

# Morphine

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This sheet is about exposure to morphine 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 morphine?***

Morphine is an opioid. Opioids are sometimes called narcotics. Morphine is most often used to treat pain.

## ***I just found out I am pregnant. Should I stop taking morphine?***

Sometimes when people 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 this 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 morphine regularly or have a dependency (also called opioid use disorder), you should not stop suddenly (also called “cold turkey”). 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 morphine be done slowly, and under the direction of your healthcare provider.

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

People eliminate medication at different rates. In healthy adults, it takes up to 1 day, on average, for most of the morphine to be gone from the body.

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

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

## ***Does taking morphine increase the chance for miscarriage?***

Miscarriage is common and can occur in any pregnancy for many different reasons. Studies have not been done to see if morphine increases the chance for miscarriage.

## ***Does taking morphine 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. It is not known if morphine increases the chance for birth defects above the background risk.

Some studies that have looked at opioids as a group suggest that opioids in general might be associated with birth defects. However, studies have not found a specific pattern of birth defects caused by opioids. If there is an increased chance for birth defects with opioid use in pregnancy, it is likely to be small.

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

It is not known if morphine increases the chance for pregnancy-related problems such as preterm delivery (birth before week 37) or low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth).

One case of high heart rate (tachycardia) in a near-term (36 week) fetus was described after a person who was pregnant was given morphine for kidney pain (renal colic). Another case report described constriction in the blood vessels of the placenta (placental vasoconstriction) in a person using morphine for chronic pain control in their 3rd trimester of pregnancy.

Studies involving people who often use some opioids during their pregnancy have found an increased chance for adverse outcomes including poor growth of the baby, stillbirth, preterm delivery, and the need for 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 morphine?***

Neonatal Abstinence Syndrome (NAS) is the term used to describe withdrawal symptoms in newborns from opioid medication(s) 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 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 NAS and provide the best care for your newborn.

Babies exposed to morphine during pregnancy can have NAS after birth. It is not known how much morphine must be used before such a withdrawal syndrome is likely. Because information is limited, we do not know if the chance of NAS is higher or lower with morphine than with other, better studied opioids.

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

It is not known if morphine increases the chance for 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 an opioid use disorder?***

Studies find that people 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. These include poor growth of the baby, stillbirth, preterm delivery, and the need for C-section.

***Morphine and breastfeeding:***

Speak to your healthcare provider about your pain and medications that may be used while you are breastfeeding. Morphine can get into breast milk. Babies might have problems with the amounts of morphine in the breast milk. Talk with your healthcare provider or a MotherToBaby specialist about your specific 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 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. Be sure to talk to your healthcare provider about all your breastfeeding questions.

***If a male takes morphine, could it affect fertility or increase the chance of birth defects?***

Use or misuse of opioids in general has been shown to lower fertility (ability to get partner pregnant) in males. Studies have not been done to see if a male's use of morphine could increase the chance of birth defects above the background risk. In general, exposures that fathers or sperm donors have are unlikely to increase the 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://www.MotherToBaby.org).

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