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Prescription Opioids and Pregnancy

This sheet talks about the risks that exposure to prescription opioids can have during pregnancy. With each pregnancy, all women have a 3% to 5% chance of having a baby with a birth defect. This information should not take the place of medical care and advice from your health care provider.

What are opioids?

Opioids are medications most often prescribed for the treatment of pain, cough, or diarrhea. They are also known as narcotics. Some common prescription opioids are codeine (Tylenol 3[®]), hydrocodone (Vicodin[®], Tussionex[®]), oxycodone (Percocet[®], OxyContin[®]), meperidine (Demerol[®]), methadone and morphine. Some of these prescription opioids can also contain another medication such as an additional pain reliever or anti-inflammatory drug. Prescription opioids can be given by intravenous and intramuscular injection, rectal suppository, dermal patch or taken by mouth.

In some countries, low doses of codeine are available in over the counter pain relievers. These products also may contain another pain reliever or anti-inflammatory medication.

This fact sheet discusses appropriate prescription use of opioid medications. Women who abuse or use opioids recreationally may have additional risk factors to consider in pregnancy.

Can taking an opioid make it harder for me to get pregnant?

No. Opioids are not known to decrease the likelihood of you becoming pregnant.

I take a prescribed opioid every day for chronic pain. Should I stop taking it if I find out that I am pregnant?

No. If you have been taking an opioid for a long time you should not just stop suddenly. This could cause you to go into withdrawal which could be harmful to you and

may cause harm to your pregnancy. Talk with your health care provider about the risks and benefits of continuing or stopping your medication. Any reduction in your medication needs to be done very gradually, and carefully monitored by your health care provider.

Can taking opioids increase the risk for miscarriage?

No. There is no indication that occasional use of prescribed opioids would increase the risk for miscarriage.

I have heard that opioids may cause birth defects when used in early pregnancy. Is this true?

Some studies have suggested that opioid exposure in the first trimester may be associated with heart defects and other birth defects. Based on these studies the risk appears to be small. Several other studies have not supported an increased risk for heart defects or birth defects in general. If there is an increased risk for birth defects with opioid use in pregnancy, it is likely to be small.

Will my baby have withdrawal if I continue to take an opioid until I deliver?

Some babies do have withdrawal signs. The length of time and the amount of medication you have been taking can influence the likelihood of withdrawal in the newborn. It is important that your doctors involved at delivery are aware that you are taking an opioid medication. Your doctor can provide support and treatment to help minimize any effects of withdrawal in your baby.

Withdrawal usually begins within the first 24 hours after birth, but can occur up to two weeks later. Signs may include difficulty breathing, extreme drowsiness, poor feeding, irritability, sweating, tremors, vomiting and diarrhea. Occasionally seizures and death have occurred in severe, untreated cases of withdrawal. With proper treatment most babies can be supported through the withdrawal process. Withdrawal in the newborn does not appear to be associated with any long-term complications.

Are there any long term effects on children of mothers who used opioids during pregnancy?

While there are no long term studies looking at the children of women who were prescribed opioids during pregnancy, no long term complications have been noted.

Is it safe to take opioids while I am breastfeeding?

Most opioids are found in breast milk in very small amounts. When taken for a short period of time and in recommended doses they are not expected to be harmful to the infant. If you need to take an opioid while breastfeeding you should take as low a dose as possible and for as brief a period of time as necessary. If at all possible, breastfeeding should be timed to avoid the peak amount of the drug in your system.

Opioids are broken down in the body to morphine. There is a rare condition in which a person breaks down the opioids more quickly and this results in a high level of morphine in the blood and breast milk. There has been a case of an infant who died from the high level of morphine in the breast milk due to the mother's condition.

Breastfed infants whose mothers are taking an opioid should be very carefully watched for any signs of drowsiness. If this is noted, either the opioid or the breastfeeding should be stopped and the child should be seen by a doctor.

What if the father of the baby uses opioids?

There is no information to suggest that opioids taken by the father would adversely affect a pregnancy. To get further general information about exposures by the father of a pregnancy, please see the OTIS fact sheet [Paternal Exposures and Pregnancy](#).

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If you have questions about the information on this fact sheet or other exposures during pregnancy, call OTIS at 1-866-626-6847.