



# Using prescription opioids during pregnancy and breastfeeding

Prescription opioids are often prescribed by doctors to treat severe pain but are also taken recreationally because they induce feelings of relaxation, pleasure and contentment.

Prescription opioids include oxycodone, fentanyl and other pain killing drugs (also called analgesics). Opioids are depressants (downers) and if used repeatedly can cause physical and psychological dependence (addiction).

Opioids affect people differently based on:

- their size, weight and general health
- whether they are regular users
- whether other drugs are taken around the same time
- the amount taken
- the strength of the drug (opioids can vary in their potency).

People who use opioids with other drugs, including alcohol, can overdose causing serious harm to themselves and their baby or even death.

**There is no safe level of drug use. Use of any drug always carries some risk. It's important to be careful when taking any type of drug.**

## About oxycodone

Oxycodone is most commonly prescribed by doctors to relieve moderate to severe pain. However, there is increasing concern among medical professionals about the risks of using oxycodone, particularly when they are used for a long time. Oxycodone is also known by the tradenames Oxynorm®, OxyContin®, Endone®, Proladone®, Targin®.

## About fentanyl

Fentanyl is usually prescribed for severe pain from cancer, nerve damage, back injury, major trauma and surgery. In Australia, fentanyl is a schedule 8 drug (a controlled drug which requires special permits to be prescribed legally).

It is about 80 to 100 times stronger than morphine. Fentanyl is only safe to use if it is prescribed by your doctor for you and you use it as prescribed. Because fentanyl is so strong, you can easily overdose on it, especially when used with other drugs or alcohol.

## About other prescription pain killers

Pain killers (also known as analgesics) are often prescribed by doctors for people experiencing severe pain from accidents, injuries or surgery. Drugs that fall under this category include oxycodone, tramadol, tapentadol (Palexia®) and medicines containing codeine.

If used continuously for more than three weeks\*, your body adapts to these medicines and you can experience withdrawal symptoms when you try to cut down or stop them.

\* The time it takes for the body to adapt to these drugs can vary between individuals.

## Effects on pregnancy

If you use prescription opioids when you are pregnant, your unborn baby will also be exposed to these medicines. All opioids are passed on to your baby via the placenta.

If you have withdrawal symptoms, so does your baby. Withdrawal or 'detoxification' from opioids puts your baby at risk and increases the chance of miscarriage, premature labour and stillbirth.

Because the amount of opioids you need to take to prevent withdrawal symptoms can change over the course of your pregnancy, it is very important that you have medical support. **Do not try to withdraw without the help of a health professional.**

If you use opioids regularly during pregnancy there is no evidence that your baby will be born with physical abnormalities, however your baby may be:

- addicted to opioids at birth
- smaller than expected at birth
- born earlier than expected and have other health problems because they are premature.

## Counselling in pregnancy

There are counselling services available in the community and at the hospital where you receive your pregnancy care, which can help you during this time.

Counselling may help by:

- giving you information about drug treatment options so you can make an informed choice about what to do
- teaching you about how to reduce the risks of drug use to yourself and your baby (harm minimisation)
- helping you deal with issues related to your opioid use

Opioid use has a number of negative effects that can affect how you parent such as:

- dependence
- distorted coordination
- problems with concentration and judgement
- feelings of hostility
- unpredictable behaviour.

With increased awareness, you can take positive steps to protect your baby.

## Pregnancy care

Regular visits with a midwife or doctor are very important to make sure you are healthy, and your baby is growing well. Routine tests, such as ultrasounds, a health screen and blood tests will be included in your care.

If you have stopped using opioids but are having withdrawal symptoms, the best treatment is to start a methadone, Buvidal® or buprenorphine (Suboxone®) stabilisation program. This should begin as soon as your pregnancy is confirmed.

You may need dietary supplements such as iron and calcium during your pregnancy. All women should take folate before getting pregnant and for at least the first three months of their pregnancy.

Nausea, vomiting and constipation are common in any pregnancy. Your midwife or doctor may suggest you see a dietitian. Eating well during pregnancy and whilst you are breastfeeding is important for the health of you and your baby.

Good dental care is also important for all pregnant women.

## Breastfeeding

All opioids pass into breast milk in small amounts and can affect your baby. If you continue to use opioids in high doses breastfeeding may not be recommended.

After using opioids, it may not be safe for you to care for or breastfeed your baby. You may not be alert to your baby's needs and could accidentally smother or drop your baby. Always make sure there is a responsible adult with you to care for you baby; someone who is not drug-affected and understands how to put a baby to bed safely.

If you become stable on methadone or buprenorphine during pregnancy, breastfeeding is recommended.

## Your baby's care after the birth

A doctor will check your baby after the birth.

When a woman uses opioids during pregnancy, the baby is at risk of developing a condition called Neonatal Opioid Withdrawal Syndrome (NOWS) or infant withdrawal. NOWS can be treated safely and effectively.

It is not possible to reliably predict before birth which babies may develop NOWS. NOWS is more likely to occur if you are using other drugs as well as opioids, such as crystal methamphetamine ('ice') or benzodiazepines ('benzos'). Babies who have been exposed to several kinds of drugs in pregnancy are more likely to need medication to help them through withdrawal.

Most babies exposed to opioids during pregnancy will show some signs of withdrawal and will remain in hospital for at least five days for observation. Withdrawal symptoms can vary from mild, which can be managed with supportive care (cuddling, time with parents, wrapping and a quiet environment) to more severe symptoms which need medication. Around 50 percent of babies whose mothers use opioids, will show signs of withdrawal that is severe enough to require medication (usually oral morphine) and will need specialised care in a newborn intensive and special care unit.

## Sudden Unexpected Death in Infancy (SUDI)

Sudden Unexpected Death in Infancy (SUDI; includes SIDS) is a sleep related death in the first year of life.

If you smoke, use drugs, alcohol or medicines that make you feel drowsy, sleeping with your baby is very dangerous. Anything that makes you sleep deeply will make it hard for you to respond properly to your baby's needs and ensure their safety.

## Safe Sleeping Guidelines

The six ways to sleep your baby safely and reduce the risk of Sudden Unexpected Death in Infancy (SUDI) are:

1. Sleep baby on their back
2. Keep head and face uncovered
3. Keep baby smoke free before and after birth
4. Safe sleeping environment night and day. No soft surfaces or bulky bedding
5. Sleep baby in safe cot in parents' room
6. Breastfeed baby.

For more information, speak with your midwife or doctor or visit the Red Nose website.  
[rednose.com.au/section/safe-sleeping](http://rednose.com.au/section/safe-sleeping)

## For more information

### Women's Alcohol and Drug Service

Royal Women's Hospital  
8.30am–5.30pm Monday to Friday  
(03) 8345 3931  
[wads@thewomens.org.au](mailto:wads@thewomens.org.au)

### On the Women's website

Pregnancy, drugs & alcohol information  
[thewomens.org.au/wm-pregnancy-drugs-alcohol](http://thewomens.org.au/wm-pregnancy-drugs-alcohol)

### DirectLine

DirectLine is part of Turning Point's state-wide telephone service network, providing 24-hour, seven-day counselling, information and referral to alcohol and drug treatment and support services throughout Victoria.

DirectLine is a free, anonymous and confidential service.

1800 888 236

### Quit

Visit this website to help you quit smoking or help you find out more about how smoking harms you.  
137 848 | [quit.org.au](http://quit.org.au)

### Red Nose

1300 308 307 | [rednose.com.au](http://rednose.com.au)

Disclaimer: This fact sheet provides general information only. For specific advice about your healthcare needs, you should seek advice from your health professional. The Royal Women's Hospital does not accept any responsibility for loss or damage arising from your reliance on this fact sheet instead of seeing a health professional. If you require urgent medical attention, please contact your nearest emergency department.  
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