Hydromorphone (Dilaudid®)

This sheet is about exposure to hydromorphone 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 hydromorphone?

Hydromorphone (Dilaudid®) is a strong opioid medication that has been used to treat moderate to severe pain. Opioids are sometimes called narcotics. Hydromorphone can be given as a shot (injection) or taken by mouth (orally).

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 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 hydromorphone regularly or have a dependency or opioid use disorder, talk to your healthcare provider before you stop taking this medication. 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 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 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. Studies have not been done to see if hydromorphone can increase the chance of miscarriage.

Does taking hydromorphone 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 hydromorphone, might increase the chance of birth defects in a pregnancy.

It is not known if hydromorphone can increase the chance of birth defects. 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 can increase the chance of 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 women who often use opioids during their pregnancy have found an increased chance of 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, and C-section. This is more commonly reported in those who are taking heroin or who are using prescribed 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 on *neonatal opioid withdrawal syndrome*).

Will my baby have neonatal opioid withdrawal syndrome if I continue to take hydromorphone?

Neonatal opioid withdrawal syndrome (NOWS) is the term used to describe withdrawal symptoms in newborns from 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 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 NOWS and provide the best care for your newborn.

Studies have reported a chance of neonatal opioid withdrawal syndrome (NOWS) with some opioids; however, not all medications in this class have been studied. Based on what we know about the chance of NOWS with other opioids, it is likely that hydromorphone also has a chance for NOWS. Because information is limited, it is not known if the chance is higher or lower with hydromorphone 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 affect future behavior or learning for a child exposed during pregnancy. 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 medication exposure or other factors that might increase the chances of these problems.

What if I have an opioid use disorder?

Talk with your healthcare provider about your use of opioids. Studies find that people who are pregnant and take opioids in higher doses or for longer than recommended by their healthcare providers have an increased chance of pregnancy problems. These include poor growth of the fetus, stillbirth, preterm delivery, and the need for C-section.

Hydromorphone and breastfeeding:

Hydromorphone can pass 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 situation, as information on breastfeeding might change based on the age of your baby, the medication dosage, and/or other factors. Also, talk with your healthcare provider about your pain and treatment while breastfeeding.

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.

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

Studies have not been done to see if hydromorphone could affect men's fertility (ability to get a partner pregnant) or increase the chance of birth defects. 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.

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