

Successful management of GHB withdrawal in pregnancy – A case report

Category: Poster Presentation (in person)

Abstract Body

Background: Gamma hydroxybutyrate (GHB) is a potentially addictive drug, commonly taken for its sedative hypnotic effects. There is minimal literature about GHB use or withdrawal during pregnancy, but symptoms of withdrawal can be severe and, hypothetically endanger the pregnant person and fetus if undergone during pregnancy. There currently are no clinical guidelines available for managing GHB withdrawal in pregnancy.

Objectives: To present a novel case in which a pregnant patient was successfully treated for severe GHB use disorder in an acute care setting, using a protocol combining diazepam and baclofen.

Case Summary: A 32 year old primigravida woman was admitted to the antepartum unit for harm reduction, GHB detoxification and stabilization. Upon consultation with other perinatal addictions physicians in the province, the perinatal pharmacist at British Columbia Women's Hospital, and a review of the literature and guidelines for non-pregnant patients, we decided to use baclofen and diazepam in conjunction with additional diazepam as needed per the CIWA-Ar protocol. We present here the dosing and tapering of these medications throughout her fourteen-day admission. Her withdrawal symptoms were well managed with this medication protocol and she did not experience any features of complicated withdrawal. The patient presented to hospital in labor several weeks later and delivered a healthy, preterm baby boy at 34+5 weeks gestation. Ongoing follow-up with perinatal addiction service seven months later found the patient and her son doing well, with her reporting complete abstinence from GHB.

Conclusions: This case demonstrates that administering diazepam and baclofen for a short period of time during the third trimester of pregnancy may be both a safe and effective protocol for managing GHB withdrawal in pregnancy. There is a paucity of guidelines for managing GHB withdrawal in pregnancy. Therefore, this case fills a gap in the literature and may aid clinical decision-making in similar situations.

Key Words

- Novel Therapeutics
- Pharmacologic Interventions

- Withdrawal Management
- Women/Pregnancy/Neonatal Issues

Learning Objective # 1

Understand that a medically managed GHB withdrawal can be done safely in an acute care setting, including during pregnancy.

Learning Objective # 2

Recognize that a protocol of combined diazepam and baclofen may be a safe way to manage GHB withdrawal in the third trimester of pregnancy.

Reference # 1

Van Mechelen J, Dijkstra B, Vergouwen A. Severe illicit gamma-hydroxybutyric acid withdrawal in a pregnant woman: what to do? *BMJ Case Reports CP*. 2019;12(12):e230997.

Reference # 2

Snead OC 3rd, Gibson KM. Gamma-hydroxybutyric acid. *N Engl J Med*. 2005;352(26):2721-32.

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