

# Methadone

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This sheet talks about exposure to methadone in pregnancy and while breastfeeding. This sheet reviews using methadone as directed by a healthcare provider. It also reviews using methadone in greater amounts than recommended by a healthcare provider or using methadone without a prescription. This information 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 other opioid medication). Methadone has also been used to treat 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 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 methadone regularly you should not just stop taking it suddenly. Stopping an opioid medication suddenly could cause you to go into withdrawal. It is not known if or how withdrawal might affect a pregnancy. If you and your healthcare team decide to cut back on methadone, it is suggested that any reduction be done slowly and under the direction of your healthcare provider.

## ***I need to take methadone to treat opioid use disorder during pregnancy. My healthcare provider said untreated opioid use disorder could cause pregnancy complications. Is this true?***

Methadone has been used to treat opioid use disorder in pregnancy since the early 1970s. Studies have found that following your treatment plan for opioid use disorder can help increase the chances of a healthy pregnancy and baby. Women who stop taking the medication used to treat opioid use disorder often have a relapse into misusing opioids again. Misusing opioids (using in greater amounts than recommended by a healthcare provider or using an opioid without a prescription) could cause 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?***

It is not known if taking methadone can 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. Based on the studies reviewed, it is not known if methadone increases the chance for miscarriage.

## ***Does taking methadone increase the chance of birth defects?***

Every pregnancy starts with a 3-5% chance of having a birth defect. This is called the background risk. Based on the studies reviewed, it is not known if methadone increases the chance of birth defects above the background risk. Most studies on methadone have not reported a higher chance of birth defects. There are studies that have suggested that using methadone in the first trimester of pregnancy increases the chance for birth defects. However, there was no specific pattern of birth defects noted which suggests that other factors besides just the medication could be involved. The women in the studies also had other exposures.

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

Some studies have found higher chances of preterm delivery (birth before 37 weeks of pregnancy) and low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth) when methadone is used during pregnancy. These outcomes might be more likely if a woman takes methadone in greater amounts than recommended by her healthcare provider, or if a woman is using methadone but not under the care of a healthcare provider.

Women who take opioids in higher doses or for longer than recommended by their healthcare provider also have a higher chance of poor growth of the baby, stillbirth, preterm delivery, and C-section.

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

Studies have reported neonatal abstinence syndrome (NAS) with methadone use during pregnancy. NAS is the term used to describe withdrawal symptoms in newborns from opioid medication(s) that a woman takes during pregnancy. NAS symptoms can include irritability, crying, sneezing, stuffy nose, poor sleep, extreme drowsiness (tired), yawning, poor feeding, sweating, tremors, seizures, vomiting, and diarrhea. Not all babies will develop NAS. Symptoms of NAS may appear after birth and may last more than two weeks. If needed, babies can be treated for withdrawal while in the hospital. Tell your baby's healthcare providers if you took methadone in pregnancy, so that they know to check for symptoms of NAS to help your newborn get the best possible care.

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

Some studies, including one that followed children up to age 3 years old, did not find differences in development among 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. It is hard to tell if this is due to medication(s), environment, genetics, or other factors that may increase the chance of these problems.

***Breastfeeding while taking methadone:***

The amount of methadone that gets into breast milk varies from woman to woman, based on the dose and different abilities 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 neonatal abstinence syndrome (NAS) treatment, and shorter lengths of NAS treatment than those who are not breastfed. Talk with your healthcare provider or a MotherToBaby specialist about your specific situation, as information on breastfeeding might change based on factors such as the age of your baby and the dose of medication.

***If a man takes methadone, could it affect fertility (ability to get a woman pregnant) or increase the chance of birth defects?***

Based on the studies reviewed, it is not known if methadone could affect a man's fertility or increase the chance of birth defects above the background risk. 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](https://mothertobaby.org).

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