**Supplemental Appendix 1**. Consensus for key questions to be considered, according to three peripartum periods.

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| A.    Pre-Delivery Pain Management Optimization | | |
| 1. What co-morbidities are associated with opioid use disorder that can affect peripartum pain management (anxiety, depression, chronic pain)? | | |
|  | 1. How can these be managed to improve peripartum pain outcomes? | |
| 1. What co-morbid substance use/abuse disorders are associated with opioid use disorder that can affect peripartum pain management (smoking, benzodiazepines)? | | |
|  | 1. How can these be addressed to improve peripartum pain outcomes? | |
| 1. Should all patients with OUD have a pre-delivery anesthesia consult? | | |
|  | 1. What should be evaluated in the anesthesia consultation? | |
|  | 1. What should be discussed with the patient? | |
|  | 1. How are patients on methadone different from patients on buprenorphine? | |
| 1. Pre-delivery medication management: Methadone | | |
|  | 1. For planned vaginal delivery should the dose be continued, increased, reduced, or stopped in anticipation of the delivery admission? | |
|  | 1. For planned cesarean delivery should the dose be continued, increased, reduced, or stopped in anticipation of the delivery admission? | |
| 1. Pre-delivery medication management: Buprenorphine | | |
|  | 1. For planned vaginal delivery should the dose be continued, increased, reduced, or stopped in anticipation of the delivery admission? | |
|  | 1. For planned cesarean delivery should the dose be continued, increased, reduced, or stopped in anticipation of the delivery admission? | |
|  | 1. If continued, should the dose of buprenorphine be split? | |
| 1. Pre-delivery medication management: Naltrexone | | |
|  | 1. For planned vaginal delivery should the medication be continued or stopped in anticipation of the delivery admission? | |
|  | 1. For planned cesarean delivery should the medication be continued or stopped in anticipation of the delivery admission? | |
|  | 1. If stopped, at what stage of pregnancy? | |
| B.     Pain Management in Labor and Delivery | | |
| 1. Is there is evidence for increased pain, analgesia dose requirement, or increased use of analgesia during labor for patients on OUD treatment including methadone, buprenorphine, and naltrexone? | | |
| 1. Is there any evidence that the response to neuraxial opioids may be altered (less effective) in patient on buprenorphine? | | |
| 1. Neuraxial: | |  |
|  | 1. Should early epidural analgesia be recommended for patients with OUD? | |
|  | 1. Should opioids in the epidural solution be increased, decreased, or omitted? | |
|  | 1. Should the concentration the local anesthetic be increased? | |
|  | 1. Should non-opioid adjuvants be added to the epidural solution including clonidine, epinephrine, dexmedetomidine and/or neostigmine? | |
| 1. If the patient with OUD is not a candidate for neuraxial analgesia, is there a role for the following: | | |
|  | 1. Nitrous oxide | |
|  | 1. IV Opioid PCA | |
|  |  | 1. If PCA is used, is there a particular opioid that is optimal? |
|  | 1. Ketamine infusion | |
|  | 1. Dexmedetomidine | |
|  | 1. Other adjuvants? | |
|  | 1. How do narcotic analgesic alternatives interact with MOUD management goals? | |
| 1. Treatment of post-vaginal delivery pain | | |
|  | 1. If the patient has a high-order vaginal laceration, should long-acting opioids be administered through an indwelling epidural catheter? If so, what doses are recommended? | |
|  | 1. Should NSAIDs be used? | |
|  | 1. Should acetaminophen be used? | |
|  | 1. Is there a role for the routine use of oral opioids in-hospital or at discharge? | |
|  | 1. What is the role for other adjuvants for the treatment of post-vaginal delivery pain? | |
| 1. Withdrawal | |  |
|  | 1. If a patient with OUD experiences withdrawal during labor, how should it be treated? | |
|  | 1. What are the potential interactions between MOUD and partial antagonists: e.g., nalbuphine, butorphanol (How should opioid-induced intrapartum itching be managed in a patient on buprenorphine?) | |
| 1. Monitoring | |  |
|  | 1. Do patients with OUD require additional monitoring during or after labor? | |
| C.    Post-Cesarean Delivery Pain Management | | |
| 1. Should history of OUD impact on the planned mode of delivery (cesarean versus vaginal delivery)? | | |
| 1. Is there is evidence for increased pain and analgesia intake after cesarean for patient on OUD treatment including methadone, buprenorphine, and naltrexone? | | |
| 1. Neuraxial anesthesia | | |
|  | 1. Should the usual dose of neuraxial opioids be increased, decreased or should they be omitted? | |
|  | 1. Should non-opioid adjuvants be added to the neuraxial anesthetic including clonidine, epinephrine, dexmedetomidine and/or neostigmine? | |
|  | 1. Is there any evidence to suggest superiority of any specific non-opioid neuraxial adjuvant? | |
| 1. Post-cesarean pain management | | |
|  | 1. What is the role for continuing neuraxial analgesia into the postpartum period? | |
|  | 1. Should NSAIDSsbe used? | |
|  | 1. Should acetaminophen be used? | |
|  | 1. Is there a role for the routine use of oral opioids in hospital? | |
|  |  | 1. Are there special considerations regarding the type, dose, and quantity? |
|  | 1. Is there a role for the routine use of oral opioids at discharge? | |
|  |  | 1. Are there special considerations regarding the type, dose, and quantity? |
|  |  | 1. What type of follow-up should be provided? |
|  | 1. What is the role for other adjuvants for the treatment of post-cesarean pain? | |
|  | 1. What is the role for regional anesthesia options such as transversus abdominis plane (TAP), erector spinae plane (ESP) and quadratus lumborum (QLB) blocks, or continuous wound infiltration? If so, is any option more effective? | |
|  | 1. What is the role for psychotherapeutic or behavioral interventions (e.g., cognitive behavioral therapy) to address post-cesarean pain? | |
| 1. Management of neuraxial opioid-induced side effects and complications in the patient on buprenorphine | | |
|  | 1. How should itching be managed (Nalbuphine? Dose?) | |
|  | 1. How should respiratory depression be managed (Naloxone? Dose?) | |
|  | 1. Is morphine-induced hypothermia more common in patients on buprenorphine? How should it be managed | |
| 1. Monitoring | |  |
|  | 1. Do patients with OUD require additional monitoring during or after cesarean delivery? | |