Morphine

This sheet is about exposure to morphine 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 morphine?

Morphine is an opioid. Opioids are sometimes called narcotics. Morphine has been used to treat pain. Morphine can be given orally (by mouth), intravenously (IV), by epidural (an injection near the spinal cord), or as an injection (shot).

I just found out I am pregnant. Should I stop taking morphine?

Sometimes when people 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 morphine regularly or have a dependency (also called opioid use disorder), you should not stop suddenly (also called “cold turkey”). Talk with your healthcare provider before you stop taking this 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 morphine be done slowly, and under the direction of your healthcare provider.

I am taking morphine, but I would like to stop taking it before getting pregnant. How long does the drug stay in my body?

The time it takes the body to metabolize (to process) medication is not the same for everyone. In healthy non-pregnant adults, it takes up to 1 day, on average, for most of the morphine to be gone from the body.

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

Studies have not been done to see if morphine can make it harder to get pregnant.

Does taking morphine increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Studies have not been done to see if morphine can increase the chance of miscarriage.

Does taking morphine 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 morphine, might increase the chance of birth defects in a pregnancy One study, looking at 70 women with exposure to morphine in the first trimester, did not find an increased chance of birth defects.

Some studies that have looked at opioids as a group suggest that opioids in general might be associated with birth defects. However, studies have not found a specific pattern of birth defects caused by opioids. If there is an increased chance for birth defects with opioid use in pregnancy, it is likely to be small.

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

It is not known if morphine can increase the chance of pregnancy-related problems such as preterm delivery (birth before week 37) or low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth).

Studies involving women who often use some opioids during their pregnancy have found an increased chance for adverse outcomes including poor growth of the baby, stillbirth, preterm delivery, and the need for C-section. This is more commonly reported in those who are taking a drug like heroin or who are using prescribed opioids in greater amounts or for longer than recommended by their healthcare provider. Use of an opioid close to the time of delivery

can result in withdrawal symptoms in the baby (see the section of this fact sheet on neonatal opioid withdrawal syndrome).

One case of high heart rate (tachycardia) in a 36-week fetus was described after a person who was pregnant was given morphine for kidney pain (renal colic). Another case report described a woman in her third trimester who was taking morphine for chronic pain and had reduced blood flow in her placenta (placental vasoconstriction).

I need to take morphine. Will it cause withdrawal symptoms in my baby after birth?

Neonatal opioid withdrawal syndrome (NOWS) is the term used to describe withdrawal symptoms in newborns from opioid medication(s) that a person takes 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 NAS appear 2 days after birth and may last more than 2 weeks.

The chance of NOWS depends on how long and how much opioid was taken during pregnancy, whether other medications were used, if the baby was born early, and the baby's size at birth. One study found that taking prescription opioids for more than 30 days, or at any time in the third trimester, increased the chance of NOWS. 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.

It is not known how much morphine must be used before NOWS is likely, or if the chance of NOWS is higher or lower with morphine than with other, better studied opioids.

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

It is not known if morphine can increase the chance of behavior or learning issues for the child. Some studies on 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 an opioid use disorder?

Talk with your healthcare provider about your use of opioids. Studies find that women who are pregnant and take opioids in higher doses or for longer than recommended by their healthcare providers have an increased chance for pregnancy problems. These include poor growth of the fetus, stillbirth, preterm delivery, and the need for C-section. The Substance Abuse and Mental Health Services Administration (SAMSA) can help you find treatment: https://www.samhsa.gov/.

Breastfeeding while taking morphine:

Morphine can get into breast milk. Babies might have problems with the amounts of morphine in the breast milk, and should be monitored for sedation (sleepiness), slowed breathing or temporarily stopping breathing (apnea), pale skin, constipation, and appropriate weight gain. Short-term use (2-3 days) with close infant monitoring is typically advised. Talk with your healthcare provider about the best way to treat your condition while breastfeeding. Be sure to talk with your healthcare provider about all your breastfeeding questions.

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

Use or misuse of opioids in general has been shown to lower men's fertility (ability to get partner pregnant). Studies have not been done to see if a man's use of morphine 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.

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

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