Fentanyl

This sheet is about exposure to fentanyl in pregnancy and while breastfeeding. This information is based on research studies. It should not take the place of medical care and advice from your healthcare provider.

What is fentanyl?

Fentanyl is an opioid medication. Opioids are sometimes called narcotics. Fentanyl is used to treat pain and is often given during and after surgery. Brand names of fentanyl include Abstral®, Actiq®, Duragesic®, Fentora®, Ionsys®, Lazanda®, Sublimaze®, and Subsys®.

Sometimes when women 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 this 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 fentanyl regularly or 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 fentanyl be done slowly, and under the direction of your healthcare provider.

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

Studies have not been done to see if taking fentanyl can make it harder to get pregnant.

Does taking fentanyl increase the chance for miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Studies have not been done to see if fentanyl increases the chance for miscarriage. As there can be many causes of miscarriage, including surgery, it is hard to know if a medication, the medical condition, or other factors (such as a surgical procedure) are the cause of a miscarriage.

Does taking fentanyl 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 fentanyl, might increase the chance of birth defects in a pregnancy. The majority of studies have not found that fentanyl would significantly increase the chance of birth defects above the background risk.

There is one small case series on 10 infants born to people who had fentanyl use disorder (using fentanyl without a prescription) who were born with similar birth defects, such as: small head size (microcephaly), smaller body size than expected, similar facial features (short nose, small chin, thin upper lip, drooping of upper eyelid (ptosis), cleft palate (an opening in the roof of the mouth), feet abnormalities (foot turns inward (club foot) or rounded bottom of foot (rocker bottom feet), toes fused together (syndactyly)), and short, broad thumbs. These features are similar to those seen in another medical condition called Smith-Lemli-Opitz syndrome. Smith-Lemli-Opitz syndrome is caused by a gene change that lowers cholesterol in the body. Cholesterol is very important for a fetus to grow and develop in pregnancy. This case review suggested that fentanyl misuse might affect levels of cholesterol and might explain the similar features noted. This case series has limitations, which does not allow a firm connection to be linked to fentanyl misuse and the findings in these 10 infants. For example, the authors did not report how much fentanyl was used, the timing of exposure in pregnancy, or if the fentanyl was contaminated or laced with other ingredients. In addition, fentanyl was not the only drug exposure reported for these infants. This means it is not known if fentanyl, other exposures, or a combination of factors were the reason for the physical features discussed in the case series.

Some studies that look at exposure to any opioid (not just fentanyl) suggest that opioids in general might be associated with birth defects. Based on these studies, if there is an increased chance for birth defects with opioid use, it is likely to be small.

Does taking fentanyl in pregnancy increase the chance of other pregnancy-related problems?

It is not known if fentanyl can cause other pregnancy-related problems, such as preterm delivery (birth before week 37) or low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth).

Studies involving women who often use some opioids during their pregnancy have found an increased chance for pregnancy-related problems, including poor growth of the baby, low levels of amniotic fluid (fluid that surrounds baby in uterus), stillbirth, preterm delivery, and C-section. This is more commonly reported in those who are taking heroin or who are using prescribed opioid medication in greater amounts 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 opioid withdrawal syndrome).

Will my baby have neonatal opioid withdrawal syndrome if I continue to take fentanyl?

Neonatal opioid withdrawal syndrome (NOWS) is the term used to describe withdrawal symptoms in newborns from exposure to opioid medication(s) during pregnancy. NOWS symptoms can include irritability, crying, sneezing, stuffy nose, poor sleep, extreme drowsiness (very tired), yawning, poor feeding, sweating, tremors, seizures, vomiting, and diarrhea. Most often, symptoms of NOWS appear 2 days after birth and may last more than 2 weeks. The chance that NOWS 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 NOWS and provide the best care for your newborn.

Temporary problems with breathing or heart rate have been reported in some newborns following the use of fentanyl for pain at delivery. Longer exposure to fentanyl during pregnancy might result in NOWS.

Does taking fentanyl in pregnancy affect future behavior or learning for the child?

Short-term use of fentanyl during surgery or for pain after surgery during pregnancy is not expected to cause learning or behavior problems for the child. It is not known if longer use of fentanyl in pregnancy increases the chance for 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 the medication exposure or other factors that can 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 for 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. 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.

Fentanyl and breastfeeding:

Speak to your healthcare provider about your pain and medications that may be used while you are breastfeeding. Fentanyl can pass into breast milk. Babies might have problems with the amounts of fentanyl in the breast milk. 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 use of some opioids in breastfeeding might 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.

Product labels for fentanyl might recommend women who are breastfeeding not use this medication. But the benefit of treating your condition and breastfeeding may outweigh possible risks of taking fentanyl. Your healthcare providers can talk with you about using fentanyl and what treatment is best for you. Be sure to talk to your healthcare provider about all your breastfeeding questions.

If a man takes fentanyl, could it affect fertility or increase the chance of birth defects?

Studies have not been done to see if fentanyl could affect a man's fertility (ability to get partner a woman pregnant) or increase the chance of birth defects above the background risk. In general, exposures that men 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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