



Prescription Pain Medicine, Opioids, and Pregnancy: What All Pregnant Women Need to Know

What are opioids?

Opioids are a class of drugs that includes prescription pain relievers such as oxycodone and hydrocodone, the illegal drug heroin, and dangerous synthetic opioids such as fentanyl, carfentanil, and other analogues. Opioids work in the brain to reduce pain and can also produce feelings of relaxation and euphoria.

Prescribed opioids include:

- Buprenorphine (Belbuca, Butrans, Subutex, Suboxone)
- Codeine
- Fentanyl (Actiq, Duragesic, Sublimaze)
- Hydrocodone (Lorcet, Lortab, Norco, Vicodin)
- Hydromorphone (Dilaudid, Exalgo)
- Meperidine (Demerol)
- Methadone (Dolophine, Methadose)
- Morphine (Astramorph, Avinza, Duramorph, Roxanol)
- Oxycodone (OxyContin, Percodan, Percocet)
- Oxymorphone (Opana)
- Tramadol (ConZip, Ryzolt, Ultram)



Your doctor may prescribe an opioid for you if you've had surgery, dental work, an injury, or after you deliver your baby. Prescription opioids are important pain medications that can provide relief for acute or chronic pain. Unfortunately, they can also be prescribed inappropriately and misused. Misuse or chronic use of prescription opioids increases the risk of developing opioid use disorder (OUD) and may lead to overdose. If you take opioids during pregnancy they can also cause serious problems for your baby.

What is opioid use disorder?

Opioids can be dangerous and addictive. Symptoms of opioid use disorder include developing a need for higher doses in order to feel the same effect; using more than the amount of the drug that is prescribed; taking non-prescribed opioids such as heroin; having work, school, or family problems caused by your opioid use; feeling a strong urge or desire ("craving") to use the drug; and experiencing painful withdrawal symptoms if you abruptly stop taking opioids. Taking higher doses of opioids or using opioids for extended periods of time increases the risk of developing OUD.

What are health risks of using opioids?

Opioids can be deadly. One of the biggest risks is overdose. Higher doses, not taking opioids as prescribed, or mixing opioids with some other medications or drugs can cause people to pass out, stop breathing, and die. Nationally, the number of deaths involving opioids, has quadrupled since 1999, and drug overdoses are now the **leading cause of death in the United States for people under the age of 50**. Among Illinois women of childbearing age, the number of opioid-related deaths nearly tripled between 2008 and 2017. **Naloxone** (brand name Narcan) is a drug that stops the effects of opioids, and it can save your life if you overdose. It comes in the form of a nasal spray. Ask your doctor about naloxone. You should always have a supply of naloxone with you if you have an opioid use disorder, or if you have friends or relatives with this disorder.

Are opioids safe for my baby?

If you take opioids during pregnancy, your baby can be exposed to them in the womb and have symptoms of withdrawal after birth. In newborns, this is called neonatal abstinence syndrome or NAS. Even if you use an opioid exactly like your provider says to, it still may cause NAS in your baby. The symptoms of NAS can range from mild to severe, and may include excessive crying, poor feeding or sucking, fever, vomiting and diarrhea, tremors and irritability, and/or low birthweight. In Illinois, the rate of NAS in newborns increased more than 50% in the 5 years between 2011 and 2016.

NAS usually lasts days or weeks. If a baby is showing signs of withdrawal, loving and caring may be some of the best medicine. The combination of swaddling, cuddling, breastfeeding, skin-to-skin contact, and in some cases, medicine can help your baby. A pediatrician will check in on your baby after birth in the hospital and decide if medication is needed and how long your baby will need to stay in the hospital. On average, babies in Illinois with NAS stay in the hospital five times longer after delivery than babies without NAS.

What is the best way to treat opioid use disorder during pregnancy?

Medication-assisted treatment (MAT) is the best course of action during pregnancy and after the baby is born. These medications, called methadone and buprenorphine, are long-acting opioids that, in the right doses, stop withdrawal, reduce cravings, and block effects of other opioids. Receiving treatment with MAT makes it more likely the baby will grow normally and have fewer NAS symptoms after birth. In addition to medication, treatment involves counseling, social support, and prenatal care, to help women have a healthier pregnancy and start on the road to recovery.

What about breastfeeding?

Women without HIV who are already taking opioid pain medications regularly as prescribed (and not using illicit drugs) are generally encouraged to breastfeed. Be sure to ask your health care provider about breastfeeding when taking any medications. During breastfeeding, avoid opioids, like codeine, whenever possible, or ask your doctor for the lowest possible dose because of the possible risks to your baby.

If you're pregnant and taking opioids

- Don't start or stop taking any opioid until you talk to your health care provider
- Talk to your prenatal care provider about all opioids, pain medicines, or other medicines you take, even if they're prescribed by another health care provider
- Make sure every health provider you see knows you are pregnant before they prescribe any medication, particularly prescriptions for any opioid
- Ask your provider about other kinds of pain medications you can take instead of opioids or alternative non-medication strategies for pain control

If you are no longer pregnant and you're using opioids

- Use effective birth control until you've stopped taking the opioid or have discussed plans for a healthy pregnancy with your doctor
- Talk to your provider about taking a safer pain medicine or an alternative non-medication strategy for pain control

Resources

Illinois Helpline for Opioids and Other Substances:
1-833-2FINDHELP



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