



MotherToBaby

Medications & More During Pregnancy & Breastfeeding
Ask The Experts

Fact Sheet

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

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Codeine

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 codeine might increase the risk for birth defects over that background risk. This information should not take the place of medical care and advice from your health care provider.

What is codeine?

Codeine is a medication most often 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.

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

Talk with your healthcare providers before making any changes to your medications. Medications leave peoples' bodies at different rates. In healthy, non-pregnant adults, it usually takes about 18 hours for most of the codeine to be gone from the body.

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

Codeine has not been studied in women to see if using codeine could make it harder to get pregnant.

Should I stop taking my codeine prescription if I find out that I am pregnant?

No. If you have been taking codeine 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 hurt a pregnancy. Talk with your healthcare provider about the risks and benefits of continuing or stopping your medication. Any reduction in your codeine needs to be done slowly, and under the direction of your healthcare provider.

Does taking codeine increase the chance of miscarriage?

There are no published studies looking at whether codeine 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.

Does taking codeine increase the chance of having a baby with a birth defect?

Probably not. Some studies have suggested that using codeine in the first trimester of pregnancy increases the chance for some birth defects, such as heart defects, cleft lip or palate, or spina bifida. But the number of women exposed to codeine in these studies was small, and there was no specific pattern of birth defects noted. In addition, other studies on codeine have not found an increased chance of birth defects.

Could codeine cause other pregnancy complications?

Possibly. A study of more than 2,600 women who used codeine any time in pregnancy found that they had higher rates of c-sections compared to women who did not use codeine during pregnancy. The chance for c-section was highest among women who used codeine for longer than two weeks. However, some of the medical conditions the women used codeine for are also associated with c-section, so it is possible that their underlying health conditions, rather than the codeine, were the reason for the increase in c-sections.

The researchers also found that using codeine in the third trimester was associated with higher rates of

emergency c-section and postpartum hemorrhage (heavy bleeding after delivery). In this study, codeine did not affect rates of other pregnancy complications or medical problems with the newborn.

Will my baby have withdrawal (neonatal abstinence syndrome) if I continue to take codeine?

Possibly. Neonatal abstinence syndrome (NAS) is the term used to describe withdrawal symptoms in newborns from medications that a mother takes during pregnancy. Published reports describe 5 infants who had NAS after their mothers used prescribed codeine daily (for pain or cough) in late pregnancy. The most common symptoms these infants had were irritability, poor feeding, tremors, and rigid or loose muscle tone.

Most often, symptoms of NAS appear two days after birth and may last more than two weeks. Babies can be treated for withdrawal while in the hospital, if needed. If you used codeine or any other opioid during pregnancy, it is important that your baby's doctors know to check for symptoms of NAS.

Will taking codeine during pregnancy affect my baby's behavior or cause learning problems?

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

What do we know about misuse or abuse of opioid medications?

Studies find that pregnant women who take opioids in higher doses or for longer than recommended by their health care providers (i.e. misuse or "abuse" opioids) have an increased risk for pregnancy problems. These include poor growth of the baby, stillbirth, premature delivery, and c-section. Some women who abuse 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 risk of getting diseases like hepatitis C and/or HIV, which can cross the placenta and infect the baby.

Can I take codeine while I am breastfeeding?

It is not recommended. Speak to your healthcare provider about your pain and the medication that may be used while you are breastfeeding.

Codeine breaks down into morphine in the body. This morphine usually enters the breast milk in only small amounts. However, some women break down codeine into morphine more quickly and to a greater extent. In these women, more morphine gets into the breast milk, which can be dangerous to infants if it builds up in their bodies. One infant died after receiving high amounts of morphine in the breast milk from the mother's codeine medication. Because most women do not know how they will break down codeine, the U.S. Food and Drug Administration (FDA) recommends that women not use codeine while breastfeeding.

Other reports of codeine use in breastfeeding have described babies being very sleepy, having trouble latching on, having breathing problems, slowed heart rate, and not getting enough oxygen. However, other breastfeeding women have used codeine without reporting any problems in their nursing babies. Whether or not an infant has problems from the codeine might depend on the mother's dose, how long she uses the medicine, her metabolism, and the baby's age.

What if the baby's father takes codeine?

There have not been studies on men to see if using codeine could affect their fertility. In general, exposures that fathers have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures and Pregnancy at <https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/>.

References Available Upon Request

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