# Oxycodone

This sheet is about exposure to oxycodone 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 oxycodone?*

Oxycodone is an opioid medication. Opioids are sometimes called narcotics. Oxycodone has been used to treat moderate to severe pain. A brand name for oxycodone is OxyContin®. Oxycodone is also available in combination with acetaminophen (such as Percocet®) or aspirin (such as Percodan®). For more information about acetaminophen or aspirin, please see the MotherToBaby fact sheets at: https://mothertobaby.org/fact-sheets/acetaminophen-pregnancy/ and https://mothertobaby.org/fact-sheets/regular-strength-aspirin/.

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

If you have been taking oxycodone regularly or have a dependency or opioid use disorder, talk with your healthcare provider before you stop taking this medication. Stopping an opioid medication suddenly could cause you to go into withdrawal. It is not known if or how withdrawal might affect a pregnancy. It is suggested that any reduction in oxycodone be done slowly, and under the direction of your healthcare provider.

## *I am taking oxycodone, but I would like to stop taking it before getting pregnant. How long does the drug stay in my body?*

People eliminate medications from their bodies at different rates. In healthy, non-pregnant adults, it takes up to 2 days, on average, for most of the oxycodone to be gone from the body. It might take a longer time for extended release (ER) oxycodone medication to leave the body.

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

One study suggested that taking opioids, including oxycodone, might make it harder to get pregnant.

## *Does taking oxycodone increase the chance of miscarriage?*

Miscarriage is common and can occur in any pregnancy for many different reasons. One study found that taking opioids in the first 8 weeks of pregnancy, including oxycodone, is associated with a slightly increased chance of miscarriage.

## *Does taking oxycodone 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 oxycodone, might increase the chance of birth defects in a pregnancy. It is not known if oxycodone can increase the chance of birth defects.

Studies looking at opioid medications as a general group, rather than studying the medications separately, suggest that opioids might increase the chance of birth defects. However, studies have not found a specific pattern of birth defects caused by opioids. Other studies have not found an increased risk of birth defects when taking opioids while pregnant.

## *Does taking oxycodone increase the chance of other pregnancy-related problems?*

Studies involving women who use some opioids frequently during their pregnancy have found an increased chance of low birth weight (weighing less than 5 pounds, 8 ounces [2,500 grams] at birth), low levels of amniotic fluid (fluid that surrounds the fetus), stillbirth, placental abruption (when the placenta separates from the wall of the uterus too early, which can cause problems with oxygen and nutrient supply to the pregnancy), preterm delivery (birth before 37 weeks of pregnancy), and C-section. This is more commonly reported in those who are using heroin or who are taking

prescribed opioid medication in greater amounts 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 neonatal opioid withdrawal syndrome [NOWS]).

### *Will my baby have neonatal opioid withdrawal syndrome if I continue to take oxycodone?*

Neonatal opioid withdrawal syndrome (NOWS) is the term used to describe withdrawal symptoms in newborns from exposure to opioid medication(s) during pregnancy. NOWS 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 NOWS appear 2 days after birth and may last more than 2 weeks. The chance that NOWS will occur depends on the length of time and/or the dose of opioid taken during pregnancy, if other medications were also taken, if baby was born preterm, and/or size of the baby at birth. If opioids were taken in pregnancy, it is important to let your baby's healthcare providers know so that they can check for symptoms of NOWS and provide the best care for your newborn.

Studies have reported an increased chance for NOWS with use of oxycodone during the third trimester.

### *Does taking oxycodone in pregnancy affect future learning or behavior for the child?*

Studies have not been done to see if oxycodone alone can increase the chance of behavior or learning issues for the child. Some studies on opioids as a general group have found more problems with learning and behavior in children exposed to opioids over a long period of time during pregnancy. However, 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?*

Talk with your healthcare provider about your use of opioids. Studies have found that women who are pregnant and take opioids in higher doses or for longer than recommended by their healthcare providers have an increased chance for pregnancy problems, including poor growth of the fetus, stillbirth, preterm delivery, and the need for C-section.

### *Oxycodone and breastfeeding:*

Talk with your healthcare provider about your pain and medications that may be used while you are breastfeeding. Oxycodone can pass into breast milk. Babies might have side effects from the oxycodone in breast milk.

The use of some opioids in breastfeeding might 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.

The product label for extended-release oxycodone recommends women who are breastfeeding not use this medication. But the benefit of treating your condition and breastfeeding may outweigh possible risks. Your healthcare providers can talk with you about using oxycodone and what treatment is best for you. Information on breastfeeding might change based on the age of your baby, the medication dosage, and/or other factors. Be sure to talk to your healthcare provider about all your breastfeeding questions.

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

Studies have not been done to see if oxycodone could affect male fertility (ability to make healthy sperm) or increase the chance of birth defects. The use of opioids in general has been shown to lower fertility in men. 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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