

The risks of drug and alcohol use in pregnancy

Department of Maternity

Information for Patients

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Drug and alcohol use in pregnancy

Talking about substance use in pregnancy is important. You need to know about the effects of drugs and alcohol on your baby. This information is for when 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 health professional that you are using drugs/alcohol

At 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. They will be able to support you in getting specialist care. They can refer you to a specialist midwife. They can look at your needs with you. They can share your care between local drug and alcohol services. Examples of services are 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 when you are pregnant.

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

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

Risks to your baby

Alcohol

There is no proven safe limit for drinking any alcohol while you are pregnant. We cannot say exactly how much alcohol can affect you and your baby. Alcohol affects each adult and child differently. It affects different parts of your baby depending on how many weeks pregnant you are.

Drinking alcohol regularly. There is a high risk of you and your baby's health being affected by the alcohol.

Sometimes drinking alcohol (1 to 2 units in at a time). There is a low risk of you and your baby's health being affected.

Drinking no alcohol. You and your baby are at no risk of health problems 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.
- The toxins from alcohol build up in your baby's system. The toxins can kill brain cells. This can affect the nervous system throughout the pregnancy.
- Alcohol can also cause pregnancy loss.

Fetal Alcohol Spectrum Disorder (FASD)/Fetal Alcohol Syndrome (FAS)

The effects of alcohol on a child is called FASD or FAS. The effects can be mild or severe. FASD or FAS can cause changes in behaviour as they grow. Behaviour changes can be:

- neuro-diversity
- potential problems with learning
- attention deficit and hyperactivity disorder (ADHD)

Fetal Alcohol Spectrum Disorder can also cause other physical problems. Problems may be:

- Heart problems
- Certain distinctive facial features. This is more likely 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 or you are dependant on opiates, there are risks to your baby. Risks include;

- Being born smaller
- Being born premature or early

- Babies have a higher risk of Sudden Infant Death Syndrome (SIDS). Mostly if you smoke tobacco.
- Babies can suffer withdrawal effects. These can be upsetting for you and your baby. The symptoms will reduce over time (usually 6 to 8 weeks).

You must not give your baby methadone.

There is a risk of death from methadone overdose. Dummies should **not** be dipped into methadone. Dummies should not be 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. They can support you in what is the best care for your baby. You can help settle your baby by:

- cuddling your baby in a quiet room without bright lights
- giving your baby a soother or dummy to suck
- making sure all of your baby's needs are met

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. Giving up suddenly can cause withdrawal effects.

If you are thinking about using less, 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. This may lead to miscarriage or the placenta becomes detached from the wall of the uterus (placental abruption). This can cause your baby to die before birth (stillbirth). It can be life threatening to you without medical treatment.

Stimulants can affect your blood pressure. They can cause high blood pressure and other complications. If you are using stimulants, your baby can also be born early (premature) 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. This can cause withdrawal symptoms. Talk to your GP or Recovery Worker. They will be able to help you. They will help you to reduce your use in pregnancy safely and slowly. You will also be checked throughout your pregnancy and supported as needed.

Cannabis use

Studies have shown that cannabis can cause:

- stunted growth,
- ADHD
- anxiety and depression in later life

This is because of the impact that Tetrahydrocannabinol (THC) has on your 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 cannabis is smoked with tobacco there are also increased risks of:

- Sudden Infant Death Syndrome (SIDS)
- smaller baby
- other pregnancy complications

It is safe to stop using cannabis. But if you are struggling to stop, please ask for support. We can refer you to Stop Smoking Services who can help.

Novel psychoactive substances (used to be called legal highs)

These used to be called legal highs. There has been an increase in the use of them. There is no research into the safety of use in pregnancy. We advise you not to use these substances. This will protect both you 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. They will 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. Avoid "use on top" with other drugs.

Help and advice

Everyone involved in your care is there to support you and your baby. We want to help your pregnancy experience to be 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.

Children's Services support

Drug and/or alcohol use does not mean you cannot look after your baby. We may make a referral to Social Services if you need support. We may also refer to Social Services if we have any concerns. It is good to get the right people involved early. They can give you help and support. This is better for you and your baby/ children.

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: 0796 655 8286 or 0771 769 4341



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

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

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