Chronic pelvic pain

- Chronic pelvic pain (such as that caused by endometriosis) is the most common reason for opioid prescription
- Women with endometriosis have a significantly greater risk of long-term opioid use, dependence, and overdose

60% of women with endometriosis have significant chronic pain

Mental health and trauma

- Opioid use is strongly associated with mental illness and past trauma
- Individuals who use opioids should not be stigmatized
- Comprehensive treatment and support are available to help manage all aspects of your health

Sexual health

- Long-term opioid use can lower sexual desire and response
- Using opioids, like other substances, can lead to risky sexual behaviour, including unprotected sex, and increase the risk of sexually transmitted infections and unintended pregnancy

Contraception

- There is no evidence that opioids affect the safety and effectiveness of hormonal contraception
- For women who use opioids, long-acting reversible contraceptives that do not need repeated administration, such as an intrauterine device (IUD) or birth control implant, are recommended

Fertility

- Opioids decrease the levels of hormones involved in reproduction, which can cause abnormal periods and early menopause
- Long-term opioid use negatively affects fertility and may cause infertility

Types of opioids

- Prescription medications (such as hydromorphone or oxycodone)
- Unregulated opioids (street drugs such as heroin or non-prescribed fentanyl)
- Opioid substitutes used for treatment of opioid dependence (such as methadone or buprenorphine)

13% of Canadian women use prescription opioids

Using opioids, whether they are prescription medications or unregulated street drugs, can cause serious harms to your health, including dependence, overdose, and death
Using opioids during pregnancy can harm both you and your baby, but there are safe, effective treatment options available to help manage use during pregnancy. Speak to a health care provider to learn more about treatment options and to make a plan to help keep you and your baby safe.

Quitting or “detoxing” on your own during pregnancy is not recommended, as it may be harmful for you and your baby.

Opioids travel across the placenta to the baby. So babies exposed to opioids during pregnancy may have temporary withdrawal symptoms after birth.

Not all babies will experience withdrawal symptoms, and symptoms are treatable.

Swaddling, breastfeeding, and skin-to-skin contact can help make babies feel better.

There is no evidence that opioids can help manage menopausal symptoms, including hot flashes, night sweats, and vaginal dryness.

Long-term opioid use can produce symptoms similar to menopause and may complicate how actual symptoms of menopause are managed.

Breastfeeding and skin-to-skin contact are encouraged for most women taking opioids and can help improve withdrawal symptoms in babies after birth.

If you are using unregulated opioids (street drugs such as heroin), it is safest not to breastfeed because of a high risk of contamination in these drugs.

To learn more about how opioids affect your health visit the SOGC at: pregnancyinfo.ca  sexandu.ca  yourperiod.ca  menopauseandu.ca