Pregnant and using alcohol or drugs?
An information guide
Pregnant and using alcohol or drugs?

Information to help you, your baby and your family

Knowing about the effects of tobacco, alcohol and drug use during pregnancy is important. This booklet provides you with some information and advice to help you and your baby stay as healthy as possible and to help you prepare for the birth of your baby.

Tobacco, alcohol and drug use during pregnancy

You might be feeling worried about how your alcohol or drug use could affect your pregnancy and baby. There are risks associated with tobacco, alcohol and drug use. Reducing these risks could be helpful to both you and your baby with the right support.

We do know that smoking tobacco during pregnancy (or being exposed to tobacco smoke) is definitely harmful to you and your unborn baby. We advise all pregnant women (and their partners) who smoke cigarettes to stop smoking and can provide help for you to do this! Ask your midwife, GP, or pharmacist for help.

Smoking tobacco, using street drugs (like heroin, cocaine or crack), injecting drugs or being dependent on drugs (like methadone or valium) can all increase your chances of having a preterm (premature) birth and a low birth weight (small) baby. The risk of cot death (sudden infant death syndrome or SIDS) is also increased.

Babies born to women who drink too much alcohol during pregnancy can also be born with birth defects and brain damage. This can lead to serious long term problems for children. Even low to moderate levels of alcohol have been linked to an increased risk of miscarriage and no ‘safe’ level of alcohol use during pregnancy has been established. We therefore advise all pregnant women to avoid alcohol during the first 3 months of pregnancy and
preferably up until the baby is born. If you choose to drink alcohol during pregnancy, we recommend drinking no more than 1-2 units of alcohol once or twice a week. As a Trust we advocate ‘no alcohol in pregnancy’ advice. Speak to your midwife, GP or health worker to work out how many units are in alcoholic drinks.

**Tobacco** and **crack/cocaine** use are linked to a number of problems in pregnancy because these drugs reduce oxygen and blood flow to the unborn baby, and they can affect the placenta (afterbirth) in a number of ways. **Injecting drugs** carries risks for you and your baby, especially the risk of infections and preterm delivery.

Little is known about the effects of other drugs such as cannabis (weed), amphetamines (speed), ecstasy, LSD (acid) and novel psychoactive substance synthetic drugs or ‘legal highs’ (mephedrone, spice, black mamba).

Street drugs may contain impurities and can put extra strain on your liver and kidneys, so it is better if you can use **only drugs that have been prescribed to you** when you are pregnant. Misuse of over counter medications or prescribed medications may also have an effect on your pregnancy.

Legal highs (novel psychoactive substances) are made to have the same effects as illegal drugs. There is no research into the long term effects of these drugs as nobody knows what is in them apart from the manufacturer, but there have been several deaths linked to these drugs.

Volatile substances (glue, gas, sniff, whippets, poppers) are among one of the most dangerous types of substances that can be used. It is estimated that 3 young people die of volatile substances every week. Death can occur with the very first use.
Changing your drug use when pregnant

If you are using opiate drugs (e.g. methadone, dihydrocodeine, buprenorphine or heroin) try to keep your drug use as stable as possible throughout your pregnancy. This means taking the same amount of drug every day and avoiding taking extra. Remember: remaining on prescribed drugs like methadone throughout pregnancy is perfectly OK. It is not appropriate for anyone to tell you that you MUST come off methadone when pregnant.

Reducing... talk to your doctor or drug worker first, so that you can do this sensibly. It is important to avoid relapse, so slow reductions over a number of weeks or months are normally recommended. If you are taking benzodiazepines (e.g. valium) you will be given help to reduce these first.

Stopping... it is generally safe to stop using cannabis (weed), cocaine or crack, amphetamines (speed), ecstasy, LSD or acid. We normally suggest stopping all these drugs during pregnancy. If you cannot stop taking stimulant drugs (e.g. cocaine, crack or speed) then get help as soon as you can, because heavy use of these drugs during pregnancy tends to lead to a number of complications. Stopping tobacco smoking at any time during pregnancy can be good for the baby so ask for help whenever you feel ready to stop.

Some woman who are dependent on opiates or benzodiazepines consider stopping their drug use altogether

If you think you might want to do this then you should speak with your doctor or specialist drug worker. DO NOT suddenly stop taking opiates (e.g. heroin, methadone, dihydrocodeine or buprenorphine) or benzodiazepines (e.g. valium) as this could be risky for you and your baby. It is best done under medical supervision, so that your unborn baby can be checked and you can be given support.
Alcohol... heavy drinking during pregnancy (including binge drinking) can be very harmful to your baby. If you are drinking more than 2 standard drinks (or 3 units) every day and can’t stop or reduce your drinking, then talk to your midwife or doctor who can arrange specialist help. If you are drinking heavily (more than 5 standard drinks a day – or 7.5 units) then you should get help straight away. Pregnant women who are alcohol dependent (addicted to alcohol) will be seen very quickly and are normally offered treatment – a detox – to help them stop drinking. Talk to your midwife, GP or a healthcare professional about your alcohol use in more detail. No alcohol = No risk.

Effects of alcohol and drugs after the baby is born

If you are dependent on certain drugs the baby will be born dependent on these too, and can develop what is known as neonatal abstinence syndrome. This is a condition where the baby shows signs and symptoms of withdrawal (usually within 3 days of birth). It can happen with alcohol, benzodiazepine drugs (e.g. valium), and opiates (e.g. methadone, dihydrocodeine, buprenorphine or heroin). At birth, the baby’s drug supply stops and the baby goes through a period of withdrawal. Baby withdrawals usually last a few days or weeks, but they can go on for a number of months.

It is difficult to predict how each baby will react. It depends on what drugs you have been taking, how much and for how long. It also depends on the way your body deals with the drugs you are taking (your metabolism during pregnancy), the gestational age of the baby (how far the pregnancy has gone when the baby is born), and the baby’s ability to clear the drugs from their system.

It is important to remember that there is no clear link between the amount of drugs you take and whether or not the baby will be affected after it is born. This means that even if you reduce your intake of drugs before the birth, the baby may develop withdrawal
symptoms. In the same way, some babies born to mothers who are on high doses of drugs like methadone do not always develop severe symptoms. This is why we like to prepare all parents just in case.

**Antenatal care (before the birth)**

When you are pregnant it is very important that you attend for all your appointments, scans and other tests. Women (and their babies), who get regular antenatal checks tend to do better than those who don’t.

Midwives and doctors are there to help and will answer any questions and fears that you may have. When you see the midwife, talk to them about your tobacco, alcohol and drug use so that you can be offered the care that you, your baby and your family need.

If you have a drug or alcohol worker, tell them you are pregnant so that they can help you manage your substance use during pregnancy. You might also need support from other services such as a social worker or counsellor to help with benefits or any other social issues e.g. housing, debts, legal problems, employment issues etc. You might also need support from children’s services to help with child care, especially if you have other children to look after.

The midwife may organise a meeting with you and any other services involved in your care when you are pregnant to discuss how things are going and to plan for the arrival of your baby.

This should ensure that all the professionals involved in your care are clear about what support you and your family need.

Your health visitor may visit you at home prior to your baby being born. Sometimes there are concerns about a parent’s, or both parents, ability to cope with a newborn baby and there are possible risks to the unborn baby’s well-being and safety. In these
circumstances, social services normally take the lead in planning care for the family and may organise a child protection case conference and may set up a child protection care plan before the baby is born. Either way, you should be clear about what support is in place for you and the family well before the birth.

**HIV, hepatitis B and hepatitis C**

Your midwife will offer routine testing for HIV and hepatitis B at your antenatal booking appointment. These infections can pass from mother to baby. Treatment can now greatly reduce the likelihood of your baby getting these infections so it is important that you get tested. If you have injected drugs or had unprotected sex (sex without a condom) with anyone who has injected drugs, you could be at risk of HIV, hepatitis B and hepatitis C. Your midwife or GP will normally offer testing for hepatitis C if you have been at risk. We also recommend that you get immunised (vaccinated) for hepatitis B. If you (or your partner) are injecting drugs we recommend that the whole household gets immunised. Unfortunately there is no immunisation available against HIV and hepatitis C.

**Labour and childbirth**

Most women who use alcohol or drugs have a normal labour and a normal delivery. Some women worry about whether or not they will be given enough pain relief… you don’t need to worry. You will get to take your prescribed drugs as normal in hospital and you will also be given additional pain relief when you need it. It is important that hospital staff know what drugs you are taking (including any street drugs), as this may affect what pain relief is given.
Postnatal care (after the birth)

Mothers using drugs or alcohol are advised to stay in hospital (in the postnatal ward) for at least 3 days (72 hours) after the baby is born so that the baby’s condition can be checked. On the postnatal ward you will be looking after your baby at all times with support from maternity staff with baby care and feeding. Following the birth, the changes in your body can mean that your normal dose of prescribed drug affects you more than usual. This is something to be careful of as it may affect your parenting ability.

Before you and your baby can be discharged from hospital, the staff will want to review the care plan for your family, and if necessary make some changes if needed. This will depend on how your baby is doing and how you and your partner are coping.

The time after the baby is born can be difficult for some mothers and fathers. Tiredness, lack of sleep, the ‘baby blues’, and other stresses (like the baby still having some withdrawal symptoms) can make it harder to look after your baby. This is normal and your midwife, health visitor, doctor and drug/alcohol worker are there to offer support. **If you feel you are not coping. seek help.**

Feeding

Breastfeeding has lots of benefits for the long-term health and development of your baby. It helps to promote bonding, and it helps to calm babies who develop withdrawal symptoms.

In most cases, the benefits of breastfeeding outweigh any worries about continued drug use. However, the midwife or obstetrician will discuss the risks involved in breastfeeding if you are injecting, using street drugs, drinking alcohol heavily or taking any other drugs/medication that might pose a problem for breastfeeding. There is no evidence that hepatitis C is passed to the baby through
breastfeeding, so even if you are hepatitis C positive you will be encouraged to breastfeed.

If you are prescribed methadone, it is important to know that only a small amount of the drug is passed to the baby through breast milk, even if you are taking high doses. If you do successfully breastfeed and continue to take drugs like methadone you will be advised to slowly wean the baby onto solids when the time is right. Your health visitor can give you advice about this.

**Safe sleeping**

If you smoke cigarettes, drink alcohol or take drugs, it is very important to remember **NEVER share a bed with your baby – and NEVER feed your baby lying down in bed, on a sofa, or in a chair where you could fall asleep and suffocate or injure your baby.** We advise parents to always let their baby sleep safely on their back in a cot. The midwife and health visitor will talk to you about the risks of bed-sharing and will also discuss cot death (sudden infant death) and ways to reduce the risk of cot death.

**Dads**

Drug and alcohol services also understand the importance of helping fathers-to-be who have drug and/or alcohol problems and will want to offer them a similar service. If your partner has problems related to alcohol or drugs then tell them to speak to their own GP or the midwife, who can arrange help.

**Getting support**

It is very important that you get all the help and support you need during your pregnancy and beyond. Show this leaflet to your partner and any other person (family or friends) who will be
supporting you throughout your pregnancy and in looking after your baby.

Everyone is interested in your wellbeing and the wellbeing of your baby and family, and we want to make your experience of pregnancy and childbirth a happy one.

Please feel free to speak to a healthcare professional about the information in this leaflet, or if you would like any further information.

Helpful numbers

My maternity hospital is
Tel:
My midwife is
Tel:
My obstetrician is
Tel:
My pharmacist is
Tel:
My health visitor is
Tel:
My drug/alcohol worker is
Tel:
My social worker is
Tel:
Other workers involved in my care
Leaflet produced in conjunction with Early Break and Drugscope
If English is not your first language and you need help, please contact the Ethnic Health Team on 0161 627 8770

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

Date of publication: October 2015
Date of review: October 2018
Ref: PI (WC) 968
© The Pennine Acute Hospitals NHS Trust

wood pulp sourced from sustainable forests

www.pat.nhs.uk