

6 DRUGS, PREGNANCY AND BREASTFEEDING

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introduction

Most drugs can cross the placenta and therefore affect the unborn child. Use of some drugs during pregnancy may cause miscarriage, foetal distress, premature labour, foetal abnormalities, deformities in the baby, low birth weight, developmental delays or a range of other complications in the child.

There is no known safe level of psychoactive drug use during pregnancy, so it is recommended that pregnant women and women considering pregnancy avoid alcohol, tobacco and other non-prescribed drugs. Even small amounts of alcohol early in pregnancy has been associated with reduced birth weight of the baby.

Often a woman who has been using drugs does not realise she is pregnant until several months into the pregnancy. If a woman is using any drugs, including prescription medicines, she should discuss it with her doctor when she is considering pregnancy or as soon as she realises she is pregnant. If a woman is drug dependent during pregnancy her baby may experience withdrawal symptoms after birth. This may mean that the baby has to stay in hospital a bit longer than normal until the symptoms have settled down.

Withdrawal from drugs such as methadone or heroin may place your pregnancy at risk. You should seek advice from your doctor or drug and alcohol service if you are using heroin or methadone.

taking care of your health

Talk to a health professional about your alcohol or drug use as early as possible in your pregnancy. Obtaining information, advice and referral to services in early pregnancy can help you have a healthy and less stressful pregnancy. Even if your pregnancy is well advanced, you and your baby will still benefit from obtaining information and advice.

Drug and alcohol use can affect your appetite and lead to a poor diet. Healthy eating is good for you and your pregnancy. Ask to see a dietitian for advice and information. You may need to take dietary supplements during your pregnancy and after the birth of your baby. Get advice from your dietitian, doctor or midwife before starting supplements.

smoking and pregnancy

Smoking tobacco and other substances is harmful to your pregnancy and should be avoided. Reduced oxygen and nutrition to your baby via the placenta (afterbirth) may occur. This may result in reduced growth of your baby during pregnancy and low birth weight. Smoking is associated with an increased risk of SIDS (Sudden Infant Death Syndrome) and the development of asthma and breathing conditions in children. For these reasons, most health professionals will recommend you at least reduce, and preferably cease, smoking in pregnancy.

alcohol in pregnancy

There are no known safe levels of alcohol consumption in pregnancy. Drinking alcohol while pregnant increases the risk of miscarriage, prematurity, birth defects, poor foetal growth and stillbirth. The baby's health is most at risk in the first three months of pregnancy. Talk to a doctor, midwife or counsellor about alcohol and pregnancy.

inhaling and pregnancy

Inhaling or chroming can cause harm to you and your pregnancy. During pregnancy you are more likely to have a miscarriage and your baby may be born with birth defects, low birth weight and has an increased risk of SIDS. Chroming is not safe and it is important to get advice from your doctor or drug and alcohol service.

withdrawal in pregnancy

Reducing and ceasing alcohol and other drugs in pregnancy is generally recommended. However, abruptly ceasing alcohol and some drugs such as benzodiazepines and heroin can be harmful for your health or your pregnancy. It is important that withdrawal is managed safely. This is best done with advice and support from a drug and alcohol service or your doctor. Methadone stabilisation is recommended as a safer option for your pregnancy than heroin withdrawal.

heroin, methadone and pregnancy

Withdrawing from opiates such as heroin or methadone during pregnancy is not recommended. Periods of withdrawal can place your pregnancy at risk. Stabilising on methadone is the best treatment option if you are using heroin because it:

- creates a stable environment for your baby, since it is a long acting medication;
- prevents withdrawal symptoms;
- allows you to address issues in your life; and
- gives you the time to attend to pregnancy care and prepare for the birth of your baby.

As your pregnancy progresses you may need to increase your methadone dose.

injecting drug use and pregnancy

If you are injecting drugs, there is an increased risk of contracting blood borne viruses such as hepatitis and HIV if you share needles. These infections will affect your health and your pregnancy. Acute intoxication and substances drugs may be cut with can also be harmful to your pregnancy.

hepatitis C and pregnancy

If you have Hepatitis C, the risk of transmitting the virus to your baby during pregnancy is low — estimated to be around 5% if you have detectable levels of the virus in your blood.

If you are receiving treatment for Hep C, you will need to let your doctor know if you are pregnant or breastfeeding, as some types of treatment (combination therapy using Ribavirin) will be unavailable to you because they may potentially cause harm to your baby. See Chapter 2, *Taking Care of Yourself*, for more information on treatments for Hep C.

Your baby is not tested for Hep C at birth, as all babies will be born with their mothers' antibodies in their blood. Babies can be tested at 18 months of age. By this time, most babies' test results will be negative, as their mother's antibodies will have disappeared.

HIV/AIDS and pregnancy

If you are HIV positive and pregnant or considering becoming pregnant, it is important to talk to your doctor about ways to minimise the risk of transmitting HIV to your baby. Transmission can occur during pregnancy, at birth or by breastfeeding. You may be advised to change your treatment during pregnancy, to have a caesarean delivery and not to breastfeed your baby. See Chapter 2, *Taking Care of Yourself*, for more information about HIV/AIDS.

drug and alcohol counselling and pregnancy

Pregnancy may be a good motivator to reduce or cease your drug or alcohol use. Drug and alcohol counselling provides the opportunity to:

- explore personal issues and make positive changes;
- learn new ways to manage stress;

- develop strategies to reduce or stop using;
- obtain a referral to support services;
- access information about harm minimisation, in order to reduce the harm to yourself and your pregnancy; and
- obtain advice about parenting skills.

after the birth of your baby

Neonatal Abstinence Syndrome (NAS)

NAS is infant withdrawal from opiates such as methadone, buprenorphine or heroin. This condition can occur in any baby whose mother has been on methadone, or used heroin or other opiates, during pregnancy. Babies need to be observed in hospital for at least seven days for signs of withdrawal. During this time, babies may be unsettled, have feeding difficulties and require extra comforting from their parents.

Approximately 20% of babies will experience a more difficult withdrawal that requires the baby to stay in hospital longer. These babies are given morphine treatment over a period of about three to four weeks. Some babies require longer treatment. NAS is a condition that can be treated safely and with no long-term effects on babies.

withdrawal from other drugs

Babies may experience withdrawal symptoms from other drugs. Withdrawal symptoms from other drugs may include irritability, unsettled behaviour, sleepiness, poor feeding and slow weight gain. Babies experiencing these problems may have to stay in hospital longer until the problems resolve.

breastfeeding

Breastfeeding is the best method of feeding your baby and is also good for your health. If you intend to breastfeed, it is important to be aware of the effects your alcohol or drug use will have on your baby when breastfeeding. Drugs you are using may pass into your breast milk and may be harmful to your baby.

If you are sharing injecting equipment or not injecting safely, you increase the risk of contracting HIV/AIDS, which can be passed on to your baby in your breast milk.

Substances that drugs are cut with may also pass into your breast milk and be harmful to your baby.

If you have Hep C, it is safe to breastfeed unless your nipples are cracked and there is blood present in your milk. The risk of this occurring can be minimised by ensuring your baby is attaching to your breast correctly. If you have cracked nipples and blood present in your milk, express regularly to maintain your supply, but discard the milk until your nipples are healed. It is then safe to breastfeed your baby again. For further information contact your midwife or maternal and child health nurse.

If you plan to breastfeed your baby, talk to your doctor or midwife during your pregnancy. They can assist you to get accurate information so you can make the necessary changes to your drug and alcohol use and make an informed and safe decision about breastfeeding.

Sudden Infant Death Syndrome (SIDS)

The risk of SIDS occurring is increased if you are using drugs or alcohol during pregnancy or after the birth of your baby. Apart from reducing or ceasing your alcohol and drug use and smoking (with appropriate assistance from a health professional and/or support group), there are a number of things you can do to decrease this risk:

- Follow the 'SIDS and Kids' safe sleeping guidelines (see below for contact details).
- Provide a smoke-free environment for your baby during pregnancy and after birth.
- Don't have your baby sleep in your bed with you. Drugs, alcohol and prescribed medicines can cause you to sleep heavily. This may make you less aware of where your baby is in the bed, leading to the risk of accidentally smothering the baby under these circumstances.
- Develop a safety plan. Have a responsible adult available to care for your baby if you decide to use drugs or alcohol.
- Be sure that other people who care for your baby know how to put her/him to sleep safely.

further information

SIDS and Kids

Ph: 1300 308 307 (24-hour telephone advice service)

For information on specific drugs and pregnancy or breastfeeding, and advice or referral contact:

Women's Alcohol and Drug Service (WADS)

The Royal Women's Hospital Ph: 9344 3631

The Royal Women's Hospital Drug Information Service

Ph: 9344 2277

If you are looking for ways to prevent or treat cracked nipples, speak to your midwife, maternal and child health nurse or lactation consultant. You do not have to tell them you have Hep C.

Maternal and Child Health Nurse

Ph: 13 22 29 (24-hour service)

If you want to speak confidentially about breastfeeding and Hep C, contact:

Australian Breastfeeding Association — 24-hour helpline

Ph: 9885 0653 — you will be given the name and phone number of a consultant to call.