Morphine

This sheet talks about using morphine in a pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

What is morphine?
Morphine belongs to a group of medications called opioids. Opioids are sometimes called narcotics. Morphine is most often used to treat pain. It can be given by mouth or injection.

I take morphine. Can it make it harder for me to become pregnant?
Studies have not been done to see if taking morphine could make it harder for a woman to get pregnant.

I just found out that I am pregnant. Should I stop taking morphine?
If you have been taking morphine 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 morphine needs to be done under the direction of your healthcare provider.

I am taking morphine, 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 this medication. People break down medication at different rates. In healthy adults, it takes up to 1 day (24 hours) for morphine to be gone from the body.

Does taking morphine increase the chance for miscarriage?
Miscarriage can occur in any pregnancy. There are no published studies looking at whether morphine increases the chance of miscarriage. Therefore, this question has not been answered.

I have heard that taking opioids may cause birth defects when used in early pregnancy. Is this true?
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. Not every opioid medication has been studied on its own; therefore, we do not know if morphine increases the chance for birth defects or not. Some studies suggest that opioids as a general group might be associated with birth defects, such as heart defects and cleft lip and palate. However, these and other studies have not found a specific pattern of birth defects caused by opioids. Based on these studies, if there is an increased chance for birth defects with opioid use in pregnancy, it is likely to be small.

Could taking morphine cause other pregnancy complications?
Possibly. One case of high heart rate (tachycardia) in a near-term (36 week) fetus was described after a pregnant woman was given morphine for kidney pain (renal colic). There are no other specific studies on this or other problems in the second and third trimesters for morphine. Studies involving women who often use some opioids during their pregnancy have found an increased risk for adverse outcomes including poor growth of the baby, stillbirth, premature delivery, and fetal distress during labor. This is more commonly reported in women who are taking a drug like heroin or who are using prescribed pain medications in greater amounts or for longer than recommended by their health care 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 Abstinence Syndrome.)

Will my baby have withdrawal (Neonatal Abstinence Syndrome) if I continue to take morphine?

Studies have reported a risk for neonatal abstinence syndrome (NAS) with some opioid medicines; however, not all opioid medications have been studied. Based on what we know about the risk of NAS with other opioids, it is likely that morphine might be associated with a chance for NAS in a newborn. Because there are insufficient studies, we do not know if the risk is higher or lower than with other better studied opioids. NAS is the term used to describe withdrawal symptoms in newborns from medication that a mother takes in pregnancy. Symptoms can include difficulty breathing, extreme sleepiness, poor feeding, irritability, sweating, tremors, vomiting and diarrhea. Most often, symptoms of NAS appear two days after birth and may last more than two weeks. If needed, babies can be treated for withdrawal. The chance that NAS will occur depends on the length of time and/or the dose of opioid you have taken during your pregnancy. If you used an opioid, it is important that your healthcare providers know to check for symptoms of NAS in your newborn.

Will taking morphine during pregnancy affect my child’s behavior or cause learning problems?

There are not enough studies on morphine to know whether there is a chance for long-term problems. Some studies on opioids as a general group have found problems with learning and behavior in children exposed to opioids for a long period of time in pregnancy. It is hard to tell if this is due to the medication exposure or other factors such as use of alcohol or other substances that can increase the chances of problems. 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 abuse opioids also have unhealthy habits that can result in health problems for both the mother and the baby. For example, poor diet choices 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.

What if I have an opioid use disorder? What are other concerns when morphine is used in pregnancy?

Studies find that pregnant women who take opioids in higher doses or for longer than recommended by their health care providers have an increased risk for pregnancy problems. These include poor growth of the baby, stillbirth, premature delivery, and C-section. Some women who abuse opioids also have unhealthy habits that can result in health problems for both the mother and the baby. For example, poor diet choices 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 take morphine while I am breastfeeding?

Possibly. High amounts of morphine (up to 35%) can get into breast milk but studies usually show smaller amounts in the milk (2% to 3%). Babies might have problems with the amounts of morphine that could be in the breast milk. Speak to your healthcare provider about your pain and medication that may be used while you are breastfeeding. Use of some opioids in breastfeeding can cause babies to be very sleepy and have trouble latching on. Some medications can cause difficulty with breathing and in a few cases have resulted in death. These problems for the baby are seen most often with codeine and tramadol but can be seen with morphine. If you are using any opioid, your baby can be watched carefully. 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 morphine, could it affect his fertility (ability to get his partner pregnant) 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 fact sheet on Paternal Exposures at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/.

Please click here for references.