Naloxone

This sheet is about exposure to naloxone 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 providers.

What is naloxone?

Naloxone is a medication that has been used to block the effects of opioids. Examples of some opioids are heroin, morphine, methadone, codeine, oxycodone, hydrocodone, and fentanyl. Naloxone has also been used to prevent death from an opioid overdose. Brand names for naloxone are Narcan® (4 mg nasal spray), Kloxxado® (8 mg nasal spray), and Evzio® (autoinjector).

The combination of naloxone and buprenorphine is sold under the brand name Suboxone®. This combination drug has been used to treat opioid use disorder ("OUD"). Much of the information on naloxone in pregnancy comes from studies on the use of naloxone and buprenorphine together used rather than the study of naloxone on its own.

Sometimes when women find out they are pregnant, they think about changing how they take their medication or stopping it altogether. It is important to talk with your healthcare provider before making any changes. Your healthcare provider can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy. Stopping an opioid medication suddenly (also called "cold turkey") could cause you to go into withdrawal. It is not known if or how withdrawal might affect pregnancy. It is suggested that any reduction in naloxone happen slowly and under the direction of your healthcare provider.

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 to get pregnant.

Does taking naloxone increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. It is not known if naloxone can increase the chance of miscarriage.

Does taking naloxone 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 naloxone, might increase the chance of birth defects in a pregnancy.

Studies have not shown an increased chance of birth defects when taking naloxone. No studies have been done to see if treatment with naloxone for an opioid overdose in the first trimester can increase the chance of birth defects.

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

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

One study has shown that use of naloxone might increase the chance for pregnancy-related problems such as preterm delivery (birth before week 37 of pregnancy) or low birth weight (weighing less than 5 pounds, 8 ounces [2,500 grams] at birth), while other studies did not. No studies have been done to see if treatment with naloxone for an opioid overdose can increase the chance of pregnancy-related problems.

Studies find that women 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 the need for C-section.

I need to take naloxone throughout my entire pregnancy. Will it cause withdrawal symptoms in my baby after birth?

Neonatal Abstinence Syndrome (NAS) is the term used to describe withdrawal symptoms in newborns from opioid medication(s) that a person takes during pregnancy. Taking naloxone in pregnancy can increase the chance of NAS in the infant after birth. NAS 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 that NAS will occur depends on the amount of time and/or the dose of naloxone taken during pregnancy, if other medications were also taken, if baby was born preterm, and/or size of the baby at birth. The chance of NAS is lower with naloxone than with other medications like methadone which are also used to treat OUD. If opioid or opioid-blocking medications were taken in pregnancy, it is important to let your baby's healthcare providers know so that they can check for symptoms of NAS and provide the best care for your newborn.

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

One study reported that children exposed to naloxone and other medications used to treat opioid use disorder (OUD) had an increased chance of behavioral issues and speech and language problems compared to children who were not exposed. However, as there are many causes of behavior or learning problems, it is hard to know if these findings are related to the medications, the health conditions for which they were used, or other factors.

Some studies looking at opioids as a group have found more learning and behavioral problems in children who were exposed to opioids for a longer period during pregnancy. However, it is hard to know if these findings are related to the opioid exposure itself or to other factors that may increase the chance of these problems.

Breastfeeding while taking naloxone:

Naloxone gets into breast milk in small amounts. The amount of medication that does make it into the stomach of the nursing infant is not well absorbed by the body and is undetectable in the blood.

If naloxone is used to treat opioid overdose, it might be suggested to stop breastfeeding until the opiate is out of the body of the woman who is breastfeeding. 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.

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

Studies have not been done to see if naloxone could affect male fertility (ability to make healthy sperm) or increase the chance of birth defects. In general, men's exposures are less likely to increase risks to a pregnancy. For more general information, please see the MotherToBaby fact sheet Paternal Exposures at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/.

Please click here for references.

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