Heroin

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

What is heroin?
Heroin is an opioid. Opioids are sometimes called narcotics. Heroin can be smoked, snorted, or injected. Some street names for heroin include smack, dope, mud, horse, skag, junk, H, black tar, and skunk, among others. In the United States, heroin is an illegal substance and is not available by prescription.

I just found out I am pregnant. Should I stop using heroin?
If you have been using heroin, please seek help right away. It is important to stop using during pregnancy, but you should not stop suddenly (also called “cold turkey”). Stopping an opioid 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 heroin be done slowly, and under the direction of your healthcare provider.

I use heroin. Can it make it harder for me to get pregnant?
Studies have not been done to see if using heroin can make it harder to get pregnant.

Does using heroin increase the chance of miscarriage?
Miscarriage is common and can occur in any pregnancy for many different reasons. Studies have not been done to see if using heroin increases the chance of miscarriage.

Does using heroin increase the chance of birth defects?
Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. Studies on heroin do not suggest an increased chance of birth defects. However, heroin is often combined with other drugs, medications, and even chemicals that could increase the chance of birth defects. This makes it hard to know the actual exposures and risks for each woman who uses heroin.

Does using heroin in pregnancy increase the chance of other pregnancy-related problems?
Studies involving women who use heroin or misuse other opioids during pregnancy (take them without a prescription, or in higher amounts or for longer than prescribed by healthcare providers) have found an increased chance for pregnancy-related problems including poor fetal growth, stillbirth, preterm delivery (birth before week 37), low levels of amniotic fluid (fluid that surrounds the fetus in the uterus), and increased chance for a C-section. Using heroin 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.) Sharing needles to inject opioids increases the chance of getting infections like hepatitis C and/or HIV, which can cross the placenta and infect the fetus.

Will my baby have withdrawal (neonatal abstinence syndrome) if I keep using heroin?
Studies have reported an increased chance for neonatal abstinence syndrome (NAS) with some opioids, including heroin. Neonatal Abstinence Syndrome (NAS) is the term used to describe withdrawal symptoms in newborns from opioid medication(s) or substances that a woman takes during pregnancy. NAS symptoms can include trouble breathing, irritability, crying, sneezing, stuffy nose, poor sleep, extreme drowsiness (very tired), yawning, 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 happen depends on how often, how long, and what doses of heroin were used during pregnancy. It also depends on if other medications or substances were also taken, if baby was born preterm, and/or size of the baby at birth.

Most babies can be treated for withdrawal while in the hospital. If you used heroin or other opioids in your 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.

Does using heroin in pregnancy affect future behavior or learning for the child?

One small study found smaller head measurements and brain volume in infants exposed to heroin during pregnancy. Some studies on opioids as a general group including heroin 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 opioid exposure or other factors that might increase the chances of these problems.

Heroin and breastfeeding:

Heroin breaks down into morphine inside the body. Morphine can get into breast milk. Heroin is often combined with other medications, drugs, or chemicals that could also enter the breast milk. Use of some opioids while breastfeeding can cause babies to be very sleepy, have trouble latching on, or can cause problems with breathing.

The United States Food and Drug Administration (FDA) recommends that heroin not be used during breastfeeding due to concerns that the medication could build up to high levels in the baby's system and cause problems, such as trouble breathing or not waking to feed. If you have used heroin while breastfeeding, contact the baby's healthcare provider immediately if your baby has any problems such as increased sleepiness (sleeping more than usual), trouble feeding, trouble breathing, or being limp (feeling floppy when held). Be sure to talk to your healthcare provider about all your breastfeeding questions.

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

Heroin use might affect the sperm, which can impact a man's fertility (ability to get a woman pregnant). The use of heroin by a man is not expected to increase the chance of birth defects, but injecting heroin increases the chance of exposure to infections such as hepatitis C or HIV. These infections can be passed through the semen to a woman who is pregnant and then to the fetus. For more general information on paternal exposures, please see the MotherToBaby fact sheet at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/.

Please click here for references.

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