

Oxycodone

This sheet is about exposure to oxycodone in pregnancy and while breastfeeding. This information is based on available published literature. It 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 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/>.

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 (ER)) oxycodone medication to leave the body.

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 this medication. If you have been taking oxycodone regularly or have a dependency or opioid use disorder, you should not stop taking it suddenly. 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 is common and can occur in any pregnancy for many different reasons. Studies have not been done to see if oxycodone increases the chance of 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 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.

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

Studies involving people who use some opioids frequently during their pregnancy have found an increased chance for poor growth of the baby, low levels of amniotic fluid (fluid that surrounds baby in the uterus), stillbirth, preterm delivery, 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 Abstinence Syndrome).

Will my baby have withdrawal (neonatal abstinence syndrome) if I continue to take oxycodone in my pregnancy?

Studies have reported an increased chance for neonatal abstinence syndrome (NAS) with use of oxycodone during the 3rd trimester.

Neonatal abstinence syndrome (NAS) is the term used to describe withdrawal symptoms in newborns from opioid

medication that a person takes during pregnancy. 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 length of time and/or the dose of opioid taken during pregnancy, if other medications were also taken, if the baby was born preterm, and/or the 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 NAS and provide the best care for your newborn.

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 over 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.

Breastfeeding while taking oxycodone:

The product label recommends people who are breastfeeding not use oxycodone. But, the benefit of breastfeeding and treating your condition may outweigh possible risks. Your healthcare providers can talk with you about using oxycodone and what treatment is best for you.

Oxycodone can get into breast milk. Babies might have problems with the amounts of oxycodone in the breast milk. The use of some opioids, including oxycodone, when breastfeeding might cause babies to be very sleepy, have trouble latching on, and have poor feeding. Some opioids can cause trouble with breathing. Talk with your healthcare provider or a MotherToBaby specialist about your specific situation, as information on breastfeeding might change based on the age of your baby, the medication dosage, the length of use, or other factors.

If you are using any opioid while breastfeeding, 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.

If a male 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 get partner pregnant) or increase the chance of birth defects. However, use 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](#) for references.

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

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). *OTIS/MotherToBaby encourages inclusive and person-centered language. While our name still contains a reference to mothers, we are updating our resources with more inclusive terms. Use of the term mother or maternal refers to a person who is pregnant. Use of the term father or paternal refers to a person who contributes sperm.* Copyright by OTIS, October 1, 2023.