

PREGNANCY AND SUBSTANCE USE

All substances, (including herbal and over the counter medications), taken during pregnancy will cross the placenta to the baby. Therefore, it is important for case managers / youth workers etc., in collaboration with health care providers, to support and encourage young pregnant women to abstain or reduce their use of substances during pregnancy and after the birth.

The level of risk to the baby will depend on:

- the type of drug
- the amount consumed
- how often the drug is consumed
- the stage of pregnancy
- other personal and lifestyle factors.

ALCOHOL

Alcohol consumption during pregnancy can cause a range of health problems that may interfere with the healthy growth and development of the unborn child. All pregnant women should be advised that no safe level of alcohol consumption has been determined. The NH & MRC Guideline 2009 recommends:

- not drinking alcohol is the safest option.
- the risk of harm to the baby is greatest when there are regular high levels of drinking and intoxication.
- the level of individual risk is difficult to predict and is considered 'case by case'.

(FASD) FOETAL ALCOHOL SPECTRUM DISORDER

FASD is the name given to a range of physical, mental, behavioural and learning difficulties that can be caused by drinking alcohol while pregnant. The effects of alcohol on the unborn child may be life long for both the child and family unit.

CANNABIS

Smoking cannabis can reduce the flow of oxygen and nutrients to the baby, increasing the risk of miscarriage, premature birth and stillbirth. Babies can be born underweight, have respiratory difficulties and be at risk of sudden infant death syndrome (SIDS).

TOBACCO

Smoking can disrupt the supply of oxygen and nutrients from mother to baby. Mothers who smoke tobacco are at risk of miscarriage and still birth. Babies are at risk of low birth weight, possible respiratory problems and sudden infant death syndrome. Abstinence early in pregnancy will give the greatest benefit to mother and baby, however stopping smoking at any point during pregnancy is beneficial. Pregnancy may be an opportunity to improve health outcomes for women while they are motivated to reduce or stop smoking.

SUDDEN INFANT DEATH SYNDROME

Both maternal smoking during pregnancy and environmental exposure of the infant to tobacco smoke are associated with an increased risk of SIDS. All parents and significant others should be advised of the association between environmental tobacco smoke and SIDS. Mothers who smoke tobacco (or cannabis mixed with tobacco), or who live with smokers, should be advised of these risks, and specifically:

- not smoke during feeding (whether breastfeeding or bottle feeding)
- not smoke in the house or the car with the baby, this includes, partners, family and friends.

AMPHETAMINES

The use of amphetamine type stimulants can cause seizures and/or heart problems for the pregnant mother, which can increase the risk of miscarriage, premature delivery and stillbirth.

COCAINE

Using cocaine during pregnancy can result in miscarriage, premature birth and detrimental effects on the cardiovascular system.

HEROIN

Heroin use increases the risk of miscarriage and premature birth. After birth, the baby is at risk of experiencing Neonatal Abstinence Syndrome and will require close monitoring for the first few days. Opioid replacement therapy is the safest way to manage heroin use during pregnancy and opiate treatment clinics will register pregnant women and their partners as a priority.

NEONATAL ABSTINENCE SYNDROME (NAS)

Neonatal Abstinence Syndrome (NAS) is a syndrome of drug withdrawal observed in infants of mothers physically dependent on drugs. NAS is more common in infants born to opioid-dependent women than in infants born to women dependent on other drugs or alcohol. There may be poor feeding, sleep-wake abnormalities, vomiting, dehydration, poor weight gain and occasionally seizures.

BENZODIAZEPINES (VALIUM, XANAX, SEREPAX, CLONAZEPAM)

It is important for pregnant women to be informed that if they use benzodiazepines regularly throughout pregnancy, the baby may experience withdrawal symptoms after the birth. Sedative medications can cause the baby to be drowsy, have respiratory difficulties and low muscle tone. These effects may interfere with feeding.

PRESCRIBED MEDICATIONS

Some prescribed medications may be risky during pregnancy. Encourage all pregnant women to discuss all prescribed medications with the treating health team and midwife.

OVER THE COUNTER MEDICINES AND HERBAL REMEDIES

Pain killers, cold and flu medicines, vitamins, herbal and traditional remedies may not be recommended during pregnancy. Advise all pregnant women to discuss any over the counter medicines they use or concerns with their doctor or midwife.

INHALANT USE

During pregnancy, inhalant use is associated with premature birth, low birth weight and developmental delays.

BREASTFEEDING

Breastfeeding is the best option and should be encouraged. It is recommended to abstain from alcohol, tobacco or other drugs during this time if possible. For information on substance use and breastfeeding refer to the: *Clinical Guidelines for the Management of Substance Use During Pregnancy, Birth and the Post Natal Period 2014*.

CHILD SAFETY

All health and service providers should be alert to the need for intervention, including possible child protection notification, if the baby or developing child is considered to be at risk of harm. Risk may become more evident after discharge from hospital. Any worker with child safety or unborn child concerns can call the child safety enquiry line for advice: Ph: 1800 811 810 (Queensland only) or refer to: www.communities.qld.gov.au

SPECIALISED SERVICES FOR PREGNANT WOMEN IN BRISBANE

CHAMP Clinic - Mater Mothers' Hospital

The CHAMP Clinic (Continuity of care by Health professionals addressing Alcohol and drug problems and Mothers' needs for Positive outcomes) provides antenatal care for pregnant women who have a history of or currently use recreational substances, are drug dependant, at risk of relapse or on opioid replacement therapies. The clinic is available to women living in Brisbane's South. A CHAMP coordinator is available to network and share information to support workers across the state to promote perinatal substance use knowledge. email: champ@mater.org.au

SHADES - Special Hospital Alcohol and Drug Education Service, Royal Brisbane and Women's Hospital

Women using alcohol and other drugs are referred to this clinic, which is conducted on Monday afternoon, 1300 - 1530. A specialised team of multidisciplinary professionals provide care to women, their babies and their families.

For more info on pregnancy and substance use see:

Clinical Guidelines for the Management of Substance Use During Pregnancy, Birth and the Post Natal Period 2014 or contact: Alcohol and Drug Information Service (ADIS) Ph: 1800 177 833

Useful websites/resources

NHMRC Guidelines
www.nhmrc.gov.au/guidelines
Alcohol and Drug Foundation Drug Info - www.druginfo.adf.org.au
Foetal Alcohol Spectrum Disorder www.nofasard.org.au
Breastfeeding www.breastfeeding.asn.au

Dovetail

supporting the youth alcohol and drug sector in Queensland
www.dovetail.org.au