

Codeine

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

What is codeine?

Codeine is a medication that has been used to treat pain or cough. It belongs to a group of medications called opioids. Opioids are sometimes called narcotics. Some commonly used codeine products also contain other medications, such as acetaminophen. For more information about acetaminophen, please see the MotherToBaby fact sheet at <https://mothertobaby.org/fact-sheets/acetaminophen-pregnancy/>.

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 this medication. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy.

If you have been taking codeine regularly or have a dependency (also called opioid use disorder), you should not just stop taking your medication suddenly (also called “cold turkey”). Stopping an opioid medication suddenly could cause you to go into withdrawal. It is not known how withdrawal might affect a pregnancy. It is suggested that any reduction in codeine be done slowly, and under the direction of your healthcare provider.

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

A few studies have shown that use or misuse of opioids, including codeine, may cause changes to a person’s menstrual cycle (periods). This could make it harder to get pregnant.

Does taking codeine during pregnancy increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many reasons. It is not known if using codeine can increase the chance of miscarriage.

Does taking codeine increase the chance of birth defects?

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. It is not known if taking codeine during pregnancy increases the chance of birth defects above the background risk. A few studies looking at codeine use in pregnancy suggest a possible small increased chance of some birth defects, such as spina bifida (when the fetal spinal cord does not develop as usual) as well as problems with the intestines and/or heart problems. However, studies have not found a specific pattern of birth defects caused by codeine or opioid use in general. If there is an increased chance of birth defects with codeine use in pregnancy, it is likely to be small.

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

Studies on the use of opioids during pregnancy have found an increased chance for pregnancy-related problems including poor growth of the baby, stillbirth, preterm delivery (birth before week 37), and the need for a C-section. This is more commonly reported in people who take opioids in higher doses or for longer than recommended by their healthcare providers (i.e., misuse or “abuse” opioids). Codeine might cause postpartum hemorrhage (heavy bleeding after delivery) for some people. 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 Abstinence Syndrome) if I continue to take codeine?

Neonatal Abstinence Syndrome (NAS) is the term used to describe withdrawal symptoms in newborns from some medication(s) that a person takes during pregnancy. NAS symptoms with opioids can include trouble breathing, extreme drowsiness (sleepiness), poor feeding, irritability, sweating, tremors, vomiting and diarrhea. Most often, symptoms of NAS appear two days after birth and may last more than two weeks. The chance that NAS will occur depends on the length of time and/or the dose of opioid taken during pregnancy. If opioids were taken in pregnancy, it is important to let your baby’s healthcare providers know so that they can check for symptoms of NAS and provide the best care for your newborn.

Does taking codeine in pregnancy affect future behavior or learning 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. Those studies have found an increased chance of developmental delay, trouble with memory, and autism-like features. However, it is hard to know if this is due to the medication exposure or other factors that can increase the chances of these problems.

What if I have been taking more codeine than recommended by my healthcare provider or have an opioid use disorder?

Talk with your healthcare provider about your codeine use. People who are pregnant and take opioids in higher doses or for longer than recommended by their healthcare providers have an increased chance for issues such as poor fetal growth, stillbirth, preterm delivery, and the need for a C-section.

Codeine and breastfeeding:

Codeine passes into breast milk. Some babies might have problems with the amount of medication in the breast milk. There are case reports of codeine use in breastfeeding that have described babies being very sleepy, having trouble latching on, having breathing problems, slower heart rate, and not getting enough oxygen. Other reports describe the use of codeine while breastfeeding without any problems in nursing babies.

The United States Food and Drug Administration (FDA) recommends that codeine not be used during breastfeeding. Also, the product label for codeine recommends people who are breastfeeding not use this medication. But the benefits of using codeine may outweigh possible risks.

If you are using codeine (or 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 any problems such as increased sleepiness (more than usual), trouble feeding, trouble breathing, or limpness. Be sure to talk to your healthcare provider about all your breastfeeding questions.

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

Use or misuse of opioids, including codeine, has been shown to lower male fertility (ability to get partner pregnant). 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](https://mothertobaby.org).

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