This sheet talks about exposure to methadone in pregnancy and while breastfeeding. 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 methadone 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.

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

Methadone has not been studied to see if it could make it harder for a woman 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 about the risks and benefits of continuing or stopping your medication. Any reduction in your methadone needs to be done slowly, and under the direction of your healthcare provider.

**Does taking methadone increase the chance for miscarriage?**

Miscarriage can occur in any pregnancy. 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 birth defects?**

In every pregnancy, a woman starts with a 3-5% chance of having a baby with a birth defect. This is called her background risk. Most studies on methadone do not find a higher chance of birth defects than the background risk. Some studies have suggested that using methadone in the first trimester of pregnancy increases the chance for birth defects, but the number of women exposed to methadone in these studies was small, and there was no specific pattern of birth defects noted. Based on the available information, using methadone is unlikely to increase the chance of birth defects.

**Could taking methadone cause other pregnancy complications?**

Some studies have found higher chances of low birth weight and premature delivery when methadone is used during pregnancy. These outcomes may be more likely if a woman takes methadone in greater amounts than recommended by her healthcare provider.
**Will my baby have withdrawal (neonatal abstinence syndrome) if I continue to take methadone?**

Possibly. Studies have reported 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 soon after 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.

**Does taking methadone in pregnancy cause long-term problems in behavior or learning for the baby?**

There are not enough studies on methadone to know if there is a chance for long-term problems. Some studies, including one that followed children up to age 3, do not find differences in development among children who were exposed to methadone during pregnancy and those who were not. Some other studies on methadone and 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 or other factors such as use of tobacco, alcohol, or other substances that may increase the chances of these problems.

**What if I have been taking more methadone 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 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 while taking methadone?**

Probably. Very small amounts of methadone get into breast milk. Taking up to 100 mg of methadone per day is not usually a problem for healthy, full-term breastfed babies whose mothers were already taking methadone during pregnancy. In addition, some studies have found that babies who were exposed to methadone during pregnancy have shorter hospital stays, less need for neonatal abstinence treatment, and shorter lengths of treatment if they are breastfed than if they are not.

Use of some opioids in breastfeeding may cause babies to be very sleepy and have trouble latching on. Some opioids may cause difficulty with breathing and in a few cases have resulted in death. This has not been seen with methadone. The baby’s healthcare provider should be contacted immediately if your baby has any problems. Be sure to talk to your healthcare provider about all your breastfeeding questions.

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

Methadone has not been studied in men to know if it could affect his fertility or increase the chance of birth defects. 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/factsheets/paternal-exposures-pregnancy/pdf/.

Please click here for references.

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