

Drug and alcohol use in pregnancy

Department of Maternity

Last reviewed: July 2024

Information for Patients

Next review: July 2027

Leaflet number: 357 Version: 2

Drug and alcohol use in pregnancy

Information in pregnancy about substance misuse is important. You need to be aware of the effects of drugs and alcohol on your baby whilst you are pregnant and after you give birth.

Using drugs in pregnancy

You may be worried about how your baby will be affected by your drug use. Some people who use drugs and alcohol will have a normal pregnancy. But **there are risks to you and your baby.**

Tell a professional you are using drugs/alcohol

When you have your first appointment with your midwife you will be asked about any past or current drug or alcohol use. Be open and honest with your midwife as they will be able to support you in getting specialist care. We can refer you to a specialist midwife. They can look at your needs with you and share your care between Turning Point and the hospital maternity services. Turning Point is the drug and alcohol service for Leicester, Leicestershire and Rutland.

Drug and alcohol services also have appointments for pregnant people.

Children's Services support

Drug and/or alcohol use does not mean you cannot look after your baby. But a referral may be made to Social Services if you need support, or if we have any concerns. The sooner the right people are involved to give you help and support, the better for you and your baby/ children.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Risks to your baby

Alcohol

There is no proven safe limit for drinking any alcohol while you are pregnant. Drinking just 4 units in one episode of drinking can affect your baby.

If you drink alcohol regularly you will have a high risk of you and your baby's health being affected by the alcohol. We cannot say exactly how much alcohol can affect you and your baby as it affects each adult and child differently. It affects different parts of your baby depending on how many weeks pregnant you are.

If you drink alcohol less often, such as 1 to 2 units in one episode, there will still be a risk that you and your baby's health will be affected. But this risk will be lower.

If you drink no alcohol there will be no risk of health problems for you and your baby linked to alcohol.

Alcohol can pass through to your baby as early as 2 weeks after conception. Your baby does not have a developed liver yet so the toxins from alcohol build up in their system and can kill brain cells and can affect the nervous system throughout the pregnancy. Alcohol can also cause miscarriage.

The effects of alcohol on a child is known as Fetal Alcohol Spectrum Disorder (FASD)/Fetal Alcohol Syndrome (FAS). The effects can be mild or severe and can cause behavioural changes as they grow, lower intellectual ability and attention deficit and hyperactivity disorder (ADHD)

It can also cause other physical problems such as heart problems. Some babies may have certain distinctive facial features, particularly if they are exposed to alcohol during the first 13 weeks of pregnancy. Many children affected by FASD/FAS have behavioural and social difficulties throughout their life.

Opiate use (for example, Heroin, Codeine, Methadone, Buprenorphine)

If you are using illicit drugs such as Heroin or you are dependant on opiates, there is a risk of your baby being born smaller, premature or early. Babies have a higher risk of Sudden Infant Death Syndrome (SIDS) especially if you smoke tobacco.

Babies can suffer withdrawal effects. These can be upsetting for you and your baby but the symptoms will reduce over time (usually 6 to 8 weeks).

It is vital that a baby is not given methadone at all, due to the risk of death from methadone overdose. Dummies should **not** be dipped into methadone or sucked by a parent that has recently taken their methadone dose. If your baby is showing signs of withdrawal talk to your midwife/health visitor about what is the best care for your baby. Often cuddling your baby in a quiet room without bright lights, giving your baby a soother/dummy to suck and making sure all of your baby's needs are met will help calm them.

If you are using opiates **not** prescribed to you, tell us as soon as possible. We can then make a quick referral to Turning Point. It is safer to be prescribed medication such as Methadone (Physeptone) during pregnancy than to give up opiates suddenly and experience the withdrawal effects as a result.

If you are thinking about reduction, please talk about this with your Recovery Worker/Specialist Midwife. The safest time to reduce any medication is in the 2nd trimester (13 to 28 weeks).

Stimulants (for example, Cocaine, Crack, MCAT, Amphetamines, Ketamines)

Stimulant use in pregnancy can cause a reduced blood flow to your baby. This can cause a lack of oxygen to your baby and may lead to miscarriage or placental abruption (the placenta becomes detached from the wall of the uterus). This can cause your baby to die before birth (stillbirth) and can be life threatening for the mother without medical treatment.

Stimulants can affect the mother's blood pressure leading to high blood pressure and other complications. Babies born to mothers using stimulants can also be born prematurely and small. You should **stop** using stimulants during pregnancy and get support.

Suppressants - Benzodiazepines, (for example, Diazepam, Nitrazepam, Temazepam)

Benzodiazepines used in pregnancy have been linked to causing facial abnormalities such as cleft lip/palate. But if you are using these you should not stop these suddenly as this can cause you to suffer withdrawal symptoms. You should talk to your GP or Recovery Worker who will be able to help you reduce in pregnancy safely and slowly. You will also be monitored throughout your pregnancy and care provided as needed.

Cannabis use

Research has suggested that Cannabis can cause stunted growth, ADHD, anxiety and depression in later life. This is because of the impact that THC has on the baby's developing brain. When Cannabis is smoked it is estimated that it can produce 3 times as much tar and 5 times as much carbon monoxide than smoking tobacco.

If smoked with tobacco there are also increased risks of SIDS, smaller baby and other pregnancy complications.

It is safe to stop using Cannabis. But if you are struggling to stop, please ask for support. A referral to Stop Smoking Service can also be of help.

Novel Psychoactive Substances (previously legal highs)

These used to be called legal highs and there has been an increase in the use of them. There is no research into the safety of use in pregnancy and we advise you not to use these substances to protect both yourself and your baby.

If you are already in drug treatment services

When you know you are pregnant tell your Recovery Worker or Doctor. They will tell the Specialist Midwife/Community Midwife who will share your care and support you through your pregnancy and any planned reduction of your prescribed medication.

If you are on opiate substitute medication, **do not stop taking it** - it is important to remain stable by taking the same amount every day and avoid "use on top" with other drugs.

If you inject drugs please be honest with your Midwife/Recovery Worker/GP as you may need extra appointments to assess your health. They will also be able to support you to stop injecting.

Help and advice

Everyone involved in your care is there to support you and your baby and ensure the experience is as positive as possible for you. It is important that those caring for you are aware of your drug use so they can support, help and assess your needs. You can talk to your Recovery Worker/Midwife/Health Visitor about any concerns you may have.

More advice is available at:

Turning Point	0330 303 6000
	www.turning-point.co.uk
National Drugs Helpline	0800 776600
Alcoholics Anonymous	0845 769 7555
NHS Advice Line	111
Stop Smoking Service (Leicester City)	0116 454 4000
Stop Smoking Service (Leicestershire & Rutland)	0845 045 2828
National FASD	www.nationalfasd.org.uk
NHS webpage about fetal alcohol spectrum disorder	www.nhs.uk/conditions/foetal-alcohol-spectrum-disorder/
FRANK	www.talktofrank.com

Contact details

Specialist Midwife: 07966 558286 or 07717 694341



اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk