



MotherToBaby

Medications & More During Pregnancy & Breastfeeding
Ask The Experts

Fact Sheet

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

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Methadone

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 methadone may increase the risk for birth defects over that background risk. This information should not take the place of medical care and advice from your healthcare provider.

What is methadone?

Methadone belongs to a group of medications called opioids. Opioids are sometimes called narcotics. Methadone is often used to help treat withdrawal symptoms in people addicted to heroin or other opioid medications. Methadone is sometimes used to treat pain.

I am taking methadone, but I would like to stop taking it before becoming pregnant. How long does the medication 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 can take up to two weeks for methadone to be gone from the body.

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

Methadone has not been studied to see if using methadone could make it harder to get pregnant.

I just found out that I am pregnant. Should I stop taking methadone?

No. If you have been taking methadone 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. Withdrawing from methadone during pregnancy or while breastfeeding should be done only under the care of an experienced healthcare provider.

Does taking methadone during my pregnancy increase the chance of miscarriage?

There are no published studies looking at whether methadone 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.

Does taking methadone increase the chance of having a baby with a birth defect?

Probably not. Most studies of methadone do not find a higher chance of birth defects than the background risk. Two small studies of pregnant women using methadone reported birth defects, but there was no pattern of defects. Based on the available information, using methadone is unlikely to increase the chance of birth defects.

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

Studies have reported a chance for neonatal abstinence syndrome (NAS) with methadone use during the last 3 to 4 weeks of pregnancy. NAS is the term used to describe withdrawal symptoms in newborns from medicines 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 treated for withdrawal while in the hospital. If you use an opioid in your pregnancy, it is important that your baby's doctors know and check for symptoms of NAS, so your

newborn gets the best possible care.

Could methadone cause other pregnancy complications?

Some studies have found higher chances of low birth weight and premature delivery when methadone is used during pregnancy.

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

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

What do we know about misuse of opioid medications in pregnancy?

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 misuse opioids also have other habits that can result in health problems for both the mother and the baby. For example, a poor diet 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 methadone?

Probably. Very small amounts of methadone get into breast milk. Taking methadone, up to 100 mg per day, is usually not a problem for healthy, full-term breastfed babies if their mothers were taking the drug during pregnancy. In addition, breastfeeding might help with neonatal withdrawal symptoms in babies who were exposed during pregnancy. Some studies have found shorter hospital stays, less need of neonatal abstinence treatment and shorter lengths of treatment among breastfed babies.

Use of some opioids in breastfeeding may cause babies to be very sleepy and have trouble latching on. Some medications may cause difficulty with breathing, apnea and cyanosis (not enough oxygen in the blood causing the baby's skin to turn bluish). The baby's doctor should be contacted 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 methadone?

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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