



MotherToBaby

Medications & More During Pregnancy & Breastfeeding  
Ask The Experts

Fact Sheet

by the **Organization of Teratology Information Specialists (OTIS)**

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## Hydromorphone

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 hydromorphone 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 hydromorphone?***

Hydromorphone belongs to a group of medications called opioids. Opioids are sometimes called narcotics. Hydromorphone is used to treat pain, and has been sold under the brand name Dilaudid®. Hydromorphone can be given by injection and by mouth.

### ***I am taking hydromorphone, 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. People get rid of medications from their bodies at different rates. In healthy, non-pregnant adults, it takes up to two days for most of the hydromorphone to be gone from the body.

### ***Will taking hydromorphone make it harder for me to get pregnant?***

Hydromorphone has not been studied in women to see if using hydromorphone could make it harder to get pregnant.

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

No. If you are pregnant and using hydromorphone regularly 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 how going through withdrawal might affect a pregnancy. Talk with your healthcare providers before making any changes to your medications. Any reduction in hydromorphone needs to be done slowly, and under the direction of your healthcare provider.

### ***Can taking hydromorphone during my pregnancy increase the chance of miscarriage?***

There are no published studies looking at whether hydromorphone increases the chance of miscarriage. This does not mean there is an increased chance or that there is no increased chance, it only means that this question has not been answered.

### ***Can taking hydromorphone increase the chance of having a baby with a birth defect?***

Probably not. Studies of hydromorphone in the first trimester have not shown an increase in the chance for birth defects.

### ***Could taking hydromorphone in the second or third trimester cause other pregnancy complications?***

Possibly. Studies involving women who regularly use opioids during their pregnancy have found an increased chance for poor pregnancy outcomes such as poor growth of the baby, stillbirth, premature delivery, and c-section. This is more commonly reported in women who are taking heroin or who are using opioids in higher doses or for longer than recommended by their healthcare provider.

***I need to take hydromorphone throughout my entire pregnancy. Will it cause withdrawal symptoms (neonatal abstinence syndrome) in my baby after birth?***

Possibly. Studies have reported a risk for neonatal abstinence syndrome (NAS) with hydromorphone use towards the end of a pregnancy. Because there are few studies, we do not know if the risk is higher or lower than with other opioids.

NAS is the term used to describe withdrawal symptoms in newborns from medication that a mother takes during 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 successfully treated for withdrawal while in the hospital. If you used hydromorphone in your pregnancy, it is important that your baby's healthcare providers know to check for symptoms of NAS.

***Will taking hydromorphone during pregnancy affect my child's behavior or cause learning problems?***

There are not enough studies on hydromorphone to know whether there is a chance for long-term problems.

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

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 abuse 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 breastfeed my baby if I am taking hydromorphone?***

Possibly. Very small amounts of hydromorphone get into breast milk. Babies might have problems with even the small amounts of hydromorphone that could be in the breast milk. Speak to your healthcare provider about your pain and medication that may be used while you are breastfeeding.

Use of some opioids in breastfeeding may cause babies to be very sleepy and have trouble latching on. Some medications can cause difficulty with breathing and in a few cases have resulted in death. These problems for the baby are seen most often with codeine and tramadol, but if you are using any opioid, your baby should be watched carefully. Contact your baby's healthcare provider immediately if your baby has any of these problems. Be sure to talk to your healthcare provider about all your breastfeeding questions.

***What if the baby's father takes hydromorphone?***

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

**References Available Upon Request**

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