In every pregnancy, a woman starts out with a 3-5% chance of having a baby with a birth defect. This is called her background risk. This sheet talks about whether exposure to hydrocodone might increase the risk for birth defects over that background risk. This information should not take the place of medical care and advice from your health care provider.

**What is hydrocodone?**
Hydrocodone is a medication most often used to treat pain. It 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 include the brand names Lortab®, Norco® and Vicodin®.

**I am taking hydrocodone, but I would like to stop taking it before becoming pregnant. How long does the drug stay in my body?**
Talk with your healthcare provider before making any changes to your medications. Medications leave peoples’ bodies 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?**
Hydrocodone has not been studied in women to see if using it could make it harder to get pregnant.

**Should I stop taking my hydrocodone prescription if I find out that I am pregnant?**
No. If you have been taking hydrocodone regularly (daily or almost daily) you should not stop suddenly (also called “cold turkey”). Stopping an opioid medication suddenly could cause you to go into withdrawal. More research is needed to know if going through withdrawal might hurt a pregnancy. Talk with your healthcare provider about the risks and benefits of continuing or stopping your medication. Any reduction in your hydrocodone needs to be done slowly, and under the direction of your healthcare provider.

**Can taking hydrocodone in pregnancy increase the chance of miscarriage?**
There are no published studies looking at whether hydrocodone increases the chance of miscarriage. This does not mean that there is an increased chance or no increased chance. It only means that this question has not been answered.

**Can taking hydrocodone increase the chance of having a baby with a birth defect?**
This is not yet known. Two studies reported that taking hydrocodone in the first trimester increased the chance of heart defects, and one of the studies 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 women exposed to hydrocodone in these studies was small, so it is difficult to make an association between the medication and the birth defects. It is possible that other factors, such as other drugs the mothers took, or a combination of drugs, could have been responsible for the birth defects. In addition, two other studies on hydrocodone did not found an increased chance of birth defects.

**Could hydrocodone cause other pregnancy complications?**
Possibly. 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 during pregnancy, which can also cause babies to be born small. Other studies of women who used opioids throughout pregnancy also found an increased chance for smaller babies, as well as other adverse outcomes including stillbirth, premature delivery, and fetal distress during labor. This is more commonly reported in women who are using heroin or misusing hydrocodone (taking prescribed opioid pain medications in greater amounts or for longer than recommended by their health providers).

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

Possibly. Neonatal abstinence syndrome (NAS) is the term used to describe withdrawal symptoms in newborns from medications that a mother takes during pregnancy. Studies of pregnant women using prescribed hydrocodone and other opioid pain medications have reported an increased chance for NAS. The chance of NAS may be higher if these medications are used late in pregnancy.

For any opioid, symptoms can include difficulty breathing, extreme drowsiness (sleepiness), poor feeding, irritability, sweating, tremors, vomiting and diarrhea. Symptoms of NAS may appear at birth and may last more than two weeks. If needed, babies can be treated for withdrawal while in the hospital. If you use an opioid in your pregnancy, it is important that your baby’s doctors know and check for symptoms of NAS, so your newborn gets the best possible care.

**Will taking hydrocodone during pregnancy affect my baby’s behavior or cause learning problems?**

This is unknown. There are not enough studies on hydrocodone to know if there is a chance for long-term problems.

**What do we know about misuse or abuse of opioid medications?**

Studies find that pregnant women who take opioids in higher doses or for longer than recommended by their health care providers (i.e. misuse or “abuse” opioids) have an increased risk for pregnancy problems. These include poor growth of the baby, stillbirth, premature delivery, and c-section. Some women who misuse opioids also have other habits that can result in health problems for both the mother and the baby. For example, poor diet choices can lead to mothers not having enough nutrients to support a healthy pregnancy and could increase the chance of miscarriage and premature birth. Sharing needles to inject opioids increases the risk of getting diseases like hepatitis C and/or HIV, which can cross the placenta and infect the baby.

**Can I take hydrocodone while I am breastfeeding?**

Possibly. Small amounts of hydrocodone get into breast milk. Babies might have problems with even the small amounts of hydrocodone that could be in the breast milk. Speak to your healthcare provider about the best ways to manage your pain while you are breastfeeding.

Use of some opioids such as hydrocodone in breastfeeding may cause the baby to be very sleepy, have trouble latching on and have breathing difficulties. If you are using any opioid, your baby should be watched carefully. Contact your baby’s healthcare provider right away and stop breastfeeding if your baby has any of these problems while you are taking this medication.

**What if the baby’s father takes hydrocodone?**

There are no studies looking at possible risks to a pregnancy when a father takes hydrocodone. In general, exposures that fathers have are unlikely to increase risks to a pregnancy. For more information, please see the Paternal Exposures MotherToBaby fact sheet at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/. Please click here for references.