

Do you use drugs or alcohol or are you in treatment for problem use? Do you think you might be pregnant?

No woman wishes to harm her baby. If drugs or alcohol have become a part of your life, or if you are still in treatment for a previous problem, we can help you plan a safer pregnancy for you and your baby.

Introduction

Only you can change your drug and alcohol use, but there are lots of people who can give you support and guidance.

Drug or alcohol use in pregnancy can increase the chances of baby being born prematurely or with a health problem or drug dependency.

This leaflet tells you about:

- Where to get help and support for you and your family.
- Staying well during pregnancy.
- How unborn babies can be affected by different types of drugs and by alcohol.
- What happens to babies when they withdraw, how to spot the signs and what to do to help.

This leaflet has been written to give you information, so that you can try to make safer choices for you and your baby.

Where do I go for help? What do I do if I think I am pregnant?

If you have had sex without contraception you could become pregnant, even if you have not had periods for a long time. You can even get pregnant when using contraception.

Go to see your family doctor (GP) as soon as you think you may be pregnant. Your GP will be able to guide and support you in your choices. If you don't feel able to carry on with the pregnancy at this time, your GP can advise you what to do next. Please tell your GP if you know you have been using drugs or alcohol during your pregnancy so he or she can make sure you get the right help.

Do ask your community midwife, GP or health professional for the contact phone number of the specialist midwife based at the Royal Berkshire Hospital if you wish to discuss your concerns as early as possible. The specialist midwife can also refer you to a local drug treatment service if you wish. Most drug treatment services will also prioritise your partner accessing treatment if they use drugs or alcohol.

If you do not have a family doctor, contact one of the support agencies listed at the back of this leaflet so they can let you know what to do next.

Informing your midwife of substance misuse

You may feel reluctant to tell your midwife about your drug use and you may be worried about being judged or that the baby will be taken into care. Not every mother who uses substances

will be referred to social services. If you are receiving treatment for substance misuse, Children's Services will need to see you for an assessment to decide if you or your family require any additional support. If there is a need for their involvement, it is to support you in looking after your child. Their role is to help keep families together whenever possible. We aim to maintain confidentiality and ask your permission before liaising with other agencies. There are rare occasions when we are not able to do this but the midwives will explain the circumstances when this might occur.

The importance of antenatal care

By attending clinic appointments early and regularly, it will increase your chances of having a normal pregnancy and a healthy baby. Attending appointments is very important if you are using drugs or alcohol due to increased risks of health problems during pregnancy, birth and afterwards. It is important to tell your midwife if you are unable to attend any appointments so they can make a new appointment that is suitable for you.

When you are first pregnant, make an appointment with the midwife at your surgery. She will contact the specialist midwife and arrange an appointment with an obstetrician (doctor specialising in pregnancy and birth) at the hospital. She will also help you to arrange your first scan. You will be offered a second scan at around 12 weeks and 20 weeks of pregnancy. The obstetrician may arrange extra scans during the pregnancy.

All women are offered screening tests for Hepatitis B and HIV when they are pregnant. Your health care team will discuss, and may offer you, screening for Hepatitis C.

How do different drugs and alcohol affect unborn babies? What can be done to help? What are the risks to my unborn baby?

Heroin, Methadone, Codeine, Buprenorphine (Subutex):

If pregnant women use heroin, their babies can be born early and can be smaller. They are also at increased risk of cot death. Do not suddenly stop taking your usual amounts of opiates, whether that is heroin or prescribed methadone or subutex. Suddenly stopping can lead to withdrawal for yourself but also for your unborn baby. Bad withdrawals could lead to miscarriage at any time in pregnancy. If you wish to reduce your drug use or your prescription speak to your drug treatment service as soon as possible.

Benzodiazepines and tranquillisers:

If pregnant women take benzodiazepines or tranquillisers, like diazepam or temazepam, their babies can be born early and can be smaller. There is also thought to be a higher risk of babies having problems, such as cleft palate. Do not suddenly stop taking your usual amounts of these drugs. Please talk to your GP or key drugs worker for advice.

Stimulants:

Stimulants include cocaine, crack cocaine and amphetamine (speed). Some stimulants affect blood flow in the uterus so they can be very dangerous for babies and mothers. We recommend you avoid using stimulants when pregnant.

The risks include:

- Miscarriage or early labour.
- Severe bleeding inside the womb which can be very serious for you and your baby.
- Low birth weight.
- Problems with baby's development including organs and limbs.

Tobacco and cannabis:

Smoking cigarettes can be harmful to babies and children. Smoking tobacco is linked to many complications of pregnancy including miscarriage, premature birth, stillbirth, low birth weight and cot death. Research on cannabis use suggests it has a significant risk to mental health. The risk may be higher the younger you start using it. Cannabis will cross the placenta, like tobacco. We advise you not to expose children to passive smoking.

Alcohol: including beer, wine, lager, spirits and alcopops

There is no evidence to show that it is safe to drink any amount of alcohol during pregnancy. High levels of alcohol use can reduce your baby's birth weight, while among women who drink heavily in pregnancy (especially binge drinkers), there is a risk of their babies exhibiting 'foetal alcohol syndrome'. This is made up of a combination of features including reduction in growth (e.g. head circumference and brain size), central nervous dysfunction, including learning difficulties and facial abnormalities.

It is important not to suddenly stop drinking if you have been drinking very often or heavily. This can be harmful for you and your baby. It is important you get the right treatment to help you cut down or stop the amount you drink.

Effects of drugs on your baby

Smoking, drinking and using street drugs when you are pregnant increases the chances of problems arising. Babies are more likely to be born prematurely or be small. In some cases, children may also suffer long term behavioural, learning or developmental difficulties. Most risks can be reduced by ensuring the baby is brought up in a happy, secure home where the children's needs take priority.

Labour

Inform the Triage midwife (0118 322 7304) of any early signs of labour. Continue taking any of your prescribed medication as normal prior to your admission. Your drug treatment service will have informed the hospital of your prescription details so that any further doses can be provided from the hospital pharmacy whilst you are in the unit.

Any pain relief given for the birth will continue as the same as any other mother.

Avoid taking any street drugs before attending the hospital and most importantly **do not use while in labour.**

The newborn baby

Babies whose mothers have been using drugs such as opioids or benzodiazepines during pregnancy are more likely to be dependent on the drug and may show signs of withdrawal. This is the same with methadone, although the research is very clear that the baby will benefit far more from the mother being stable on her prescription. The risk of withdrawal symptoms seems to be less with subutex. Withdrawal symptoms in babies are similar to those an adult may feel, but some babies have no symptoms at all.

After birth, the baby will be transferred with you to the postnatal ward. The baby will only need to transfer to the special care baby unit if the withdrawal symptoms require medication or baby is unwell for any unexpected reason.

Your baby will be monitored by the midwives, nursery nurses and paediatricians (doctor looking after babies and children) on the ward. You will be asked to remain in hospital with your baby for 3 to 5 days, possibly longer if your baby needs any treatment. The staff will tell you about the signs and symptoms of withdrawal and ask for your help to complete a chart. Most babies experience mild symptoms or none at all, but there are a few babies who will have more severe symptoms and need medication to keep them comfortable. Staff may ask your consent to send a sample of your baby's urine for drug screening.

It is important that babies are held and cuddled by their parents, but staff may advise you to keep cuddles from other visitors to a minimum to allow your baby to rest. Your baby will want the security and comfort of knowing you are there when they wake up. Withdrawal in babies can be very stressful for parents but the baby will get better. Babies with withdrawal symptoms can be difficult to look after and may require a lot of patience, but the symptoms will improve with time.

Symptoms include crying, tremors, irritability and feeding problems

All babies cry. Some babies cry a lot. Babies who are withdrawing may cry more than usual and may take a while to settle. They can seem to be restless and fidgety.

- Hold your baby close to you when he or she cries.
- Try skin to skin contact. The midwives will show you how to do this. It helps the baby get to know your smell, hear your heartbeat and feel warm and safe.
- Don't leave your baby alone. The staff may advise you to let baby rest in the cot when s/he is settled but all babies like to feel their mother is close by. This makes them feel secure and safe. Your voice and gentle touch will help your baby feel loved and calm and may help settle a baby who is unhappy.
- Talk or sing to your baby. Your baby knows your voice and this will help to calm baby down.
- Some babies experience tremors.
- Babies who are withdrawing may be more jumpy than other babies.
- Your baby may not like being touched or handled too much. The staff may advise that only the parents cuddle them initially. This can be hard if friends or family want to hold your baby.

Feeding

New babies may want to feed frequently. Some babies bring a bit of milk up after a feed. It can seem like they are always hungry. This can happen to any baby. If you are concerned ask the staff for advice or assistance.

Breastfeeding could make withdrawal symptoms less likely. It can also reduce the chance of cot death. Breastfeeding has many benefits to your baby.

Only small amounts of drugs are passed through the breast milk. The benefits of breastfeeding may outweigh the effects the baby may have if the mother continues to use drugs. You can ask your midwife or paediatrician if you have specific worries.

You can attend breastfeeding classes in pregnancy. Ask your midwife to help you book a place. Breastfeeding is not recommended if you are HIV positive or are taking prescription medication that is known to be harmful. It is always best to seek individual advice from your paediatrician.

On discharge home

You may be offered extra home visits by your community midwife, particularly if it is your first baby. You will also be given a 24 hour postnatal advice line number.

Your health visitor will visit you and give you information about all the services available for mothers and babies in your area as well as a contact number if you have any concerns.

Some babies will be seen at the hospital baby clinic for a follow up appointment at the hospital. If your baby had a Hepatitis B vaccination in hospital you will need to book appointments at your surgery at one month, two months and twelve months of age to complete the course.

Who can I contact?

- Your GP or midwife at your surgery.
- Your local Maternity Unit.
- Your local Children's Centre.
- IRIS 0118 955 7333. 127 Oxford Rd, Reading RG1 7UU.
- SMART/CRI (East Berks) 01753 821789. Oak House, Upton Hospital, Slough.
- DAIS (Drug Advice Intervention & Skills) 0118 956 7441. 79 London Street, Reading RG1 4QA.
- Cranstoun 0118 959 6118. 159 Oxford Road, Reading.
- New Hope, 01344 312360. 92 Broadway, Bracknell.
- Swanswell, 0300 003 7025. 1 Station Road, Newbury RG14 7PL.
- Brighter Futures for Children 0118 937 3641.
- SMART 0118 977 2022. Windsor House, Station Rd, Wokingham RG40 2AE.
- Bracknell Forest Young People's Substance Misuse Worker 01344 54300. C/O YOT, 76 Binfield Road, Bracknell.
- Evolve (Young People) 01865 723909. 23 Park End Street, Oxford Specialist Community Addictions Services 01865 455365. The Rectory Centre, Cowley, Oxford.
- North Hampshire Substance Misuse Service 01256 469006. Fairfields House, 8 Fairfields Road, Basingstoke.

- Hampshire Young People's Service (North Team) 01256 819315. 26 Winchester Street, Basingstoke.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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