol-related diagnoses are associated with greater odds of severe maternal morbidity in pregnant women, even more than other substance-related diagnoses.⁷



In a review of a state's maternal mortality cases, alcohol was detected in the toxicology of 30% of their SUD-related deaths.⁸

Naltrexone



Disclaimer: There are no randomized trials on MAUD in pregnancy.



Pregnancy Safety⁴

- No trials for MAUD treatment in pregnancy
- Data on using naltrexone to treat opioid use disorder (OUD) support its use:⁹
 - 121 pregnant people (oral naltrexone for OUD):
 - No increase in stillbirths or birth defects
 - Better neonatal abstinence syndrome (NAS) outcomes vs methadone/buprenorphine
 - Case series (N=7): 3 with AUD, 4 with OUD → healthy 12-month outcomes¹⁰



Breastfeeding¹¹⁻¹²

- Minimal transfer into breastmilk
- Likely safe to continue while breastfeeding
- No developmental concerns in follow-up study



Takeaways

- Consider the use of naltrexone to treat AUD in pregnancy and postpartum
- Despite limited existing data, breastfeeding is recommended while taking naltrexone

Acamprosate



Pregnancy Safety⁴

- Limited research exists on the safety of acamprosate in pregnancy
- Retrospective cohort study (N=54) "recent history of problematic alcohol use" treated with acamprosate for >30 days with matched comparison groups (N=162 alcohol comparison group, N=162 community comparison group) in Australia:¹³
 - Acamprosate-exposed neonates showed no significant differences from alcohol or community comparison groups in birth weight, rate of small-for-gestational-age, congenital abnormalities (including fetal alcohol syndrome), or perinatal mortality
 - For women taking acamprosate, dyads showed better maternal outcomes (e.g., fewer hospitalizations) than the alcohol group and on par with the community group

Acamprosate Cont.



Breastfeeding¹²

- No human studies
- Likely low exposure via milk (due to low molecular weight and lack of protein binding) may be transferred into breast milk, but has low oral absorption
- Despite limited data, given the likely benefits of acamprosate use and its pharmacokinetics, acamprosate is likely safer during breastfeeding than disulfiram



Takeaways

- Limited information on acamprosate in pregnancy, yet it is reasonable to consider its use to treat AUD in pregnancy
- No existing guidelines for the use of acamprosate during breastfeeding, yet its use is not contraindicated

Disulfiram



Pregnancy Safety

- No human studies of disulfiram in pregnancy. Preclinical (animal) studies show mixed findings with regard to fetal safety⁴
- 2011 case series (N= 38 fetuses, N=36 pregnancies):¹⁴
 - ~29% congenital anomalies reported
 - 2.6% spontaneous abortion
 - 2.6% stillbirth
 - 13.1% lost to follow-up
 - 36.8% unremarkable neonates
- Results should be interpreted with caution due to the high prevalence of poor neonatal outcomes, especially congenital anomalies, which may be linked to prenatal alcohol exposure and/or publication bias
- Generally, not recommended given the better safety profiles of other MAUD

Disulfiram Cont.



Breastfeeding¹²

- No studies
- Likely transferred into milk
- Potential copper chelation risk to fetus
- Potential risk of inhibiting infant's alcohol dehydrogenase (ADH)
- Use discouraged



Takeaways

- Not recommended for use in pregnancy
- Not recommended for use in breastfeeding
- Likely higher risk-benefit ratio compared to other MAUD options

Medication Chart

Medication	Safe in Pregnancy?	Safe in Breastfeeding?	Notes
Naltrexone	Likely safe	Recommended	Supported by OUD studies
Acamprosate	Likely safe	Consider its use	Lack of data in pregnancy and breastfeeding
Disulfiram	Avoid	Not recommended	Potential higher risk of anomalies

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