Hydromorphone (Dilaudid®)

This sheet is about exposure to hydromorphone 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 hydromorphone?

Hydromorphone is an opioid medication. Opioids are sometimes called narcotics. Hydromorphone is used to treat pain. A brand name for hydromorphone is Dilaudid®. Hydromorphone can be given by injection and by mouth.

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

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 hydromorphone regularly or have opioid use disorder you should not just stop taking hydromorphone 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 hydromorphone be done slowly, and under the direction of your healthcare provider.

I am taking hydromorphone, 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 adults, it takes up to 2 days, on average, for most of the hydromorphone to be gone from the body.

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

Studies have not been done to see if taking hydromorphone can make it harder to get pregnant.

Does taking hydromorphone increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Based on the studies reviewed, it is not known if hydromorphone increases the chance for miscarriage.

Does taking hydromorphone 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 hydromorphone increases the chance for birth defects above the background risk.

Some studies that have looked at opioids as a group suggest that opioids in general might be associated with birth defects. However, studies have not found a specific pattern of birth defects caused by opioids. Based on these studies, if there is an increased chance for birth defects with opioid use in pregnancy, it is likely to be small.

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

Studies have not been done to see if hydromorphone increases the chance for pregnancy-related problems such as preterm delivery (birth before week 37) or low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth).

Studies involving people who often use some opioids during their pregnancy have found an increased chance for adverse outcomes including poor growth of the baby, stillbirth, preterm delivery, and the need for C-section. This is more commonly reported in those who are taking a drug like heroin or who are using prescribed pain 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).

Will my baby have withdrawal (Neonatal Abstinence Syndrome) if I continue to take hydromorphone?

Neonatal Abstinence Syndrome (NAS) is the term used to describe withdrawal symptoms in newborns from opioid medication(s) that a person 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 two days after birth and may last more than two 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 chance 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 hydromorphone also has a chance for NAS. Because information is limited, we do not know if the chance is higher or lower than with other, better studied opioids.

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

Studies have not been done to see if hydromorphone can cause behavior or learning issues for the child. 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 people 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 the need for C-section.

Breastfeeding while taking hydromorphone:

Speak to your healthcare provider about your pain and medication while you are breastfeeding. Hydromorphone can get into breast milk in small amounts. Babies might have problems with the amounts of hydromorphone in the breast milk. 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.

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.

If a male takes hydromorphone, could it affect fertility or increase the chance of birth defects in a partner's pregnancy?

Based on the studies reviewed, it is not known if hydromorphone could 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 fathers or sperm donors have are unlikely to increase the 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.

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