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 to get pregnant.

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

Talk with your healthcare providers before making any changes to how you take your medication(s). If you have been taking morphine regularly or have a dependency (also called opioid use disorder), 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 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 becoming pregnant. How long does the medication stay in my body?**

People eliminate medications from their bodies at different rates. In healthy, non-pregnant 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. 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.

**I have heard that taking opioids may cause birth defects when used in early pregnancy. Is this true?**

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. Not every opioid medication has been studied on its own; therefore, we do not know if these medications increase the chance for birth defects or not. Some studies suggest that opioids as a general group might be associated with birth defects including 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?**

One case of high heart rate (tachycardia) in a near-term (36 week) fetus was described after a pregnant person 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 those who regularly use opioids during their pregnancy have found an increased chance for poor pregnancy outcomes such as poor growth of the baby, stillbirth, preterm delivery (birth before 37 weeks of pregnancy), and C-section. This is more commonly reported in those who are taking heroin or who are using opioids in higher doses 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 below on neonatal abstinence syndrome.)

**Will my baby have withdrawal (neonatal abstinence syndrome) if I continue to take morphine?**

Studies have reported a chance for neonatal abstinence syndrome (NAS) with some opioid medicines; however, not all opioid medications have been studied. Based on what we know about the chance 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 chance 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 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 morphine in your pregnancy, it is important that your baby’s healthcare providers know to check for symptoms of NAS.

**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 that may increase the chances of these problems.

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

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 take morphine while I am breastfeeding?**

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.

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

Use or misuse of opioids in general has been shown to lower fertility in men. 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 on Paternal Exposures at [https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/](https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/).

* Section Updated November 2020

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