This sheet talks about using hydrocodone in a pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

**What is hydrocodone?**

Hydrocodone is a medication 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®. For more information on acetaminophen, please see our fact sheet: [https://mothertobaby.org/fact-sheets/acetaminophen-pregnancy/](https://mothertobaby.org/fact-sheets/acetaminophen-pregnancy/).

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

Studies have not been done to see if hydrocodone could make it harder for a woman to get pregnant.

**I am taking hydrocodone, 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, non-pregnant adults, it usually takes about 24 hours for all of the hydrocodone to be gone from the body.

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

Talk with your healthcare provider before making any changes to your medications. Stopping an opioid medication suddenly could cause you to go into withdrawal. It is unknown if going through withdrawal might affect pregnancy.

**Does taking hydrocodone in pregnancy increase the chance of miscarriage?**

Miscarriage can occur in any pregnancy. There are no published studies looking at whether hydrocodone increases the chance of miscarriage.

**I have heard that opioids may cause birth defects when used in pregnancy. Is this true?**

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. It is not known if taking hydrocodone during pregnancy increases the chance of having a baby with a birth defect.

Two studies reported that taking hydrocodone in the first trimester increased the chance of heart defects. One of the studies also 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 and these studies have not found a specific pattern of birth defects caused by hydrocodone. Two other studies on hydrocodone did not find an increased chance of birth defects. It is possible that other factors, such as other exposures the women had, or a combination of exposures, could have been responsible for the birth defects. Based on available studies, if there is an increased chance for birth defects with any opioid use in pregnancy, it is likely to be small.

**Could hydrocodone cause other pregnancy complications?**

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 cigarettes 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, delivery before 37 weeks of pregnancy (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 healthcare providers). 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 hydrocodone?**

Neonatal abstinence syndrome (NAS) is the term used to describe withdrawal symptoms in newborns from medications that a woman 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. Symptoms of NAS include difficulty breathing, extreme sleepiness, poor feeding, irritability, sweating, tremors, vomiting and diarrhea. Most often, symptoms of NAS appear two days after birth and may last more than two weeks. If needed, babies can be treated for withdrawal. If you used an opioid, it is important that your pediatrician know to check for symptoms of NAS in your newborn.

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

There are not enough studies on hydrocodone to know whether there is a chance for long-term problems. 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, other exposures such as use of tobacco, alcohol, and/or other substances, or other factors that can increase the chances of these problems.

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

Studies find that pregnant women who take opioids in higher doses or for longer than recommended by their healthcare 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 need for a C-section. The chance of NAS may be higher if these medications are misused in pregnancy. Some women who misuse opioids also may make unhealthy and risky lifestyle choices that can result in health problems for both the pregnant woman and the baby. For example, poor diet choices can lead to women 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?**

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 while breastfeeding may cause the baby to be very sleepy and they may have trouble latching on. Some opioids can cause trouble with breathing and in a few cases have been associated with infant death. These problems for the baby have been reported with codeine and tramadol but can be seen with hydrocodone. If you are using any opioid, it’s suggested to watch your baby carefully. A healthcare provider should be contacted immediately if your baby has any problems, such as more sleepiness than usual, trouble waking up, problems with breastfeeding, trouble with 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 (ability to get partner pregnant) or increase the chance of birth defects?**

Studies have not been done to see if hydrocodone could affect fertility in men. However, use or misuse of opioids in general has been shown to lower fertility in men. 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 MotherToBaby fact sheet Paternal Exposures at [https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/](https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/).

Please click here for references  

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