



MotherToBaby

Medications & More During Pregnancy & Breastfeeding  
Ask The Experts

Fact Sheet

by the **Organization of Teratology Information Specialists (OTIS)**

For more information about us or to find a service in your area,  
call **(866) 626-6847**. Visit us online at **www.MotherToBaby.org**.

Find us! Facebook.com/MotherToBaby or @MotherToBaby on Twitter

## Morphine

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. This sheet talks about whether exposure to morphine may increase the risk for birth defects over that background risk. 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 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 your medications. People get rid of medications from their bodies at different rates. In healthy, non-pregnant adults, it usually takes up to one day (24 hours) for morphine to be gone from the body.

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

Morphine has not been studied in women to see if it could make it harder to get pregnant.

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

No. 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 provider about the risks and benefits of continuing or stopping your medication. Any reduction in your morphine needs to be done slowly, and under the direction of your healthcare provider.

### ***Can taking morphine increase the chance for miscarriage?***

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.

### ***Can taking morphine increase the chance of having a baby with a birth defect?***

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 might be associated with birth defects. However, studies have not found a specific pattern of birth defects caused by opioids. In looking at studies on all opioids, it would be unlikely that there would be a greater chance for birth defects when morphine is used as prescribed by your healthcare provider.

### ***Could taking morphine in the second or third trimester cause other pregnancy complications?***

Possibly. There are no specific studies on this for morphine. However, studies involving women who regularly used other opioids during their pregnancy have found an increased chance for pregnancy complications, including poor growth of the baby, stillbirth, premature delivery, and the need for c-section. These problems are more commonly reported in women who are taking heroin or who are using prescribed pain medications in larger 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 of this fact sheet on withdrawal (neonatal abstinence syndrome)).

***I need to take morphine throughout my entire pregnancy. Will it cause withdrawal symptoms (neonatal abstinence syndrome) in my baby after birth?***

Morphine has not been well studied in relation to withdrawal symptoms, called neonatal abstinence syndrome (NAS), in the newborn. However, studies on some of the other opioid medications have reported a risk for NAS. Based on what we know about the risk of NAS with other opioids, it is likely that morphine also has a risk for NAS in the newborn. Since there are no good studies on morphine, we do not know if the risk for NAS is higher or lower than with other better-studied opioids.

NAS is the term used to describe withdrawal symptoms in newborns from medications that a mother takes during pregnancy. Symptoms can include trouble breathing, extreme sleepiness, trouble eating, irritability, sweating, tremors, vomiting and diarrhea. Most often, symptoms of NAS appear two days after birth and may last more than 2 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 health care 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 if there is a chance for long-term problems.

***What if I have been taking more morphine 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 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 breastfeed my baby if I am taking morphine?***

Possibly. High amounts of morphine (up to 35%) can get into breast milk. 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 should 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.

***What if the father of the baby uses morphine?***

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/fact-sheets/paternal-exposures-pregnancy/pdf/>.

**References Available By Request**

November, 2017