# Codeine

This sheet is about exposure to codeine 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 codeine?*

Codeine is an opioid medication. Opioids are sometimes called narcotics. Codeine has been used to treat pain or cough. Some commonly used codeine products also contain other medications. For more information about other medications, please see the MotherToBaby fact sheets at https://mothertobaby.org/fact-sheets/. Some brand names of products that contain codeine are Ascomp® with Codeine, Codar®, Guaiatussin® AC, and Tylenol® with Codeine.

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.

If you have been taking codeine regularly, have a dependency, or opioid use disorder, talk with your healthcare provider before you stop taking this medication. Stopping an opioid medication 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 codeine be done slowly, and under the direction of your healthcare provider.

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

The time it takes the body to metabolize (to process) medication is not the same for everyone. In healthy non-pregnant adults, it takes up to 18 hours, on average, for most of the codeine to be gone from the body.

## *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, might cause changes to the 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?*

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 codeine, might increase the chance of birth defects in a pregnancy.

Some studies looking at codeine use in pregnancy suggest a small increased chance of some birth defects, such as spina bifida (when the fetal spinal cord does not develop as usual), cleft lip and/or palate (an opening in the upper lip or the roof of the mouth), and birth defects of the intestines and/or heart. However, findings are not the same across studies, and studies have not found a specific pattern of birth defects caused by codeine. Based on these studies, 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 of pregnancy-related problems, including poor growth of the fetus, preterm delivery (birth before week 37), C-section, and stillbirth. This is more commonly reported in people who are taking heroin or who are using prescribed opioid medication in greater amounts or for longer than recommended by their healthcare provider. One study found that use of codeine in the third trimester was associated with a higher chance of postpartum hemorrhage (heavy bleeding after delivery) and emergency C-section. It is not known how likely these outcomes might be with the prescribed use of codeine as

directed in a pregnancy. 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 opioid withdrawal syndrome).

### *Will my baby have withdrawal (neonatal abstinence syndrome) if I keep taking codeine?*

Neonatal abstinence syndrome (NAS) is the term used to describe withdrawal symptoms in newborns from exposure to opioid medication(s) during pregnancy. NAS symptoms can include irritability, crying, sneezing, stuffy nose, poor sleep, extreme drowsiness (very tired), poor feeding, sweating, tremors, seizures, vomiting, and diarrhea. Most often, symptoms of NAS appear 2 days after birth and might last more than 2 weeks. The chance that NAS will occur depends on the length of time and/or the dose of opioid taken during pregnancy, if other medications were also taken, if baby was born preterm, and/or size of the baby at birth. 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.

Studies have reported a risk for neonatal abstinence syndrome (NAS) with some opioids; however, not all medications in this class have been studied. Based on what we know about the chance of NAS with other opioids, it is likely that codeine also has a chance for NAS. One study suggests that the chance of NAS might be lower with codeine compared to some other opioids. However, because information is limited, it is not known if the chance is higher or lower with codeine than with other, better studied opioids.

### *Does taking codeine in pregnancy affect future behavior or learning for the child?*

It is not known if codeine can increase the chance of behavior or learning issues. 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 medication exposure or other factors that might increase the chances of these problems.

### *What if I have an opioid use disorder?*

Talk with your healthcare provider about your use of opioids. Studies find that women who are pregnant and take opioids in higher doses or for longer than recommended by their healthcare providers have an increased chance of pregnancy problems. These include poor growth of the baby, stillbirth, preterm delivery, and the need for C-section.

### *What screenings or tests are available to see if my pregnancy has birth defects or other issues?*

Prenatal ultrasounds can be used to screen for some birth defects, such as spina bifida, cleft lip and/or palate, and heart defects. Ultrasound can also be used to monitor the growth of the pregnancy. Talk with your healthcare provider about any prenatal screenings or testing that are available to you. There are no tests available during pregnancy that can tell how much effect there could be on future behavior or learning.

### *Codeine and breastfeeding:*

Talk with your healthcare provider about your pain and medications to use while breastfeeding. Codeine passes into breast milk. Babies might have problems with the amounts of codeine 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, having a slowed heart rate, and not getting enough oxygen. Other reports describe the use of codeine while breastfeeding without any problems in nursing babies. Talk with your healthcare provider or a MotherToBaby specialist about your specific situation, as information on breastfeeding might change based on the age of your baby, the medication dosage, and/or other factors.

The United States Food and Drug Administration (FDA) recommends that codeine not be used during breastfeeding due to the risk of serious problems in some breastfed infants such as being too sleepy, trouble breastfeeding, and serious breathing problems that might result in death. The product label for codeine also recommends people who are breastfeeding not use this medication. However, the benefit of treating your condition might outweigh the possible risks of taking codeine.

If you are using codeine (or any opioid), talk to your healthcare provider about how to use the smallest 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 man takes codeine, could it affect fertility or increase the chance of birth defects?*

Animal studies have suggested that misuse of codeine might lower men's fertility (ability to get a 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.**



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