

Oxycodone

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

What is oxycodone?

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

I am taking oxycodone, but I would like to stop taking it before becoming 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 long-acting (extended release) medications.

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

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

I just found out I am pregnant. Should I stop taking oxycodone?

Talk with your healthcare providers before making any changes to how you take your medication(s). If you have been taking oxycodone regularly, or have a dependency (also called opioid use disorder), you should not stop suddenly (also called “cold turkey”). Stopping oxycodone 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 oxycodone be done slowly, and under the direction of your healthcare provider.

Does taking oxycodone increase the chance of miscarriage?

Miscarriage can occur in any pregnancy. Studies have not been done to see if oxycodone increases the chance for miscarriage.

Does taking oxycodone 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. Some studies suggest that opioids, including oxycodone, might be associated with 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 for birth defects with opioid use in pregnancy, it is likely to be small.

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

Studies involving people who often use some 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 a drug like heroin or who are using prescribed pain medications 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 Abstinence Syndrome).

Will my baby have withdrawal (Neonatal Abstinence Syndrome) if I continue to take oxycodone in my pregnancy?

Studies have reported a chance for neonatal abstinence syndrome (NAS) with some opioids; 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 oxycodone also has a chance for NAS. Because information is limited, 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(s) 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. Most often, symptoms of NAS appear two days after birth and might last more than two weeks. If needed, babies can be treated for withdrawal. If you used opioids, it is important that your baby's healthcare providers know to check for symptoms of NAS, so your newborn gets the best possible care.

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

Studies have not been done to see if oxycodone can cause 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 for a long period of time during 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 been taking more oxycodone than recommended by my healthcare provider?

Studies find that people that are pregnant who 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. 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.

Breastfeeding while taking oxycodone:

Oxycodone gets into breast milk in small amounts. Talk with your healthcare provider or a MotherToBaby specialist about your medication, as information on breastfeeding might change based on your specific situation, such as the age of your baby, the dose of medication, and other factors.

Use of some opioids in breastfeeding could 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.

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

Studies have not been done to see if oxycodone could affect male fertility or increase the chance of birth defects. However, 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 Exposures at <https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/>.

Please click [here](#) to view references.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://mothertobaby.org).

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