

## Prescribed Opiate use in Pregnancy

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### 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. There are various different preparations in this group. 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 he/she will suddenly stop getting the opiate medication via the placenta, and may develop withdrawal symptoms. Symptoms of withdrawal may include:

- Crying a lot, sometimes with a high pitched cry
- Irritable and restless, difficult to comfort
- Difficulty sleeping
- Tremor
- Snuffly 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 symptoms occur it is called Neonatal Abstinence Syndrome (NAS).

### When do withdrawal symptoms occur?

Symptoms usually start in the first few days of life, but can sometimes be delayed until two to three weeks after birth. The timing depends on which drugs you were 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 symptoms do occur then you and your baby may have to stay in hospital longer. For this reason, it will be necessary to deliver at the Royal Devon & Exeter maternity unit.

## Caring for your baby

If your baby has mild symptoms 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 symptoms 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.

## Breast feeding

It is often possible to breast feed safely even if you are taking Opiates. However, if you are on prescribed codeine in pregnancy, it is recommended that this prescription should be stopped in the postnatal period if you intend to breastfeed. This is because there is some evidence that women metabolise codeine at different rates and so the level in breast milk maybe higher than one would expect. This could result in babies being more sedated and effect their breathing. You will be able to discuss your own personal medication with the specialist midwife. If you decide to breast feed it is important that you are committed to breast feeding and do not suddenly stop either your medication or breast feeding as this may cause your baby to have withdrawal symptoms.

## Reason for referral to specialist midwives

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. She 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.

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

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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