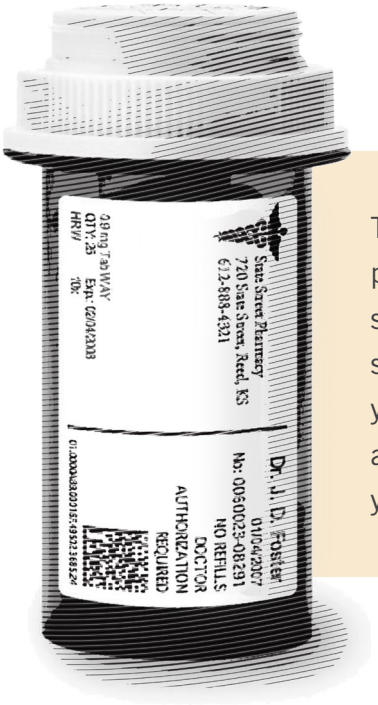
PREGNANCY AND OPIOID PAIN MEDICATIONS

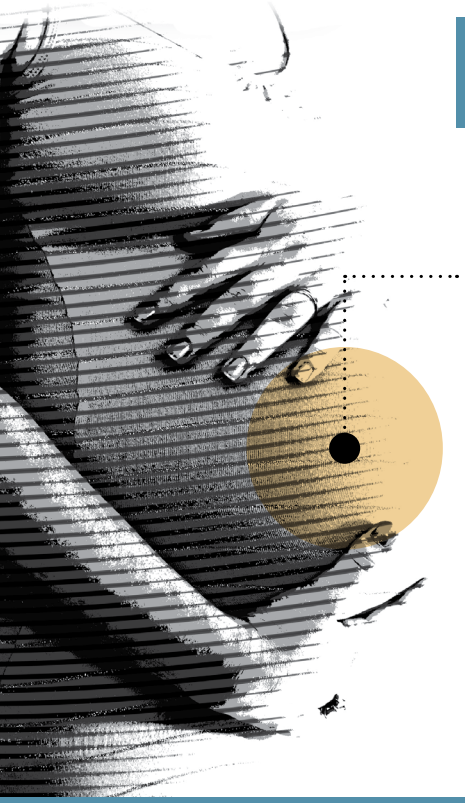
Women who take opioid pain medications should be aware of the possible risks during pregnancy.



Talk to your provider before starting or stopping any medications to help you understand all of the risks and make the safest choice for you and your pregnancy.

WHAT ARE OPIOID PAIN MEDICATIONS?

Opioid pain medications are prescribed by doctors to treat moderate to severe pain. Common types are codeine, oxycodone, hydrocodone, and morphine.



ARE OPIOID PAIN MEDICATIONS SAFE FOR WOMEN WHO ARE PREGNANT OR PLANNING TO BECOME PREGNANT?

Possible risks to your pregnancy include[2,3]:

- **Neonatal Opioid Withdrawal Syndrome (NOWS):** withdrawal symptoms (irritability, seizures, vomiting, diarrhea, fever, and poor feeding) in newborns[4]
- **Neural tube defects:** serious problems in the development (or formation) of the fetus' brain or spine
- **Congenital heart defects:** problems affecting how the fetus' heart develops or how it works
- **Gastroschisis:** birth defect of developing baby's abdomen (belly) or where the intestines stick outside of the body through a hole beside the belly button
- **Stillbirth:** the loss of a pregnancy after 20 or more weeks
- **Preterm delivery:** a birth before 37 weeks

U.S. Department of Health and Human Services
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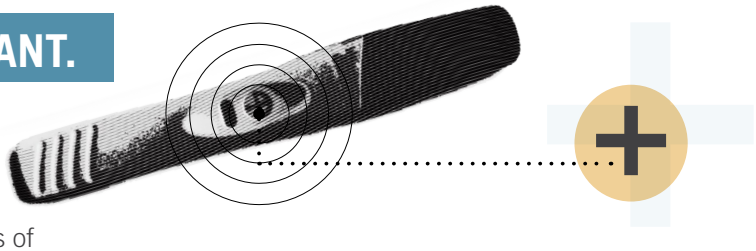
LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html

I JUST FOUND OUT THAT I'M PREGNANT.



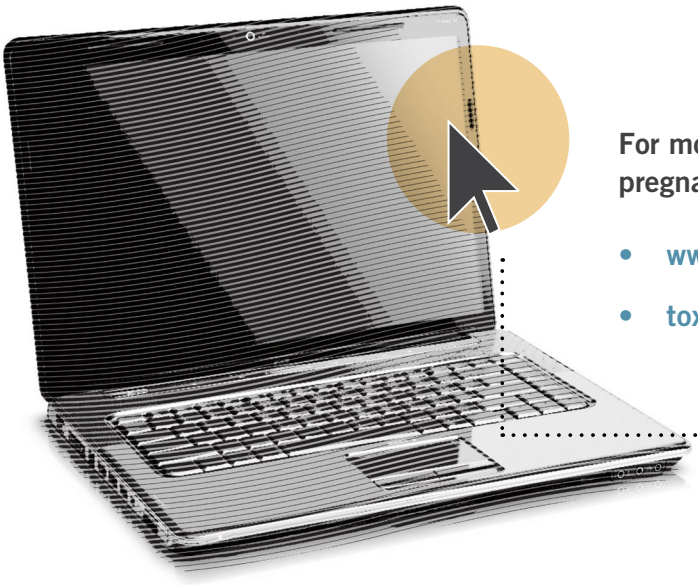
Should I stop taking my opioid pain medication? What are the risks?

- First, talk to your provider. Discuss all risks and benefits of continuing any medication use during pregnancy.
- Some women need to take opioid pain medication during pregnancy and quickly stopping your medication can have serious consequences.
- In some cases, avoiding or stopping medication use during pregnancy may be more harmful than taking it.

WHAT ABOUT BREASTFEEDING?

- Women without HIV who are already taking opioid pain medications regularly (and not using illicit drugs) are generally encouraged to breastfeed.
- Be sure to ask your doctor about breastfeeding if you are taking any other medications.
- During breastfeeding, avoid codeine whenever possible, and if used, ask your doctor for the lowest possible dose due to possible risk of newborn illness and death[5].

The information provided here applies to the use of opioid medication for pain. Opioid medications may also be used in medication assisted therapy (MAT) for treatment of substance use disorders. There are unique benefits and risks associated with MAT. To learn more about opioid medication use for substance use disorder treatment and considerations in pregnancy, visit **www.samhsa.gov/medication-assisted-treatment/treatment.**



For more information on opioid and other medication use in pregnancy or breastfeeding, go to:

- **www.cdc.gov/treatingfortwo**
- **toxnet.nlm.nih.gov/newtoxnet/lactmed.htm**

[1] Ailes E, Dawson A, Lind J, et. al. Opioid Prescription Claims Among Women of Reproductive Age — United States, 2008–2012, 2010. MMWR Morb Mortal Wkly Rep 2015; 64 (38-39).

[2] Broussard CS, Rasmussen SA, Reefhuis J, et al. Maternal treatment with opioid analgesics and risk for birth defects. Am J Obstet Gynecol 2011; 204:314:e1–11.

[3] Kellogg A, Rose CH, Harms RH, Watson WJ. Current trends in narcotic use in pregnancy and neonatal outcomes. Am J Obstet Gynecol 2011; 204:259:e124.

[4] Hudak ML, Tan RC, Committee On Drugs, Committee On Fetus and Newborn, American Academy of Pediatrics. Neonatal drug withdrawal. Pediatrics 2012;129:e540–60.

[5] National Opioid Use Guideline Group. Canadian guideline for safe and effective use of opioids for chronic non-cancer pain; 2010. Available at: http://nationalpaincentre.mcmaster.ca/opioid/documents.html.