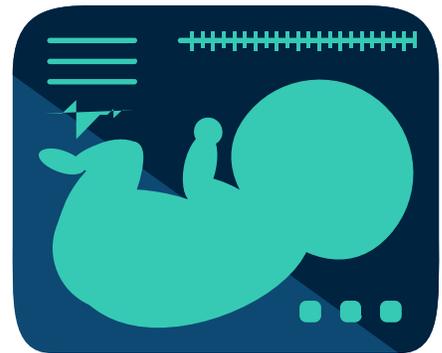


Naloxone Use in Pregnancy

Opioid overdose can cause brain damage and death from lack of oxygen getting to the brain (anoxia). Administration of naloxone to a pregnant person can save the lives of the pregnant person and fetus. This information sheet addresses concerns about using naloxone in pregnancy.

An opioid overdose causes depressed breathing and can lead to lack of oxygen to the brain (anoxia) and without intervention the pregnant person and fetus can die. Naloxone use is relatively safe in pregnancy and can save the lives of the person who is pregnant and fetus. Although naloxone crosses the placenta to the fetal blood, animal studies have not shown any physical malformation on the fetus. Naloxone is also likely safe for the infant when given to a breast/chest-feeding parent.¹

Withdrawal symptoms pose a significant risk to a person who is pregnant and their unborn fetus. When a pregnant person with opioid use disorder presents with withdrawal symptoms such as nausea, vomiting and cramping these symptoms may be mistaken for signs related to the pregnancy. Opioid use in pregnancy can lead to neonatal abstinence syndrome, a drug-withdrawal syndrome that manifests after birth in babies exposed to opioids through the placenta. Other effects of opioids on fetus include congenital heart defects, neurological deficits or stillbirth.²



The use of naloxone in pregnant people with opioid use disorder can precipitate withdrawal, causing fetal distress or premature labour. However, it is very important to respond to an opioid overdose by calling 911, giving breaths and administering naloxone to the person before the paramedics arrive. The risks of maternal and fetal opioid withdrawal can be reduced by administering naloxone and observing the response, that is, give 0.4mg IM stat and additional doses of 0.4mg every 3-5 minutes as required.

The use of naloxone in pregnancy has been endorsed by the American College of Obstetricians and Gynecologists.⁴

References

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