



MotherToBaby

Medications & More During Pregnancy & Breastfeeding
Ask The Experts

Fact Sheet

by the **Organization of Teratology Information Specialists (OTIS)**

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Buprenorphine

In every pregnancy, a woman starts out with a 3-5% chance of having a baby with a birth defect. This is called her background risk. This sheet talks about whether exposure to buprenorphine may increase the risk for birth defects over that background risk. This information should not take the place of medical care and advice from your healthcare provider.

What is buprenorphine?

Buprenorphine is an opioid medication used to treat addiction to opioid drugs such as heroin and other narcotic painkillers. It has also been used to treat pain. A brand name for buprenorphine is Subutex[®]. When combined with the medication naloxone, it is also known as Suboxone[®], Zubsolv[®], or Bunavil[®]. Buprenorphine may be taken as a tablet, film (placed under the tongue or in the cheek), patch, implant, injection or given intravenously (through a vein).

I am taking buprenorphine, but I would like to stop taking it before becoming pregnant. How long does the medication stay in my body?

Talk with your healthcare provider before making any changes to your medications. People get rid of medications from their bodies at different rates. In healthy, non-pregnant adults, it takes up to 9 days for most of the buprenorphine to be gone from the body.

I just found out I am pregnant. Should I stop taking buprenorphine?

No. If you have been taking buprenorphine regularly you should not stop suddenly (also called “cold turkey”). Stopping an opioid medication suddenly could cause you to go into withdrawal. More research is needed to know how going through withdrawal might affect a pregnancy. Talk with your healthcare providers before making any changes to your medications. Changes to your buprenorphine treatment during pregnancy or while breastfeeding should be done only under the care of an experienced healthcare provider.

I take buprenorphine. Can it make it harder for me to get pregnant?

Studies in women have not been done to see if taking buprenorphine could make it harder for you to get pregnant.

Does taking buprenorphine during my pregnancy increase the chance of miscarriage?

Limited studies looking at buprenorphine use in pregnant women have not reported higher rates of miscarriage than what is seen in the general population. However, there are no published studies looking at whether buprenorphine increases the chance of miscarriage. This does not mean there is an increased chance or that there is no increased chance. It only means that this question has not been answered.

Can taking buprenorphine increase the chance of having a baby with a birth defect?

Limited studies looking at buprenorphine in pregnancy have not reported an increased chance for birth defects.

I need to take buprenorphine throughout my pregnancy. Will it cause withdrawal symptoms (neonatal abstinence syndrome) in my baby after birth?

Possibly. Studies have reported between 22-67% of babies will experience neonatal abstinence syndrome (NAS) when buprenorphine is used up to the time of delivery. NAS is the term used to describe withdrawal symptoms in newborns from medicines that a mother takes during pregnancy. For any opioid, symptoms can include difficulty breathing, extreme drowsiness (sleepiness), poor feeding, irritability, sweating, tremors, vomiting and diarrhea. NAS

symptoms from buprenorphine may not appear for 36-60 hours after birth and may last more than two weeks. If needed, babies can be treated for withdrawal while in the hospital. If you use an opioid in your pregnancy, it is important that your baby's healthcare providers know and check for symptoms of NAS, so your newborn gets the best possible care.

Could buprenorphine cause other pregnancy problems?

Studies involving women who regularly use opioids during their pregnancy have found an increased chance for poor pregnancy outcomes such as poor growth of the baby, stillbirth, premature delivery, and C-section. This is more commonly reported in women who are taking heroin or who are using opioids in higher doses or for longer than recommended by their healthcare provider. When taken as prescribed, buprenorphine does not seem to increase the chance for pregnancy problems. Studies comparing buprenorphine and methadone in pregnancy found lower rates of problems with buprenorphine.

Will taking buprenorphine during pregnancy affect my child's behavior or cause learning problems?

There are not enough studies on buprenorphine to know if there is a chance for long-term problems.

What do we know about misuse of opioid medications in pregnancy?

Studies find that pregnant women who take opioids in higher doses or for longer than recommended by their healthcare providers (i.e. "misuse" or "abuse" opioids) have an increased chance for pregnancy problems. Some women who misuse opioids also have other habits that can result in health problems for both the mother and the baby. For example, a poor diet can lead to mothers not having enough nutrients to support a healthy pregnancy and could increase the chance of miscarriage and premature birth. Sharing needles to inject opioids increases the chance of getting diseases like hepatitis C and/or HIV which can cross the placenta and infect the baby.

Can I breastfeed my baby if I am taking buprenorphine?

Yes. The amount of buprenorphine in breast milk is expected to be too low to pose a problem for the nursing baby. While problems are not expected, a nursing infant can be watched for sleepiness and for proper weight gain. The baby's healthcare provider should be contacted right away if you suspect the baby has symptoms related to buprenorphine. Abruptly stopping breastfeeding while taking buprenorphine is not recommended because it may result in withdrawal symptoms in the baby. Be sure to talk to your healthcare provider about all your breastfeeding questions.

What if the father of the baby uses buprenorphine?

There are no studies looking at possible risks to a pregnancy when the father takes buprenorphine. In general, exposures that fathers have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet <https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/>

References Available Upon Request

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