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

People eliminate medication 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?**

It is not known 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?**

Talk with your healthcare providers before making any changes to how you take your medication(s). If you have been taking codeine regularly or have a dependency (also called opioid use disorder), you should not just 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. It is suggested that any reduction in codeine be done slowly, and under the direction of your healthcare provider.

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

Miscarriage can occur in any pregnancy. It is not known if using codeine will increase the chance of miscarriage.

**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. Not every opioid medication has been studied on its own. 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 people exposed to codeine in these studies was small, and there was no specific pattern of birth defects noted. Also, other studies have not found a specific pattern of birth defects caused by opioids. Based on studies on opioids, 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?**

A study of more than 2,600 people who used codeine any time in pregnancy found that they had higher rates of c-sections compared to those who did not use codeine during pregnancy. 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), but codeine use did not affect rates of other pregnancy complications or medical problems with the newborn. The chance for c-section was highest among those who used codeine for longer than two weeks. Another smaller study found a similar relationship between codeine use and higher rates of c-sections. However, in both studies, some of the medical conditions being treated or other medications used are also associated with c-section, so it is possible that the underlying health conditions or other medications, rather than the codeine, were the reason for the increase in c-sections.

Studies involving those who regularly use opioids during their pregnancy have found an increased chance for poor pregnancy outcomes such as poor growth of the baby, stillbirth, preterm delivery (birth before 37 weeks of pregnancy), and C-section. This is more commonly reported in those who are taking heroin or who are using opioids in higher doses or for longer than recommended by their healthcare provider. Use of an opioid close to the time of
delivery can result in withdrawal symptoms in the baby (see the section below 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 medications that a person takes during pregnancy. For any opioid, symptoms can include trouble 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 successfully treated for withdrawal while in the hospital. If you used any codeine during pregnancy, it is important that your baby’s healthcare providers know to check for symptoms of NAS.

Studies have reported a chance for NAS with some opioid medications. 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 poor muscle tone. It is not known if the chance is higher or lower than with other better studied opioids.

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

It is not known if there is a chance for long-term problems when codeine is used during pregnancy. 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 that may increase the chances of these problems.

What if I have an opioid use disorder? What are other concerns when codeine is used in pregnancy?

Studies find that people that 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 baby, stillbirth, preterm delivery, and c-section. Some people who misuse opioids also have other habits that can result in health problems for themselves and their pregnancy. For example, poor diet choices 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, 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.

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/pdf/.

*Section Updated December 2020

Please click here for references.