Hydrocodone

This sheet is about exposure to hydrocodone in pregnancy and while breastfeeding. This information is based on published research studies. 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 medication, 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?

The time it takes the body to metabolize (to process) medication is not the same for everyone. In healthy non-pregnant 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, like hydrocodone, 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?

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 hydrocodone, might increase the chance of birth defects in a pregnancy.

Two studies suggested a possible increase in heart defects when hydrocodone was used in the first trimester. One of these studies also reported a small increase in spina bifida (an opening in the spine and spinal cord) and gastroschisis (an opening in the wall of the abdomen). However, the number of exposed pregnancies was small, and no clear pattern of birth defects was found. Two other studies did not find an increased chance of birth defects. Factors such as other exposures or the condition being treated may have contributed to the findings. Based on available studies, 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?

Studies on some opioids have found an increased chance for pregnancy-related problems, including poor growth of the fetus, low levels of amniotic fluid (fluid that surrounds the fetus in the uterus), stillbirth, preterm delivery (birth

before week 37), and C-section. This is more commonly reported in women who are using heroin or who are using 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 abstinence syndrome).

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

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

Neonatal opioid withdrawal syndrome (NOWS) is the term used to describe withdrawal symptoms in newborns after exposure to opioids 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 happen 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.

Some opioids have been linked to NOWS, but not all have been well studied. Based on what is known about other opioids, hydrocodone is also likely to carry a risk of NOWS. It is not known whether the chance with hydrocodone is higher or lower than with other opioids that have been better studied.

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

It is not known if hydrocodone can increase the chance of behavior or learning issues for the child. Some studies of opioids in general have found more learning and behavior problems in children exposed for a long-time during pregnancy, but it is hard to know if this is related to the medication or other factors.

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 of pregnancy problems such as poor growth of the fetus, stillbirth, preterm delivery, and need for a C-section.

Hydrocodone and breastfeeding:

Talk with your healthcare provider about your pain and medications that can be used while you are breastfeeding. Hydrocodone can pass into breast milk. Babies might have problems with the amounts of hydrocodone in breast milk. Talk with your healthcare provider or a MotherToBaby specialist about your medication. The chance of side effects can depend on factors like your baby's age, your dose, and other individual circumstances.

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, changes in skin color, 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 his fertility or increase the chance of birth defects?

It is not known if hydrocodone could affect male fertility (ability to make healthy sperm) or increase the chance of birth defects. Use or misuse of opioids in general has been shown to lower fertility in males. 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.

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, February 1, 2026.