Buprenorphine (Buprenex®)

This sheet is about exposure to buprenorphine in pregnancy and while breastfeeding. This information is based on published research studies. It should not take the place of medical care and advice from your healthcare provider.

What is buprenorphine?

Buprenorphine is an opioid medication. Opioids are sometimes called narcotics. Buprenorphine has been used to treat substance use disorders involving other opioid drugs and narcotic painkillers. Buprenorphine has also been used to treat pain. It is available as an injection (including brand names Buprenex® and Sublocade®), an oral film that dissolves in the mouth (Belbuca®), and a patch worn on the skin (Butrans®). Buprenorphine is also available in different forms combined with the medication naloxone (Bunavail®, Suboxone®, and Zubsolv®).

Sometimes when people find out they are pregnant, they think about changing how they take their medication, or stopping their medication altogether. However, it is important to talk with your healthcare providers before making any changes to how you take your medication. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy.

The American College of Obstetritians and Gynecology (ACOG) and the American Society of Addiction Medicine (ASAM) both recommend the use of medication-assisted treatment (which can include buprenorphine) to treat opioid use disorder in pregnancy.

If you have been taking buprenorphine regularly, have a dependency, or opioid use disorder, you should not stop taking the medication suddenly. Stopping suddenly could cause you to go into withdrawal. It is not known if or how withdrawal might affect a pregnancy. It is suggested that any reduction in buprenorphine be done slowly, and under the direction of your healthcare provider.

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

One study reported a lower chance of getting pregnant among women using buprenorphine. However, it is not known if the participants were trying to avoid pregnancy, and it's also unclear whether the lower chance of getting pregnant was due to the condition being treated or something else.

Does taking buprenorphine increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Limited studies looking at buprenorphine use in pregnancy have not found higher rates of miscarriage than what is seen in the general population.

Does taking buprenorphine increase the chance of birth defects?

Birth defects can happen in any pregnancy for different reasons. Out of all babies born each year, about 3 out of 100 (3%) will have a birth defect. We look at research studies to try to understand if an exposure, like buprenorphine, might increase the chance of birth defects in a pregnancy.

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

Some studies looking at all opioids as a group suggest they might be linked to birth defects. One study found a higher chance of bone problems, but it did not look at other possible causes. Another study found more stomach and intestinal defects but did not consider the dose of the medication. Based on these studies, if buprenorphine does increase the chance of birth defects during pregnancy, the risk is probably small.

Does taking buprenorphine in pregnancy increase the chance of other pregnancy-related problems?

Some studies have found that using certain opioids during pregnancy can increase the chance of problems like preterm delivery (before 37 weeks), poor fetal growth, and stillbirth. These risks are more common in people using drugs like heroin or taking prescription pain medicine in high doses or for too long. Use of an opioid close to the time of delivery can result in withdrawal symptoms in the baby (see the section of this fact sheet on neonatal abstinence

syndrome).

Will my baby have withdrawal (neonatal opioid withdrawal syndrome) if I keep taking buprenorphine?

Neonatal opioid withdrawal syndrome (NOWS) is the name for withdrawal symptoms in newborns exposed to opioids during pregnancy. Studies have seen NOWS in babies exposed to buprenorphine. Symptoms can include fussiness, lots of crying, sneezing, stuffy nose, trouble sleeping, being very sleepy, yawning, poor feeding, sweating, shaking, seizures, throwing up, and diarrhea. These symptoms usually start around 2 days after birth and can last more than 2 weeks.

The chance of NOWS depends on how long and how much opioid was taken during pregnancy, whether other medicines were used, if the baby was born early, and the baby's size at birth. If opioids were taken in pregnancy, it is important to let your baby's healthcare providers know so that they can look for symptoms of NOWS and provide the best care for your newborn.

Does taking buprenorphine in pregnancy affect future behavior or learning for the child?

It is not known if buprenorphine can increase the chance of behavior or learning issues for the child.

Some studies on opioids as a general group have found more problems with learning and behavior in children exposed to opioids for a long period of time during pregnancy. It is hard to know if it is the medication exposure or other factors that might increase the chances of these problems.

What if I have an opioid use disorder?

Studies find that people who are pregnant and 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. These include poor growth of the fetus, stillbirth, and preterm delivery.

Buprenorphine and breastfeeding:

Buprenorphine can pass into breast milk in small amounts. The amount of buprenorphine that a baby would be exposed to through breast milk is expected to be low. Experts, including the Academy of Breastfeeding Medicine, encourage breastfeeding when taking buprenorphine. Rarely, babies might have side effects, such as drowsiness, breathing problems, and not gaining enough weight.

The use of some opioids in breastfeeding might cause babies to be very sleepy and have trouble latching on. Some opioids can cause trouble with breathing. If you are using any opioid talk to your healthcare provider about how to use the least amount for the shortest time and how to monitor (watch) your baby for any signs of concern. Contact the baby's healthcare provider immediately if your baby has increased sleepiness (more than usual), trouble feeding, trouble breathing, limpness, or other problems. Be sure to talk to your healthcare provider about all your breastfeeding questions.

If a man takes buprenorphine, could it affect fertility or increase the chance of birth defects?

Studies have not been done to see if buprenorphine could affect man's fertility (ability to get a partner pregnant) or increase the chance of birth defects. In general, exposures that fathers or sperm donors have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/.

Please click here for references.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.

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