

## Patient Consent for Buprenorphine (Subutex) Treatment During Pregnancy and Breastfeeding

I, (Name) \_\_\_\_\_ DOB \_\_\_\_\_

(Please tick the appropriate box)

**am** currently regularly taking buprenorphine for the management of my opioid dependence, and wish to continue treatment with buprenorphine during my pregnancy/period of breastfeeding, rather than:

- transfer to methadone, or
- withdraw from buprenorphine

**am not** currently receiving opioid substitution treatment. I wish to start treatment with buprenorphine for the management of my opioid dependence, rather than have treatment with methadone.

The risks and benefits of taking buprenorphine during pregnancy or when breastfeeding have been explained to me by my prescribing doctor.

In making this decision, I understand that:

- methadone is the recommended first-line opioid substitution treatment for opioid dependence in pregnancy/when breastfeeding
- the safety of buprenorphine during pregnancy or breastfeeding remains uncertain at this stage
- pregnancy and breastfeeding are currently listed as contraindications for the use of buprenorphine in Australia by the Therapeutic Goods Administration
- I will need to attend regularly (and as directed) for antenatal care at \_\_\_\_\_ Hospital
- I will need to attend regular appointments with my treatment team/prescribing doctor
- I give permission for my prescribing doctor to be notified of my outcome Yes  No
- I have been provided with written information about buprenorphine and my questions have been answered.

Patient's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Prescriber's Name: \_\_\_\_\_

(BLOCK LETTERS)

Prescriber's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_