

Hydrocodone

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

What is hydrocodone?

Hydrocodone is a medication used to treat pain. Hydrocodone belongs to a group of medications called opioids. Opioids are sometimes called narcotics. Some commonly used hydrocodone products also contain other medications, such as acetaminophen. These can include the brand names Lortab®, Norco® and Vicodin®. For more information on acetaminophen, please see our fact sheet: <https://mothertobaby.org/fact-sheets/acetaminophen-pregnancy/>.

I just found out I am pregnant. Should I stop taking hydrocodone?

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 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 hydrocodone 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. 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 becoming pregnant. How long does the drug stay in my body?

People eliminate medications at different rates. In healthy, non-pregnant adults, it usually takes about 24 hours for all 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 hydrocodone could make it harder to get pregnant.

Does taking hydrocodone increase the chance for miscarriage?

Miscarriage can occur in any pregnancy. There are no published studies looking at whether hydrocodone increases the chance of miscarriage.

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 having a baby with a birth defect. 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, or a combination of exposures, could have been responsible for the birth defects reported. Based on available studies, if there is an increased chance for 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 people who used hydrocodone and other opioids in pregnancy were more likely to have babies that were born smaller than expected. However, the people 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 those who regularly use opioids during their pregnancy have found an increased chance for poor pregnancy outcomes such as poor growth of the baby, stillbirth, preterm delivery (birth before 37 weeks of pregnancy), and C-section. This is more commonly reported in those who are taking 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 below 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 medication that a person takes during pregnancy. Studies of pregnancies exposed to prescribed hydrocodone and other opioid medications have reported an increased chance for NAS. The chance that NAS will occur depends on the length of time and/or the dose of opioid taken during pregnancy. Symptoms of NAS include trouble breathing, extreme sleepiness, poor feeding, irritability, sweating, tremors, vomiting and diarrhea. Most often, symptoms of NAS appear two days after birth and may last more than two weeks. If needed, babies can be treated for withdrawal. If you used an opioid, it is important that your pediatrician know to check for symptoms of NAS in your newborn.

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

There are not enough studies on hydrocodone 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.

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

Studies find that those who 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. The chance of NAS may be higher if these medications are misused in pregnancy. 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.

Breastfeeding while taking hydrocodone:

While the amounts of hydrocodone that get into breast milk are very small, some babies might have problems with those small amounts. 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.

If a male takes hydrocodone, could it affect fertility (ability to get partner pregnant) or increase the chance of birth?

It is not known if hydrocodone could affect fertility in males. However, use or misuse of opioids in general has been shown to lower fertility in males. 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.

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

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