

Hydrocodone

This sheet is about exposure to hydrocodone 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 hydrocodone?

Hydrocodone is an opioid medication that has been used to treat pain. Opioids are sometimes called narcotics. Some commonly used hydrocodone products also contain other medications, such as acetaminophen. Brand names for these combination products include Lortab®, Norco®, and Vicodin®. For more information on acetaminophen, please see our fact sheet: <https://mothertobaby.org/fact-sheets/acetaminophen-pregnancy/>.

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 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 hydrocodone regularly or have a dependency or opioid use disorder, you should not stop taking the medication suddenly. 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 hydrocodone be done slowly, and under the direction of your healthcare provider.

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

People eliminate medication at different rates. In healthy adults, it takes up to 24 hours, on average, for most of the hydrocodone to be gone from the body.

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

It is not known if using hydrocodone could make it harder to get pregnant. The results from a limited number of studies on the use of opioids during pregnancy are mixed and do not clearly show if opioids could make it harder to get pregnant.

Does taking hydrocodone increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. There are no published studies that have looked at the link between the use of hydrocodone and the chance of miscarriage. Some studies on the use of other opioids suggest an increased chance of miscarriage while other studies do not.

Does taking hydrocodone 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. It is not known if taking hydrocodone during pregnancy increases the chance of birth defects. Two studies reported that taking hydrocodone in the first trimester increased the chance of heart defects. One of the studies also reported a small increased chance of spina bifida (an opening in the spine and spinal cord) and gastroschisis (an opening in the wall of the abdomen). However, the number of pregnancies exposed to hydrocodone in these studies was small and these studies have not found a specific pattern of birth defects caused by hydrocodone. Two other studies on hydrocodone did not find an increased chance of birth defects. It is possible that other factors, such as other exposures, a combination of exposures, or the condition causing the pain could have been responsible for the birth defects reported. Based on the published information, if there is an increased chance of birth defects with opioid use in pregnancy, it is likely to be small.

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

One study found that women who used hydrocodone and other opioids in pregnancy were more likely to have babies that were born smaller than expected. However, the women in this study who used opioids were also more likely to

smoke cigarettes during pregnancy, which can also cause babies to be born small.

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 (birth before week 37), and C-section. This is more commonly reported in women who are taking heroin or using prescribed opioid medication in greater amounts or for longer than recommended by their healthcare providers. 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).

Will my baby have withdrawal (neonatal abstinence syndrome) if I continue to take hydrocodone?

Neonatal abstinence syndrome (NAS) is the term used to describe withdrawal symptoms in newborns from opioid medication(s) that a woman takes during pregnancy. NAS 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 NAS appear 2 days after birth and may 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 hydrocodone also has a chance for NAS. Because information is limited, it is not known if the chance is higher or lower with hydrocodone than with other, better studied opioids.

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

It is not known if hydrocodone 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 may increase the chances of these problems.

What if I have an opioid use disorder?

Studies find that women 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 need for a 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.

Hydrocodone and breastfeeding:

Speak to your healthcare provider about your pain and medications that may be used while you are breastfeeding. While the amounts of hydrocodone that get into breast milk are very small, some babies might have problems with those small amounts. Talk with your healthcare provider or a MotherToBaby specialist about your specific medication, as information on breastfeeding might change based on your specific situation such as the age of your baby, the dose of medication, and 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. Be sure to talk to your healthcare provider about all your breastfeeding questions.

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

It is not known if hydrocodone could affect a man's fertility (ability to get a woman pregnant) or increase the chance of birth defects above the background risk. Use or misuse of opioids in general has been shown to lower fertility in men. 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.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://mothertobaby.org).

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