



# Using methadone during pregnancy and breastfeeding

## About methadone

Methadone is a prescribed substitute for heroin and other opioids such as morphine, pethidine or codeine. It is longer acting than most other opioids and can therefore be taken once a day. When you are on an appropriate dose of methadone, it stops you from having withdrawal symptoms and craving opioids.

Research shows that methadone as an opioid replacement treatment helps people to reduce their other opioid use such as heroin or prescription medicines. It also reduces the harm caused by other opioid use and helps people to improve their life circumstances.

If you are experiencing physical withdrawal from heroin or other opioids, methadone stabilisation may be recommended. Being on an appropriate dose of methadone is very important during pregnancy so that your baby is not having withdrawal symptoms.

There are other opioid replacement medicines available which may also be suitable for you, such as Buprenorphine or Buvidal. Talk to your doctor or midwife which would best suit you.

## Effects on pregnancy

Methadone replacement treatment has been shown to significantly improve pregnancy outcomes for opioid dependent women. Methadone does not increase the risk of birth defects in infants. Birth defects are caused by problems during the baby's development during pregnancy that might affect the way they look, develop or function.

Methadone replacement is known to:

- help stabilise your use of drugs and your lifestyle
- help provide a stable environment in your body for your baby, which can improve the health and growth of your baby
- improve your participation in pregnancy care
- reduce the risk of blood borne viral infections including Hepatitis B and C and HIV
- be safe in breastfeeding.

Methadone should be started as soon as possible after your pregnancy has been confirmed. If you are already on a methadone program it should continue. Talk with your health professional about the advantages and disadvantages of methadone treatment. This will help you to make an informed decision.

An inpatient methadone stabilisation program is available at the Royal Women's Hospital and through some drug and alcohol detoxification ('detox') units.

Abruptly stopping methadone treatment or heroin (going 'cold turkey') during pregnancy is not recommended because it increases the risk of miscarriage, premature labour, stillbirth and return to dependent heroin/opiate use.

## Counselling in pregnancy

As well as helping to support you with emotional and other support issues, a counsellor can help you to access a methadone treatment program. Counselling can also help prevent a relapse to drug use and assist you to stay on the program after your baby is born.

## Pregnancy care

Pregnancy care is important to make sure you are healthy, and your baby is growing well. This will involve regular visits with your midwife or doctor to meet your individual needs, which will vary during the different stages of your pregnancy. Routine investigations such as blood tests, ultrasounds and a health screen are included in pregnancy care.

The dose of methadone usually needs to be increased during pregnancy, especially in the later months. There are a number of reasons for this, including:

- increased volume of fluid in your body
- the methadone is broken down or metabolised faster by the placenta and the fetus
- your kidneys excrete more of the methadone by-products through your urine in pregnancy.

When pregnant it is common to have some nausea, vomiting and constipation, if you are worried though, talk to your midwife or doctor about what you can do.

If you vomit following a methadone dose, note how soon after the dose of methadone was taken you vomited and contact your prescribing doctor and your pharmacist. Your doctor will determine what to do about your methadone dose and will talk with your pharmacist.

A healthy diet is always important but even more so when you are pregnant and breastfeeding. If you are concerned about your diet, ask to see a dietitian who will work with you to make improvements if you need to. Even with good eating habits you may still need supplements such as iron, calcium and other vitamins. All women are encouraged to take folate before conceiving and for at least the first three months of their pregnancy.

Always get advice from your doctor, midwife or dietitian before taking supplements.

Good dental care is important for all pregnant women. If you are taking methadone, it is a good idea to chew sugar-free gum or rinse your mouth after your dose.

Dental problems are more common as a dry mouth is a side effect of methadone. This means that the amount of saliva ('spit') being produced is reduced, which can increase the risk of tooth decay.

Visit the Women's website for more information about a healthy pregnancy, diet and breastfeeding information.

## Breastfeeding

Generally, breastfeeding is encouraged for women who are stable on methadone. The amount of methadone excreted in breast milk is minimal and unlikely to have any adverse effect on your baby.

If you are going to stop breastfeeding your baby it is best to do so slowly and with advice from your Maternal and Child Health Nurse (MCHN). If you stop breastfeeding suddenly, your baby may experience withdrawal symptoms as the methadone they are getting through your breast milk has suddenly been taken away.

You should not breastfeed your baby if you are using heroin or 'ice' or if you are HIV positive.

## Your baby's care after the birth

A doctor will check your baby after the birth.

Your baby will be at risk of developing symptoms of infant withdrawal or Neonatal Opioid Withdrawal Syndrome (NOWS). It can be treated safely and effectively.

It is not possible to reliably predict before birth which babies may develop NOWS. NOWS is not related to your dose of methadone. If you combine methadone with other drugs such as heroin, crystal methamphetamine ('ice') or benzodiazepines ('benzos'), your baby is more likely to need medication to help them through their withdrawal.

Most babies will show some signs of withdrawal and will need to stay in hospital for at least five days for observation. This can vary from mild withdrawal symptoms, which can be managed by supportive care (cuddling, time with their parents, a quiet environment wrapping and using pacifiers) to more marked symptoms, which require medication.

Around 50% of babies will show signs of withdrawal that are 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

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)

Prescription opioids fact sheet  
[thewomens.org.au/fs-op](http://thewomens.org.au/fs-op)

### 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.  
© The Royal Women's Hospital 2016–2021