This sheet talks about using fentanyl in a pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

**What is fentanyl?**

Fentanyl belongs to a class of medications known as opioids. Opioids are sometimes called ‘narcotics. Fentanyl is used to treat pain and is often given during and after surgery. Fentanyl can be given in different ways, such as IV, injection, epidural (space around the spinal cord), transdermal (patch applied to skin), nasal spray, or buccal (pill in mouth next to cheek).

**Can taking fentanyl make it harder for me to get pregnant?**

It is not known if using fentanyl could make it harder to get pregnant.

**I just found out I am pregnant. Should I stop taking fentanyl?**

Talk with your healthcare providers before making any changes to how you take your medication(s). If you have been taking fentanyl 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 fentanyl be done slowly, and under the direction of your healthcare provider.

**Can taking fentanyl during my pregnancy increase the chance of miscarriage?**

Miscarriage can occur in any pregnancy. There are no published studies looking at whether fentanyl 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.

Miscarriage is one of the risks of surgery during pregnancy, and it is hard to tell if miscarriage is due to the underlying condition, a surgical procedure, or the medications (like fentanyl) which are used.

**Can taking fentanyl increase the chance of having a baby with a birth defect?**

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; therefore, we do not know if these medications increase the chance for birth defects or not. Some studies suggest that opioids as a general group might be associated with birth defects including heart defects and cleft lip and palate. However, these and other studies have not found a specific pattern of birth defects caused by opioids. 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 fentanyl cause other pregnancy complications?**

Studies involving people who chronically use some opioids during their pregnancy have found an increased chance for smaller babies, as well as other adverse outcomes including stillbirth, birth before 37 weeks of pregnancy (preterm delivery), and fetal distress during labor. This is more commonly reported in those who were using 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 of this fact sheet on neonatal abstinence syndrome.)

**I need to take fentanyl throughout my entire pregnancy. Will it cause withdrawal symptoms (neonatal abstinence syndrome) in my baby after birth?**

Studies have reported a chance for neonatal abstinence syndrome (NAS) with some opioid medicines; however, not all medications have been studied. Based on what we know about the chance of NAS with other opioids, it is likely that pregnancies exposed to fentanyl also have a chance for NAS. Because there are few studies, it is not known if the chance is higher or lower than with other opioids.
NAS is the term used to describe withdrawal symptoms in newborns from medicines that a person takes during pregnancy. For any opioid, symptoms can include trouble breathing, extreme drowsiness (sleepiness), poor feeding, irritability, sweating, tremors (shivers), 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 fentanyl in your pregnancy, it is important that your baby’s healthcare providers know to check for symptoms of NAS.

**Will taking fentanyl during pregnancy affect my baby’s behavior or cause learning problems?**

There are not enough studies on fentanyl 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 that may increase the chances of these problems. Brief use of fentanyl during surgery or for post-surgical pain is not likely to cause learning or behavior problems.

**What if I have been taking more fentanyl than recommended by my healthcare provider?**

Studies have found that people who 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 fentanyl while I am breastfeeding?**

While the amounts of fentanyl that get into breast milk are small, some babies might have problems with those small amounts. If you have had a very brief exposure (example: IV use in surgery) then the amount in your milk is likely to be very low after 12 hours. If you take an opioid, such as fentanyl, on a daily basis, there may be concerns about your baby being very sleepy and not feeding well.

Use of some opioids in breastfeeding may cause babies to be very sleepy and have trouble latching on. Some opioids can cause trouble with breathing. 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 fentanyl. Can it make it harder for me to get my partner pregnant or increase the chance of birth defects?**

There are no studies looking at how fentanyl use can affect the ability to get a partner pregnant or how it might affect a pregnancy when used by a father or sperm donor. 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/](https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/).

* Section Updated November 2020

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