Doctors may prescribe opioids to treat moderate to severe pain. Pregnant women who take opioid pain medications should be aware of the possible risks. Women who are pregnant should talk to their doctor about all the risks and benefits of any medication used during pregnancy. If a woman takes opioid pain medication during pregnancy, she should follow her doctor’s advice. Serious problems can occur if the medication is stopped suddenly.

Opioid use during pregnancy is risky to the health of the unborn baby. These risks include birth defects, stillbirth, and premature birth.

**Neonatal abstinence syndrome** or NAS is a group of problems that occur in a newborn who was exposed to addictive opioid drugs while in the mother’s womb. After birth, the baby may have withdrawal symptoms. NAS happens when opioids pass through the placenta that connects the baby to its mother in the womb. The baby becomes dependent on the drug, along with the mother.

For babies with NAS, withdrawal symptoms include irritability or excessive crying, high-pitched crying, sleep problems, and seizures. Babies born with NAS need to be hospitalized, and possibly treated with medications to relieve symptoms.

Opioids can cause other problems during pregnancy. They should only be prescribed for short term use to pregnant women in severe pain. If long term treatment with opioids is needed, then it is important for the doctor and mother to work together and find ways to lower these risks.

Infants are also at increased risk of exposure to illegal opioids such as heroin and illegally made fentanyl. Prescription or illegal opioid misuse can cause problems with fetal development at any stage during pregnancy.

Women who are long term opioid users or who use opioids late in pregnancy are more likely to have a baby with NAS. Infants with NAS are more likely to have low birthweight or breathing problems.
Medication-Assisted Treatment or MAT is an effective option for many users. It includes counseling, behavioral therapy, and medications. Methadone or buprenorphine may be prescribed to help prevent further opioid misuse. Infants exposed to anti-abuse medications during pregnancy can still develop NAS. Regardless, mothers and infants who receive these medications have better health outcomes than those who receive no anti-abuse medications.

Pregnant women who misuse opioids often have varying levels of the drug in their blood, exposing the baby to withdrawal. By using these medicines, the pregnant woman receives a steady level of opioid in her blood.

**Breastfeeding**

Women who are already taking opioid pain medications prescribed by their doctor are generally encouraged to breastfeed. A woman who is taking MAT medications should talk with her doctor about whether or not to breastfeed. Women who use heroin or other illegal opioids are generally advised not to breastfeed.

People and their family members who are dealing with mental or substance use disorders, or both, can call the National Helpline at 1-800-662-4357. This is a confidential, free, 24-hour-a-day, 365-day-a-year, information service. It is available in English and Spanish. The National Helpline provides referrals to local treatment centers, support groups, and community-based organizations. Callers can also order free brochures and other information.

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