Codeine

This sheet is about exposure to codeine in pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare 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. For more information about acetaminophen, please see the MotherToBaby fact sheet at [https://mothertobaby.org/fact-sheets/acetaminophen-pregnancy/](https://mothertobaby.org/fact-sheets/acetaminophen-pregnancy/).

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

Studies have not been done to see if codeine could make it harder for a person to get pregnant. A couple of studies have shown that use or misuse of opioids as a general group may cause irregular periods or lack of periods (amenorrhea).

**I just found out I am pregnant. Should I stop taking my codeine prescription?**

Talk with your healthcare providers before making any changes to how you take this medication. Stopping an opioid medication suddenly could cause you to go into withdrawal. It is unknown if going through withdrawal would affect a pregnancy. Changes to your codeine treatment during pregnancy or breastfeeding should only be done under the direction of your healthcare provider.

**Does taking codeine during my pregnancy increase the chance of miscarriage?**

Miscarriage can occur in any pregnancy. 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.

**I have heard that opioids may cause birth defects when used in pregnancy. Is this true?**

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 having a baby with a birth defect. Not every opioid medication has been studied on its own. Some studies have suggested opioids as a general group might be associated with birth defects, however, these studies have not found a specific pattern of birth defects. Based on available studies, if there is an increased chance for birth defects with opioid use in pregnancy, it is likely to be small.

**Could codeine cause other pregnancy complications?**

Studies involving people who use opioids during their pregnancy have found an increased chance for pregnancy complications such as poor growth of the baby, stillbirth, premature delivery, and need for C-section. This is more commonly reported in pregnant people who are taking heroin or 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 who use the medication. 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?**

Studies have reported a risk for neonatal abstinence syndrome (NAS) with some opioid medications; however, not all opioid medications have been studied. Based on what we know about the risk of NAS with other opioids, it is likely that codeine use also increases the chance for NAS. We do not know if the risk is higher or lower than with other opioids. NAS is the term used to describe withdrawal symptoms in newborns from medication that a person takes during pregnancy. Symptoms can include difficulty breathing, extreme drowsiness (sleepiness), poor feeding, irritability, sweating, tremors, vomiting and diarrhea. Symptoms of NAS may appear at birth and may last more than two weeks. If
needed, babies can be treated for NAS while in the hospital. If you used codeine, it is important that your baby’s healthcare providers know to check for symptoms of NAS at birth.

**Will taking codeine during pregnancy affect my child’s behavior or cause learning problems?**

There are not enough studies on codeine to know whether there is a chance for long-term problems. 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 tell if this is due to the medication exposure or other factors such as use of tobacco, alcohol, and/or other substances 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?**

Studies have found that people that are pregnant and who misuse or abuse opioids have an increased chance for pregnancy problems. These include poor growth of the baby, stillbirth, preterm delivery, and the need for C-section. Some people who misuse opioids have other habits that may result in health problems for themselves and their pregnancy. For example, poor diet can lead to not having enough nutrients to support a healthy pregnancy and could increase the chance of miscarriage and preterm 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 take codeine while I am breastfeeding?**

Codeine breaks down into morphine in the body and can get into breast milk, usually in only small amounts. However, in some people codeine breaks down faster and to a greater extent than in other people. Some babies might have problems with the amounts 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, slowed heart rate, and not getting enough oxygen. Other reports describe the use of codeine while breastfeeding without any reported problems in the nursing babies.

In 2017, the U.S. Food and Drug Administration (FDA) recommended that people not use codeine while breastfeeding. 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 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.

**Males: I take codeine. Can it make it harder for me to get my partner pregnant or increase the chance of birth defects?**

There have not been studies to see if using codeine could affect fertility. However, use or misuse of opioids in general has been shown to lower fertility in men. 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.

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). OTIS/MotherToBaby recognizes that not all people identify as “men” or “women.” When using the term “mother,” we mean the source of the egg and/or uterus and by “father,” we mean the source of the sperm, regardless of the person’s gender identity. Copyright by OTIS, April 1, 2021.