

Opioids and Pregnancy



What are Opioids?

Opioids are drugs used to reduce pain. Common prescription opioids include methadone, morphine, oxycodone, and hydrocodone. Fentanyl is a synthetic prescription pain reliever that is also made illegally. Heroin is another illegal opioid.

Prescription opioids for pain relief are usually safe to use for a short time, as prescribed by a doctor. They may be prescribed to reduce pain from a major injury, following surgery, and for health conditions such as cancer or for chronic pain management.

People who take opioids are at high risk for developing opioid use disorder (OUD) and experiencing an overdose. The risks increase when these medicines are misused. Misuse includes taking an opioid medication in larger amounts or more often than it is supposed to be taken, using to get high, or taking someone else's opioids.

Not all medications are safe to use during pregnancy. Opioids, especially when misused, can pose serious risks to both mother and baby.

What is Opioid Use Disorder (OUD)?

Opioid use disorder (OUD), sometimes referred to as opioid addiction, is a problematic pattern of opioid use that causes significant impairment or distress.

- **Opioid use during pregnancy is dangerous for both mother and baby.**
- **It can lead to severe birth defects, neonatal abstinence syndrome and can be fatal.**
- **There are treatments for opioid use disorder during pregnancy that can help minimize the risks of negative health outcomes.**

What are the Risks of Taking Opioids During Pregnancy?

Opioid exposure during pregnancy has been linked to poor health outcomes for both the mother and baby. These include:

- Stunted fetal growth and low birth weight.
- Problems with the placenta (the organ that delivers oxygen and nutrients to the baby).
- Preterm delivery (birth before 37 completed weeks of pregnancy).
- Neural tube defects: birth defects of the brain, spine or spinal cord.
- Congenital heart defects: problems with the structure of the baby's heart.
- Gastroschisis: a birth defect of the baby's abdomen, where the intestines protrude outside of the body through a hole in the belly button.



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- Neonatal Abstinence Syndrome (NAS): withdrawal symptoms such as irritability, fever, diarrhea, vomiting, poor feeding in newborns and seizures.
- Loss of the baby, either from miscarriage or stillbirth.
- Maternal death.

The effects of prenatal opioid exposure on children over time are still largely unknown, including among those with or without NAS. More research is needed to better understand the spectrum of possible outcomes related to opioid exposure during pregnancy.

How can a Person Safely Take Prescribed Opioids During Their Pregnancy?

If a doctor suggests that a person should take opioids while pregnant, steps must be taken to minimize the risks. Some of these steps include:

- Taking the medication for the shortest period of time possible.
- Taking the lowest effective dose of the medication.
- Carefully following the doctor's instructions for taking the medication.
- Contacting a doctor if experiencing any side effects.
- Attending all follow-up medical appointments.

What is the Treatment for Opioid Use Disorder (OUD) During Pregnancy?

Quickly stopping opioid use during pregnancy is not recommended. It can lead to serious consequences such as preterm labor, fetal distress, and miscarriage. Instead it is recommended that pregnant people with OUD should use medications for opioid use disorder (MOUD).

MOUD has a higher likelihood of better outcomes and a reduced risk of relapse. Providers will prescribe either methadone or buprenorphine, which will reduce opioid cravings and prevent withdrawal. It is recommended that this treatment is done alongside behavioral therapy.

What is the Treatment for Opioid Use Disorder (OUD) After the Baby is Born?

People with OUD should continue MOUD treatment as prescribed after the baby is born. During this time, family members are adjusting to changes in their life and will need support. Healthcare providers should monitor people during this time and adjust the dosage if needed.

Discontinuation of MOUD for OUD should generally be avoided in the time immediately after the baby is born. At the very least, it should be avoided until the baby is consistently sleeping through the night and has completed breastfeeding.

Ending MOUD later may be considered if the mother and child are stable, well-bonded, and live in a safe home environment.

Connecticut Resources

CT Department of Mental Health and Addiction Services
www.ct.gov/DMHAS

Drug Free CT
www.drugfreect.org

Substance Exposed Pregnancy Initiative of Connecticut
www.sepict.org

Find Treatment
www.findtreatment.gov

LiveLOUD
www.liveloud.org

National Resources

Substance Abuse and Mental Health Services Administration
www.samhsa.gov

National Institute on Drug Abuse (NIDA)
www.nida.nih.gov



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