



MotherToBaby

Medications & More During Pregnancy & Breastfeeding  
Ask The Experts

Fact Sheet

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

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## Oxycodone

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 oxycodone might 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 oxycodone?***

Oxycodone belongs to a class of medications known as opioids. Opioids are sometimes called narcotics. Oxycodone is used to treat moderate to severe pain.

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

Talk with your healthcare provider before making any changes to your medications. People clear medications at different rates. In healthy adults, it takes up to 2 days for oxycodone to be gone from the body. It might take a longer time for long acting (extended release) medications.

### ***Will taking oxycodone make it harder for me to get pregnant?***

Studies on women have not been done to see if taking oxycodone could make it harder for you to get pregnant.

### ***Can taking oxycodone during my pregnancy increase the chance of miscarriage?***

There are no published studies looking at whether taking oxycodone 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.

### ***Should I stop taking my oxycodone if I find out that I am pregnant?***

No. If you have been taking oxycodone regularly you should not just stop suddenly. Stopping an opioid medication suddenly (also called “cold turkey”) could cause you to go into withdrawal. 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 oxycodone needs to be done gradually and under the direction of your healthcare provider.

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

Some studies suggest that opioids may be associated with birth defects. When something causes a birth defect, it causes the same birth defect or set of birth defects. The studies that have suggested an increase chance of a birth defect have not supported a pattern of birth defects. Based on these studies, if there is an increased chance for birth defects with oxycodone use in pregnancy, it is likely to be a small risk.

### ***Could taking oxycodone cause other pregnancy complications?***

Possibly. Studies involving women who use some opioids often during their pregnancy have found an increased risk for adverse outcomes including poor growth of the baby, stillbirth, premature delivery, and c-section. This is more commonly reported in women who are taking heroin or who are using prescribed opioid medications in greater amounts or for longer than recommended by their health care 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?***

Neonatal abstinence syndrome (NAS) is the term used to describe withdrawal symptoms in newborns from medicines that a mother takes during pregnancy. Studies have reported a risk for (NAS) with some opioid medications; however, not all opioids have been studied. Based on what we know about the risk of NAS with other opioids, it is likely that oxycodone also has a risk for NAS. Because there are not enough studies looking at oxycodone and NAS, we do not know if the risk is higher or lower than with other better studied opioids.

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 2 days after birth and may last more than 2 weeks. If needed, babies can be treated for NAS while in the hospital. If you used oxycodone, it is important that your baby's healthcare providers know to check for symptoms of NAS, so your newborn gets the best possible care.

***Will taking oxycodone during pregnancy affect my child's behavior or cause learning problems?***

There are presently no studies looking at whether there is a risk for long-term problems when a woman takes oxycodone in pregnancy.

***What do we know about the misuse of opioid medications in pregnancy?***

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 chance for pregnancy problems. These include poor growth of the baby, stillbirth, premature delivery, and the need for c-section. Some women who abuse opioids also have other 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 which 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 oxycodone?***

If a mother is taking oxycodone, the medication can get into breastmilk. Newborn babies are not fully developed and might have problems with even small amounts of oxycodone from breastmilk.

Use of some opioids in breastfeeding can cause the baby to be very sleepy and have trouble latching on. Opioid medications can cause difficulty with breathing and in some cases have resulted in death. If you are using any opioid, your baby should be watched carefully. The baby's health care provider should be contacted right away if your baby has any problems. Speak to your healthcare provider about your pain and medications that may be used safely while you are breastfeeding.

***What if the baby's father takes oxycodone?***

There is no evidence that using opioids as prescribed by a health care provider would affect a man's fertility. 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 Upon Request**

November, 2017