

Naloxone

This sheet is about exposure to naloxone in pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

What is naloxone?

Naloxone is a medication used to block the effects of opioids. Examples of some opioids are heroin, morphine, codeine, oxycodone, and hydrocodone. Naloxone has also been used to stop someone from dying from an opioid overdose. Brand names for naloxone are Narcan® (nasal spray) and Evzio® (auto-injector).

Naloxone combined with buprenorphine (<https://mothertobaby.org/fact-sheets/buprenorphine/>) is a medication whose brand name is Suboxone®. This combination drug is used to treat opioid use disorder (“OUD”). Much of the information on naloxone in pregnancy involves studies where this combination of medication (naloxone and buprenorphine) was used rather than the study of naloxone used on its own.

Naloxone is added to the opioid pain medication pentazocine (Talwin NX®) to prevent pentazocine abuse.

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 this medication. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy.

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

Studies have not been done to see if taking naloxone can make it harder for to get pregnant.

Does taking naloxone increase the chance for miscarriage?

Miscarriage can occur in any pregnancy. There is limited information on naloxone and pregnancy loss. One study found that there was not a greater chance for a stillbirth in pregnancies in which naloxone was used. Overdosing with an opioid might increase the chances for pregnancy loss.

Does taking naloxone increase the chance of birth defects?

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. Very little naloxone from buprenorphine/naloxone gets into the blood when it is taken by mouth. This suggests that only very small amounts of naloxone would be likely to reach the developing baby. There are limited studies on the use of buprenorphine/naloxone combination during their first trimester; these studies did not find an increased chance of birth defects above the background risk in their babies.

No studies have been done to see if treatment with naloxone for an opioid overdose in the first trimester can increase the chance for birth defects.

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

Studies on the combination buprenorphine/naloxone did not find an increased chance for 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).

Could being treated with naloxone for an overdose cause other pregnancy complications?

Studies have not been done to see if naloxone causes pregnancy complications when it is used to treat an overdose. However, people who misuse opioids could have a greater chance for pregnancy complications. During an opioid overdose a person’s breathing slows down. If a person who is pregnant is not breathing well, the developing baby might not get enough oxygen during that time. Low oxygen might have a harmful effect on the baby’s development. Naloxone helps return breathing to normal. Naloxone can also cause symptoms of withdrawal from the opioid that was being misused. The effects of opioid withdrawal while pregnant are not well understood. After treatment with naloxone for opioid overdose, let your healthcare providers know about it as soon as possible.

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

Studies have not been done to see if naloxone can cause behavior or learning issues for the child.

Breastfeeding while taking naloxone:

It is not known if naloxone gets into breastmilk in significant amounts. But if naloxone does get into breastmilk, it is thought that a nursing baby would not be able to absorb it into their body very well from their stomach.

If naloxone is used to treat opioid overdose, it may be suggested to stop breastfeeding until the opiate is out of the body of the person who is breastfeeding. If any opioids have been used while breastfeeding, it has been recommended to closely monitor the breastfeeding infant for side effects. If there is an opioid in breastmilk the baby might be sleepy, could have problems with feeding, and might have problems breathing. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

If a male takes naloxone, could it affect fertility (ability to get partner pregnant) or increase the chance of birth defects?

Studies have not been done to see if naloxone could affect male fertility or increase the chance of birth defects.

In general, exposures that fathers or sperm donors have are unlikely to increase the 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](https://mothertobaby.org).

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