Methadone

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 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?*

People eliminate medications from their bodies at different rates. In healthy, non-pregnant adults, it can take up to 2 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 to get pregnant.

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

Talk with your healthcare providers before making any changes to how you take your medication(s). If you have been taking methadone regularly, you should not just 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. It is suggested that any reduction in methadone 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?**

Every pregnancy starts with a 3-5% chance of having a birth defect. This is called the background risk. Most studies on methadone do not find a higher chance of birth defects. Some studies have suggested that using methadone in the first trimester of pregnancy increases the chance for birth defects, but the number of people 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 preterm delivery (birth before 37 weeks of pregnancy) when methadone is used during pregnancy. These outcomes may be more likely if a person takes methadone in greater amounts than recommended by their healthcare provider.

**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 the last 3 to 4 weeks of pregnancy.

NAS is the term used to describe withdrawal symptoms in newborns from medication that a person 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 successfully treated for withdrawal while in the hospital. If you used methadone in your pregnancy, it is important that your baby's healthcare providers know to check for symptoms of NAS.
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, did 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 that may increase the chances of these problems.

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

Studies have found that people who are pregnant and take opioids in higher doses or for longer than recommended by their healthcare providers (i.e. misuse or “abuse” opioids) have an increased chance for pregnancy problems. These include poor growth of the baby, stillbirth, preterm delivery, and C-section. Some people who misuse opioids also have other habits that can result in health problems for themselves and their pregnancy. For example, poor diet choices can lead to not having enough nutrients to support a healthy pregnancy and could increase the chance of miscarriage and preterm birth. Sharing needles to inject opioids increases the chance of getting diseases like hepatitis C and/or HIV, which can cross the placenta and infect the baby.

Can I breastfeed while taking methadone?*

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 who were already exposed to 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 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.

I take methadone. Can it make it harder for me to get my partner pregnant or increase the chance of birth defects?*

It is not known if methadone could affect male fertility or 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/pdf/.

* Section Updated November 2020

Please click here for references.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). OTIS/MotherToBaby recognizes that not all people identify as “men” or “women.” When using the term “mother,” we mean the source of the egg and/or uterus and by “father,” we mean the source of the sperm, regardless of the person’s gender identity. Copyright by OTIS, October 1, 2019.