Methadone

This sheet is about exposure to methadone 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 methadone?

Methadone is an opioid medication. Opioids are sometimes called narcotics. Methadone has been used to treat opioid use disorder (to help people stop using heroin or opioid medications) and pain.

Sometimes when women 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 methadone regularly, have a dependency, or opioid use disorder, talk with your healthcare provider before you stop taking your 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 methadone be done slowly, and under the direction of your healthcare provider.

Can I take methadone to treat opioid use disorder during pregnancy?

Methadone has been used to treat opioid use disorders in pregnancy since the early 1970s. Studies have found that following the treatment plan for opioid use disorder can help increase the chances of a healthy pregnancy. People who stop taking the medication used to treat opioid use disorder have an increased chance of relapse (misusing opioids again). Misusing opioids (using in greater amounts than recommended by a healthcare provider or using an opioid without a prescription) increases the chance of pregnancy complications.

Because of how the body changes during pregnancy, your healthcare provider might talk with you about changing your methadone dose during the pregnancy.

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

Taking methadone may make it harder to get pregnant.

Does taking methadone increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. It is not known if methadone can increase the chance of miscarriage.

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

It is not known whether methadone can increase the chance of birth defects. Some studies have not found a higher risk, while others suggested a possible increase when methadone is used in the first trimester. Two studies found a slightly higher chance of a small, recessed jaw (Pierre Robin sequence). However, other exposures were also present, making it hard to know what caused this outcome

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

Some studies have found higher chances of preterm delivery (birth before week 37) and low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth) when methadone is used during pregnancy. This higher chance is found when methadone use is compared to someone who did not take opioids at all. These outcomes might be more likely if someone takes more methadone than their healthcare provider recommends, or if someone is using methadone without a prescription.

Taking opioids in higher amounts or for longer than recommended by a healthcare provider can increase the chance of

poor growth of the fetus, stillbirth, preterm delivery, and C-section.

Will my baby have withdrawal (neonatal opioid withdrawal syndrome) if I continue to take methadone?

Neonatal opioid withdrawal syndrome (NOWS) is the term used to describe withdrawal symptoms in newborns after 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. For methadone, NOWS is more likely if high amounts of methadone are taken late in pregnancy. 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.

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

Some studies, including one that followed children up to 3 years old, did not find differences in development in children who were exposed to methadone during pregnancy compared to those who were not. Other studies on methadone and opioids as a general group have found problems with learning and behavior in children exposed during pregnancy. This includes one that followed children up to 4 years old. However, many of these children also had other exposures during pregnancy. It is hard to tell if the reported outcomes are due to medication(s), environment, or other factors.

Breastfeeding while taking methadone:

Talk with your healthcare provider about why you are taking methadone and medications that can be used while you are breastfeeding. Methadone can pass into breastmilk. The amount of methadone that gets into breast milk varies, based on the dose and someone's personal ability to metabolize (break down) the medication. Taking up to 100 mg of methadone per day is not expected to cause problems for most healthy, full-term breastfed babies who were already exposed to methadone during pregnancy. Some studies have found that babies who were exposed to methadone during pregnancy and are breastfed have shorter hospital stays, less need for NOWS treatment, and shorter treatment than those who are not breastfed. Talk with your healthcare provider or a MotherToBaby specialist about your medication. The chance of side effects can depend on factors like your baby's age, your dose, and other individual circumstances.

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. Be sure to talk to your healthcare provider about all your breastfeeding questions.

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

Taking opioids, including methadone, for a long time may affect men's fertility. It is not known if a man's use of methadone could increase the chance of birth defects. In general, exposures that fathers or sperm donors 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.

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