

Using prescribed opiates when you are pregnant

Other formats

If you need this leaflet in another format such as audio CD, Braille, large print, high contrast, British Sign Language or translated into another language, contact the Patient Advice and Liaison Service:

- 01392 402093 (for Mid Devon, East Devon and Exeter services)
- 01271 314090 (for North Devon services)
- rduh.pals@nhs.net

Why are opiates prescribed in pregnancy?

Opiates may be prescribed by a doctor when your pain has not been controlled by other treatments. This can occur when you have significant pain caused by conditions such as symphysis dysfunction, back problems or other medical conditions. It is very important that you take any pain relief medication as instructed by your doctor.

What are opiates?

Opiates are a group of medicines which can be prescribed for pain relief. Some of the common medicines used in pregnancy include:

- Codeine
- Oral morphine
- Tramadol.

This list is not totally inclusive and your midwife will inform you if any medication you are taking is an opiate.

Medicines such as paracetamol, ibuprofen and aspirin are not opiates.

Can opiates affect my baby?

Opiate medication does cross the placenta to your unborn baby. If you're taking opiates regularly for some time, your baby will get used to having this medication. When your baby is born, they will suddenly stop getting the opiate medication via the placenta, and may develop withdrawal signs.

Signs of withdrawal may include:

- Crying a lot, sometimes with a high-pitched cry
- Irritable and restless, difficult to comfort
- Difficulty sleeping
- Tremor
- Sniffly nose, sneezing, yawning
- Difficulty feeding or feeding excessively
- Vomiting and/or loose stools
- Poor weight gain
- Fever and sweating
- Very occasionally seizures can occur.

If any of these signs occur it is called Neonatal Abstinence Syndrome (NAS).

When do withdrawal symptoms occur?

Signs usually start in the first few days after delivery, but can sometimes be delayed until two to three weeks after. The timing depends on which medication you are taking, what dose, frequency taken and how close you are to the time of birth. If you're taking regular medication after 34 weeks of pregnancy, you and your baby will need to stay on the postnatal ward for 72 hours. This will allow the midwives to assess your baby regularly for signs of withdrawal. If signs do occur then you and your baby may have to stay in hospital longer. For this reason, it will be necessary to deliver (give birth to your baby) in the maternity unit.

Caring for your baby

If your baby has mild signs these can often be managed by a calm and comforting environment. This includes measures such as reducing the light and noise, not over handling your baby, and swaddling in a light sheet rather than blankets. The midwives will be able to provide advice and support.

If signs are more severe, your baby may need to be admitted to the neonatal unit and treated using a small dose of oral morphine which is very slowly reduced over a period of time. If this is necessary you will be able to stay on the neonatal unit with your baby.

Breastfeeding

In many cases, it is still safe to breastfeed while taking certain opioid medicines. If you are prescribed codeine during pregnancy, it is recommended to switch to dihydrocodeine after birth if you plan to breastfeed. This is because women metabolize codeine at different rates, which can cause higher-than-expected levels to pass into breast milk. As a result, babies may become overly drowsy, and in some cases their breathing could be affected.

You will be able to discuss your own personal medication with the specialist midwife. If you decide to breastfeed it is important that you are committed to breastfeeding and do not suddenly stop either your medication or breast feeding as this may cause your baby to have withdrawal signs.

Reason for a referral to a specialist midwife

If you are taking regular opiate medication at 34 weeks, your midwife will refer you to a specialist midwife.

At this appointment the specialist midwife will be able to review all of your medication, and together you will look at an individualised birth plan that meets the needs of you and your baby. They will discuss with you the first 72 hours following delivery and share with you the assessment charts that staff will use to assess your baby.

Further information

If you are concerned or need further information, please speak to your community midwife, specialist midwife or GP.

Your notes

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern, please contact PALS:

- 01392 402093 (for Mid Devon, East Devon and Exeter services)
- 01271 314090 (for North Devon services)
- rduh.pals@nhs.net

Have your say

Royal Devon University Healthcare NHS Foundation Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

You can also share your feedback on the Care Opinion website at www.careopinion.org.uk or freephone 0800 122 3135.



Scan the QR code to visit the Care Opinion website →

Royal Devon University Healthcare NHS Foundation Trust
www.royaldevon.nhs.uk

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by Royal Devon staff undertaking procedures at the Royal Devon sites or in community settings.

© Royal Devon University Healthcare NHS Foundation Trust
This leaflet was designed by the Graphics Department.
www.royaldevon.nhs.uk/get-in-touch