

Drug abuse in pregnancy

This leaflet explains.....

The risks to children posed by drug abuse
in pregnancy and the possible outcomes.

Securing families for Suffolk children



SUFFOLK ADOPTION AGENCY

Pregnancy and Drug Abuse

Pregnancy in an addict or alcoholic is, by definition, a high risk¹.

In America it has been estimated that 5.5% of women use illicit drugs during pregnancy (1).

Alcohol and narcotics can freely cross the placenta and this can lead to foetal addiction before birth.

Background

As a brief summary, drugs taken during the first 3 months of pregnancy, particularly weeks 3-11, may produce birth defects (congenital malformations), whereas drug abuse during the final six months of pregnancy tends to affect growth, impairs the functional development of specialised tissues and may even have poisonous effects on the foetus.

If drugs are taken actually during the labour or else just prior to the delivery, then complications can affect the birth and the baby may demonstrate withdrawal effects soon after delivery.

As well as these complications, babies born to drug-abusing mothers may also be at risk of developmental impairment in later life.

Heroin and methadone are the drugs most frequently abused but symptoms of withdrawal are also seen with alcohol, phenobarbital, pentazocine, codeine, propoxyphene, cocaine and diazepam usage. Frequently more than one substance is abused so the determination of each specific drug's effect is often of little benefit. Heavy cigarette smoking is also a compounding factor.

¹ Increased obstetric complications, premature labour, sexually transmitted diseases, hepatitis B&C, TB, HIV, neonatal and developmental complications.

Outcome

During their pregnancies, narcotic dependent women often receive inadequate antenatal care due to their chaotic lifestyle. Subsequently:

- Their babies are frequently born early (premature) and this can lead to breathing and neurological problems in their new-born period.
- At delivery, these babies are often smaller than expected due to poor growth during pregnancy, and this “smallness” persists through infancy. (2)
- Due to passage of substances through the placenta, the baby can become an addict in the womb and so at birth it will have symptoms of withdrawal – irritability, tremors, increased muscle tone, rapid breathing, sneezing, yawning, diarrhoea, abnormal sleeping patterns, fits and high pitched crying.
- 50-75% of infants born to-addicted mothers demonstrate signs of withdrawal (1)
- The symptoms usually appear within 24 hours of birth but rarely appear as late as 4-6 weeks of age.
- Withdrawal symptoms are usually managed using various narcotics, sedatives or hypnotic agents; the choice being determined by the local Neonatal Units consultant.
- Treatment may be required for a variable period – between 4 days and 6 weeks for heroin withdrawal. (In methadone withdrawal, larger amounts of medication may be required for a longer period).
- Milder symptoms, similar to the withdrawal symptoms seen after birth, often persist for up to 6 months after delivery. These “Sub acute withdrawal symptoms” (1) have behavioural manifestations such as disturbed sleep patterns of sleep and increased irritability.
- There are often on-going medical concerns regarding the long-term outlook for these babies. Learning and behavioural difficulties, and mental developmental delay in later life have been reported in follow up studies although these findings are confounded by other social and environmental factors e.g. high risk pregnancy, poor diet, poor health care and sub optimal child rearing environments and practices (1). Their overall intellectual functioning is not thought to be that different from normal comparisons, although perceptual and reasoning skills are thought to be impaired, and

features of inattention, poor concentration and poor short term memory are more common (1).

Alcohol abuse

See "Foetal Alcohol Syndrome" information sheet.

Tranquillisers (Benzodiazepams e.g. Valium)

Can also cross over the placental affecting the foetus.

Physical abnormalities e.g. cleft palate, heart defects, may result.

The baby's development may be delayed, but usually it catches up after birth by the age of 4 years.

Withdrawal symptoms – irritability, poor feeding – may also feature.

These drugs will also be present in breast milk if the mother is still using them, further affecting the child.

Others

Specific side-effects may be associated with other drugs of abuse e.g. babies born to cocaine addicts have an increased risk of stroke in the new-born period and may have ongoing physical difficulties as a result.

Further Reading

1. *Infants of Addicted Mothers*. Neonatal-Perinatal Medicine, Diseases of the Foetus and Infant, 6th Edition, Chapter 35.
2. *Maternal HIV infection, drug use and growth of uninfected children in their first 3 years*. Arch. Dis. Childhood, Vol 73, 490-495, 1995.
3. *Maternal Substance Abuse*. Diseases of the Newborn, 6th edition, Schaffer & Avery, Chapter 26.
4. *Narcotic use in Pregnancy*. Clinics in Perinatology, Chemical Dependency & Pregnancy, March 1991, Chapter 10.

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