

SUBSTANCE MISUSE **IN PREGNANCY**

An Information Booklet

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Introduction

This booklet contains information that may be useful if you are pregnant or thinking about starting a family. It is written for women with a history of substance misuse or on methadone maintenance therapy.

This booklet is not designed to be read cover to cover but it is worth taking a little time to familiarise yourself with the layout and contents so that you can access information easily when you need to.

If you can't find the information you need or have any questions or worries, you should contact your Doctor or Drug Liaison Midwife linked to your maternity hospital.





PLANNING A BABY

To maximise the health of your baby it is important to plan your pregnancy

- ▶ Aim to stabilize your drug use before you become pregnant.
- ▶ Alcohol should only be taken in moderation prior to becoming pregnant.
- ▶ Reduce and Stop Smoking – Wanting a baby and being pregnant is a great reason for giving up smoking...one decision that benefits two lives.
- ▶ Eat Healthy – A good diet and a healthy eating lifestyle will help your body prepare for the pregnancy and give your baby a good start.
- ▶ Folic Acid – Taking folic acid before you become pregnant can help protect your unborn baby from conditions such as spina bifida. It is readily available in all Chemists.
- ▶ Check that your medical card is in date as you will need it during pregnancy and when your baby is born.
- ▶ Dentist – it is recommended to get your teeth checked as no major dental treatment will be performed when pregnant.

WHAT SHOULD I DO

IF I THINK I AM PREGNANT

- ▶ Confirm your pregnancy by performing a pregnancy test or ask your nurse at your treatment centre to do one for you.
- ▶ Continue taking or start taking folic acid throughout the first twelve weeks of your pregnancy as this can help protect your baby from conditions such as spina bifida.
- ▶ Stop drinking alcohol and try to reduce the amount of cigarettes you smoke in a day
- ▶ If you are already in treatment you should try and stabilise your drug use to prescribed medication only. The drug treatment centre will link you with the Drug Liaison Midwife specific to your maternity hospital.
- ▶ If you are not in treatment speak to your GP, maternity hospital midwife or doctor who will get you in contact with your local Drug Liaison Midwife. When pregnant, you will be prioritised onto a drug treatment programme.



HEROIN

JUNK, SKAG, H, SMAK, GEAR.

Heroin is an opiate drug which is derived from the opium poppy plant. It is usually brownish white and most users either smoke or inject it and it is extremely addictive.

POSSIBLE EFFECTS ON MOTHER

- ▶ Decreased appetite with associated weight loss.
- ▶ Infectious Diseases like Hepatitis C, B and HIV can be transmitted through the sharing of used needles, cooking spoons, pipes, filters and syringes.
- ▶ Abscesses and infections may occur due to “dirty” gear and works.
- ▶ High risk of developing a Deep Venous Thrombosis (clot) especially when injecting into the groin.
- ▶ Heroin is expensive and will lead to money problems.
- ▶ Death by overdose.

POSSIBLE EFFECTS ON THE PREGNANCY

- ▶ Low Birth Weight- Baby may be unable to grow in the womb and may be born smaller than other babies for its gestational age.
- ▶ Prematurity – Baby may be born too early and may find it difficult to survive.
- ▶ Heroin use in pregnancy may lead to a miscarriage or stillbirth (baby dies before birth).
- ▶ Withdrawals- Baby may get withdrawals from heroin once delivered and may require treatment.
- ▶ Sudden Infant Death- Baby is at a greater risk of a cot death.

DON'T STOP SUDDENLY – If using heroin in high doses you must stop gradually over a few days. If stopped too quickly, this may cause miscarriage or premature labour.

COCAINE

COKE, SNOW, CHARLIE, CRACK, ROCK.

Cocaine is a powerful stimulant drug that comes in a white powder form. It can be snorted or dissolved in water and injected. Crack is cocaine that has been chemically treated to produce crystals or rocks which are smoked.

POSSIBLE EFFECTS ON MOTHER

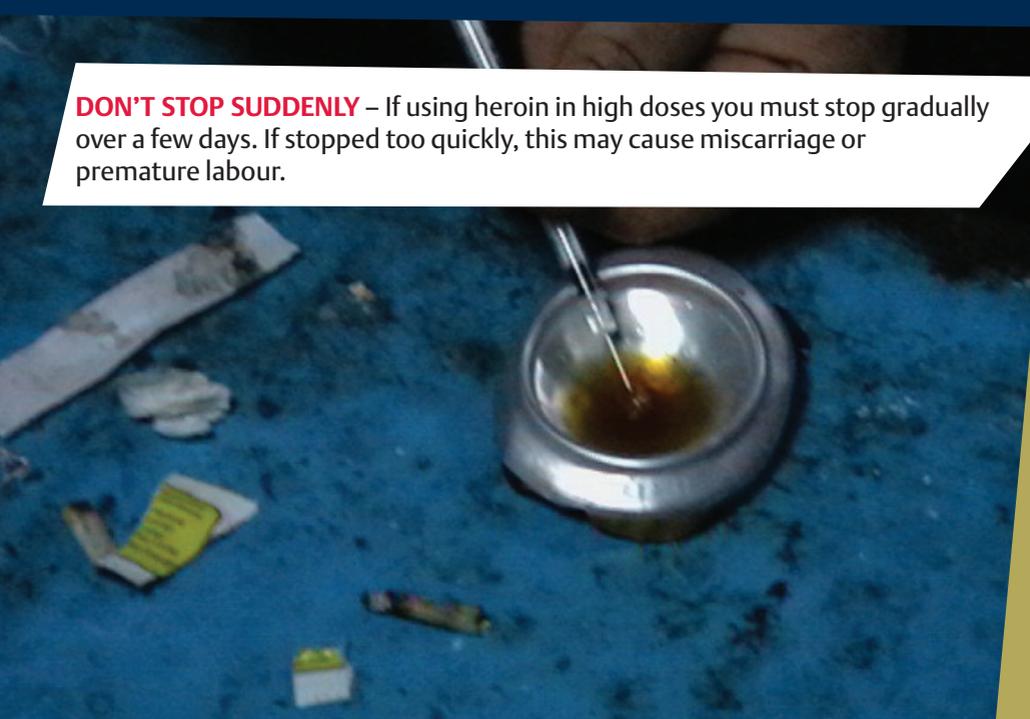
- ▶ Increased heart rate and blood pressure increases the risk of heart attack, stroke and death.
- ▶ Irritability and paranoia which may cause the user to lose touch with reality and experience hallucinations.
- ▶ Damage to the inside of the nose from snorting
- ▶ Abscesses from poor injecting practices.
- ▶ Sexually transmitted infections- Users may feel more confident, lowering inhibitions and may put themselves at risk of sharing needles and having unprotected sex.
- ▶ Decreased appetite with associated weight loss.
- ▶ Death by overdose.

POSSIBLE EFFECTS ON THE PREGNANCY

Cocaine causes High Blood Pressure which may cause the following:

- ▶ Increased risk of miscarriage.
- ▶ Increased risk of premature (early) birth.
- ▶ Placental abruption (afterbirth coming away from the womb).
- ▶ Reduced supply of oxygen to the baby through the placenta.
- ▶ Smaller babies at birth (low birth weight).
- ▶ Baby may die before birth- stillbirth
- ▶ Baby may have abnormalities.
- ▶ Baby is at a greater risk of cot death.

CAN STOP SUDDENLY – All women are encouraged to stop cocaine use immediately, especially when pregnant.





BENZODIAZEPINES

BENZOS, MOGGIES, ROCHE

Benzodiazepines are often considered minor tranquilizers that are useful in treating anxiety, insomnia, seizures and muscle spasms.

POSSIBLE EFFECTS ON MOTHER

- ▶ Confusion.
- ▶ Memory loss.
- ▶ Depression.
- ▶ Aggressive behaviour.
- ▶ Loss of physical coordination.
- ▶ Death by overdose.

POSSIBLE EFFECTS ON THE PREGNANCY

- ▶ There is a higher chance of baby being born with a cleft palate (abnormality of the lip and mouth).
- ▶ High dose benzo use prior to delivery can seriously affect the baby's breathing at birth which can lead to death.
- ▶ Baby may have withdrawals 2-4 weeks after delivery and may require treatment.
- ▶ Baby may be a poor feeder, finding it difficult to suck.
- ▶ Baby may be at a greater risk of cot death.

DON'T STOP SUDDENLY – Women are normally advised to gradually reduce their benzodiazepine during pregnancy.



CANNABIS

POT, HASH, GRASS, GANJA, SKUNK, HERB.

Cannabis is a natural substance which comes from the 'cannabis sativa plant'. It comes in a dark lump known as 'resin' or as leaves, stalks and seeds called 'grass' or 'sticky oil'. Cannabis is often mixed with tobacco, and the harms associated with tobacco in pregnancy are considerable.

POSSIBLE EFFECTS ON MOTHER

- ▶ Anxiety.
- ▶ Paranoia.
- ▶ Memory loss and concentration problems.
- ▶ Depression.
- ▶ Chest Infections and related illnesses.
- ▶ Heart disease and related illnesses.
- ▶ Cancer.

POSSIBLE EFFECTS ON THE PREGNANCY

Heavy usage of cannabis when mixed with tobacco may be associated with

- ▶ Smaller babies at birth (low birth weight).
- ▶ Increased risk of premature (early) birth.
- ▶ Increased risk of miscarriage.
- ▶ Reduced supply of oxygen to the baby through the placenta.
- ▶ Associated with increased risk of cot death and early health problems such as asthma in babies and young children.

With heavy usage of cannabis you may experience withdrawal symptoms when you stop such as

- ▶ Anxiety
- ▶ Urge or cravings to smoke
- ▶ Sleep problems
- ▶ Restlessness
- ▶ Loss of appetite
- ▶ Diarrhoea

These symptoms are uncomfortable but are not dangerous and will pass if the usage of cannabis ceases in 5-7 days.

TOBACCO SMOKING

There are many harmful substances contained in cigarettes. Nicotine, carbon monoxide and cyanide are thought to have the greatest adverse effects, reducing blood flow and oxygen to the unborn baby. Many pregnancy complications are associated with cigarette smoking.

These include:

- ▶ Miscarriage.
- ▶ Low birth weight- Smoking reduces the amount of oxygen and nutrients that get to your baby which may cause them to be smaller than they should be.
- ▶ Premature delivery.
- ▶ Stillbirth.
- ▶ Cot death.

If you are pregnant and still smoking, don't assume the damage is already done. Quitting, while you are pregnant, can improve your chances of delivering a healthy baby.



ALCOHOL

Alcohol use during pregnancy can seriously affect the development of your baby at any gestation. Babies born to mothers who drink heavily during pregnancy can be found to have certain physical and mental abnormalities in a condition known as Fetal Alcohol Syndrome (FAS).

Fetal Alcohol Syndrome is characterised by:

- ▶ Low birth weight.
- ▶ Neurological abnormalities and learning difficulties.
- ▶ Feeding difficulties.
- ▶ Restlessness and irritability.
- ▶ Physical abnormalities.

It is important to remember that a `safe` level of alcohol use in pregnancy has not been established, but by cutting out drink completely you eliminate any possible risks.





METHADONE IN PREGNANCY

Methadone maintenance is the most common treatment used for opiate dependent pregnant women. It is taken orally in a liquid form. It is used to help people stabilise their drug intake and associated lifestyle. Methadone stays in your body longer than most opiates; it offers stability of drug levels for both mother and unborn baby.

BENEFITS OF METHADONE FOR THE MOTHER

- ▶ Prevents the onset of heroin withdrawals.
- ▶ Reduces drug craving and blocks the effects of heroin.
- ▶ Reduces the expense of buying illegal drugs.
- ▶ Reduces the crime associated with feeding a habit.
- ▶ Reduces polydrug use.
- ▶ Reduces injecting behaviours.
- ▶ Reduces the risk of viral transmission (HIV, hepatitis B and C).
- ▶ Reduces the risk of drug related death.

BENEFITS OF METHADONE FOR THE BABY

- ▶ The baby doesn't experience the highs and lows of heroin use while in the womb.
- ▶ The risk of miscarriage and premature delivery are greatly reduced.
- ▶ Promotes stability and growth in the unborn baby.
- ▶ It decreases the risk of cot death.

Reducing methadone doses during pregnancy is possible when stable but needs to be done under medical supervision due to the risk of miscarriage, premature delivery and relapse.

Methadone may lead to withdrawals in the newborn baby (see p14)



TREATMENT OPTIONS

Women attending treatment services usually have better antenatal care and general health than drug-using women not in treatment, even if they are still finding it difficult to stabilise.

BENEFITS TO BEING IN TREATMENT

- ▶ You will be better prepared to support your family/partner.
- ▶ You may be offered substitute medication which could help stabilise you and reduce your drug use.
- ▶ You are less at risk of ill health.
- ▶ You will be able to explore other areas of your life such as training, employment, personal interests etc.
- ▶ You can receive additional support in parenting and life skills.

HOW TO ACCESS TREATMENT

Contact your local drug treatment centre, G.P., needle exchange, maternity hospital or health centre and ask to see the Drug Liaison Midwife. As you are pregnant, you will be prioritised onto a drug treatment programme so we can offer the advice you need and treatment as quickly as possible.

Breast Feeding - Give It a Try.....'Breast is Best'

YES... You can breast feed when prescribed methadone. Mothers who are stable on methadone treatment should be supported if they choose to breastfeed in the same way as other mothers. The advantages of breastfeeding nearly always outweigh the disadvantages.

YES... You can breast feed when you are Hepatitis B positive as baby can be vaccinated.

YES... You can breast feed if you are Hepatitis C positive. However, although risk of transmission of Hep C through breast milk is small there is still a minimal risk especially if PCR + and have cracked nipples which may bleed while breastfeeding.

NO... You cannot breast feed if you are HIV.

Advantages of breastfeeding

1. Breast milk is the best food for your baby.
 2. Breastfeeding can help improve the future health of you and your baby.
 3. Breastfeeding can help you bond with your baby
 4. Breastfeeding can help reduce drug withdrawals in your baby.
- Mothers who are unstable, continuing to



use heroin, or using multiple drugs, should be asked to consider the following before breastfeeding.

Heroin - passes freely into breast milk. If taken in significant amounts may cause addiction for your baby.

Cannabis - passes freely into breast milk.

Tobacco (nicotine) – passes freely into breast milk and smoking around babies increases the risk of cot death.

Alcohol - passes freely into breast milk. Moderate to heavy drinking can be harmful to your breastfeeding baby. It may affect your ability to breastfeed; affect milk flow and the taste of your breast milk. Alcohol can make your baby drowsy, sleep deeply, cause muscle weakness and may lead to slower weight gain.

Cocaine - passes into the breast milk and can cause intoxication in the breastfeeding baby. Symptoms include irritability, vomiting, dilated pupils, tremors, increased breathing and heart rates.

Benzodiazepines – passes into the breast milk. High doses may effect the baby's breathing and may cause drowsiness.

Methadone- passes into the breast milk, but only in small quantities. The benefits of breastfeeding out weight the small risk of methadone levels in breast milk.

This is a condition where baby shows signs of withdrawals. This can happen with opiates (e.g. Heroin, methadone or DF118) and benzodiazepine drugs (e.g. diazepam or temazepam). At birth the baby's drug supply stops and the baby may go through a period of withdrawal.

Baby withdrawal symptoms can include things like

- ▶ High pitch cry
- ▶ Irritability and restlessness
- ▶ Tremors
- ▶ Feeding difficulties (baby is often keen to feed but cannot suck or swallow properly).
- ▶ Sleeping difficulties (baby cannot settle or sleep after feed).
- ▶ Vomiting and/or diarrhoea.
- ▶ Fever
- ▶ A sore bottom (due to frequent dirty nappies)
- ▶ Weight loss
- ▶ Occasionally babies may have more severe symptoms, your midwife or doctor can give you advice and information about this.

Unfortunately there is no way of telling exactly how your baby will react as there are many different factors that affect withdrawals symptoms. Even on lower doses of methadone, your baby may show signs of withdrawals and for other women on higher doses, their baby may not need treatment for withdrawals. It is unpredictable;

however it is advised that you should be on a dose of methadone so as not to experience opiate withdrawals and to remain stable. Babies who experience withdrawal symptoms where they cannot feed or sleep properly may require medical treatment including drugs to help them recover. Midwives and doctors are experienced at looking after these babies and will offer lots of support and advice.

The length of stay in hospital will depend on mother and baby's health. Most withdrawal symptoms in babies appear within the first few days. Benzodiazepines (e.g. valium or temazepam) can take longer to leave the baby's system and withdrawal signs may not show up for a week or longer. In the postnatal ward you will be encouraged to look after your baby yourself. This helps with bonding. The staff will use a special score chart to assess the condition of your baby. They will discuss this chart with you so you can help monitor your baby's condition. Some babies experiencing withdrawal symptoms may need to be admitted to the 'neonatal unit' or 'special care baby unit' for observation and treatment. Treatment aims to get baby feeding and sleeping properly. The medication given to your baby to treat the withdrawal symptoms will be gradually reduced providing baby is feeding and sleeping well.

DRUG LIAISON MIDWIFERY SERVICE



There are three Drug Liaison Midwives linked to the three main maternity hospitals in Dublin and employed by the HSE addiction service.

- Victoire Hurley – HSE Dublin Mid-Leinster
Linked to the National Maternity Hospital (01) 661 0277.
- Justin Gleeson - HSE Dublin North East. *Linked to the Rotunda Hospital (01) 873 0700.*
- Deirdre Carmody – HSE Dublin Mid-Leinster
Linked to Coombe Women and Infant's University Hospital (01) 453 7561.

The role of the Drug Liaison Midwife (DLM)

This is a user friendly service which aims to give women a more positive birth experience and improve the health of the women and their babies.

- DLM provides a rapid assessment into drug treatment programme for pregnant opiate dependant women.

- DLM arranges booking visits. Encouraging early antenatal care.
- DLM encourages the use of antenatal services and follows up on missed antenatal appointments.
- DLM supports and provides information on drug use and pregnancy to both drug dependant pregnant women and staff involved in their care.
- DLM arranges and sees women at appointments in their maternity hospital and methadone clinics.
- DLM visits and supports women when they are inpatients in their maternity hospital.
- DLM arranges inpatient treatment for women who need to stabilise their drug use in a protective stable environment.

The DLM provides medical information between the drug service and the maternity hospital regarding your care. The maternity hospital have a team a specialised medical staff to provide a comprehensive care for you that it sensitive and appropriate to each woman and her individual needs. The multidisciplinary team includes a consultant obstetrician, midwives, social workers and DLM, linking you to other services such as the paediatric services, GUIDE clinic, nutritionist and psychiatric staff.

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