



York Teaching Hospital
NHS Foundation Trust

Pregnant... using alcohol or drugs?

Information for patients, relatives and carers

① For more information, please contact your Midwife
Maternity Services

Scarborough Hospital, Woodlands Drive, YO12 6QL
Tel: 01723 368111

The York Hospital, Wigginton Road, York, YO31 8HE
Tel: 01904 631313

Caring with pride

Introduction

Pregnancy is a very special event for most women. Knowing about tobacco, alcohol and drug use is important when you are pregnant. This booklet is designed to give you some information and advice to help you and your baby stay as healthy as possible.

Making an appointment to see the midwife between eight and 10 weeks of your pregnancy, or as soon as you realise you are pregnant is also very beneficial. Women and their babies who get regular antenatal checks tend to do better than those who don't.

Midwives are there to help you and to answer any questions and fears that you may have. When you see the midwife, let her know about your drug or alcohol use so that you can be offered the special care you and your baby need. It is important that you are honest about your drug or alcohol use so we can best help you.

Will my drug or alcohol use harm my baby?

No mum-to-be ever 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.

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

Other risks from using street drugs include:

- Slow growth
- Premature baby
- Withdrawal problems for the baby
- Cot death, especially if you also smoke tobacco
- Stillbirths, especially if you use cocaine or crack cocaine

Injecting drugs increases risks for you and your baby, especially the risk of infections. It is also associated with premature labour and delivery. If you are injecting drugs you will be given help to stop or cut down if you can. If you are dependent on heroin you will be advised to take prescribed opiates instead, for example methadone. Seek help from drug services; they will see you quickly.

It is important to remember that there are also many other things that can affect your pregnancy at least as much as drugs. For instance, the food you eat, your social circumstances and lifestyle, and whether or not you get good antenatal care.

Should I change my drug and alcohol use in pregnancy?

The simple answer is yes. You should reduce or stop use of all drugs and stop alcohol, if you can.

If you have a drugs worker, tell them you are pregnant so that they can help you with aspects of your drug use during pregnancy. If you haven't, the midwife will be able to refer you to a specialist agency for help. You will be seen quickly. Your partner can also be referred, if necessary.

It is advisable to keep your drug use as stable as possible throughout your pregnancy. This means taking the same amount of drug every day and avoiding taking extra.

If you are on a methadone programme and experience morning sickness we may recommend splitting your daily dose into two lots; one dose in the morning and one at night. Splitting your dose will keep you and your baby more stable late in pregnancy too.

Reducing your drug dose

If you think you could manage to reduce your drug use then you would be supported to do so. Talk to your specialist drug worker first, so you can do this sensibly. It is important to avoid relapsing when you are reducing, so slow reductions are usually better.

Stopping your drug dose

It is generally safe to stop using most drugs including:

- Tobacco
- Cannabis (hash)
- Amphetamines (speed)
- Ecstasy
- Cocaine and or crack cocaine
- Solvents (gas or glue)
- LSD (acid)
- New Psychoactive Substances (Legal Highs).

We normally suggest completely stopping all these drugs in pregnancy.

You should consider stopping taking illicit opiates e.g. heroin or any unprescribed opiates e.g. DF118, as these may cause harm to your baby and you. Specialist drug services can help you with this and may consider prescribing a substitute for heroin e.g. Methadone. It is important not to stop or reduce taking prescribed Methadone during pregnancy without help from your drug worker and midwife. Benzodiazepines e.g. Valium can also cause harm and your specialist drug worker or GP will help you reduce or stop your benzodiazepine use. If you do wish to stop all drug use, including prescribed medicines, it is best done under medical supervision, so that your baby can be monitored carefully and you can be given support. Stopping without help, could be risky for you and your baby.

Because there is no safe amount to drink in pregnancy, we recommend preferably no alcohol at all.

If you are drinking more than two small drinks every day and can't stop or reduce your drinking, then talk to your doctor or midwife who can arrange specialist help. If you are drinking heavily, more than six small drinks a day, then you should get help straight away.

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 too small for their number of weeks. They are also at increased risk of cot death. Do not suddenly stop using heroin, as this can lead to withdrawal for yourself and also for your unborn baby. Bad withdrawals could lead to miscarriage at any time in pregnancy. If you wish to reduce your drug use speak to your drug treatment service as soon as possible.

Methadone or Buprenorphine are substitute medicines for heroin. If you are already prescribed these drugs, it is important to continue to take them as prescribed. If you wish to reduce your dose or stop completely, you should speak to your specialist drug treatment services as soon as possible. Evidence shows it is better for you and your baby to take prescribed Methadone or Buprenorphine, than it is to continue using heroin. However, all drugs can cause harm to your baby, so speak to your specialist drugs worker or GP for advice.

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 and stop any cocaine or other stimulant drug use as soon as possible, as there is no safe drug to prescribe as a substitute.

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 recommend you stop using cannabis and tobacco as soon as possible and 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.

If you cut down or stop drinking at any point during pregnancy, it can make a difference to your baby. However, in some instances, once the damage has been done, it cannot be reversed.

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.

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.

Injecting drugs increases risks for you and your baby, especially the risk of infections. It is also associated with premature labour and delivery. If you are injecting drugs you will be given help to stop or cut down if you can. If you are dependent on heroin you will be advised to take prescribed opiates instead, for example methadone. Seek help from drug services; they will see you quickly.

It is important to remember that there are also many other things that can affect your pregnancy at least as much as drugs. For instance, the food you eat, your social circumstances and lifestyle, and whether or not you get good antenatal care.

Will my baby withdraw?

Possibly: It is difficult to predict how each baby will react. It depends on what drugs you have been taking, how much and for how long. It also depends on the baby's ability to clear the drugs from their system. The earlier the baby is born, the higher the chance the baby has of withdrawal, which is why it is so important to have regular care by a health professional during your pregnancy.

If your baby does develop withdrawal symptoms, these are usually easily managed and the baby will recover. Sometimes, however, withdrawals can be quite severe and the baby will need special medical and nursing care in the Neonatal Unit or Special Care Baby Unit in the hospital, perhaps for several weeks.

Your baby will be monitored closely for signs of withdrawal for at least the first three to five days in hospital and you will be given advice on how to comfort and care for your baby if withdrawal symptoms do develop.

Most babies are well enough to go home after three to five days but may need some special attention from you, the midwife, health visitor and GP for some time afterwards. They will want to check on how well the baby is feeding, sleeping and gaining weight and that it is generally healthy.

Will my baby be taken into care?

Not usually. Drug use alone is not a reason to involve the Social Work Department or to assume you cannot care for your baby. However, if there is concern about the safety or welfare of your child, social workers may need to do an assessment. This is the same policy for everyone, whether or not they use drugs. Social services may also become involved if you or any of your carers feel you would benefit from additional support.

Everyone is interested in the well-being of you and your baby and wants to make your experience of pregnancy and childbirth a happy one. Please feel free to talk to professionals. They are there to help.

What happens during my antenatal (before the birth) care?

When you are pregnant it is very important that you are checked regularly and attend the clinics or hospital for all your scans and other tests. Because of the complications that can occur, some of your care will need to take place at the hospital under the supervision of a consultant obstetrician who specialises in pregnancy care. Most of your care can take place in the community by a midwife.

Your midwife offers all women testing for HIV and Hepatitis B at their antenatal booking appointment, which is the first appointment. These viral infections can pass from mother to baby. Treatment can now greatly reduce the likelihood of your baby getting these infections so it is important you get tested. If you have had unprotected sex with anyone who has injected drugs or you have injected them yourself, you could be at risk of HIV, Hepatitis B and C. Your midwife or GP will normally offer testing for hepatitis C only if you have been at risk. If you are injecting drugs we recommend getting vaccinated for Hepatitis B as well.

What happens during my labour and childbirth?

Most women who use drugs or alcohol have a normal labour and a normal delivery. Some women worry about whether or not they will be given enough pain relief... you don't need to. You will get to take your prescribed drugs as normal in hospital (including any opioid substitute e.g. Methadone or Buprenorphine) and you will also be given additional pain relief when you need it. It is important that hospital staff know what drugs you are taking including any street drugs. This will affect what pain relief is given. Some types of pain relief are less effective if you are taking methadone, heroin or DF118. It is very important that you are honest about your drug use. You should take all your medication into hospital with you and show it to the staff. Be reassured that whilst you stay in hospital your privacy will be maintained at all times.

What happens during my postnatal (after birth) care?

After your baby is born you will be asked to stay in hospital for at least three to five days (72-120 hours) so that you baby can be checked for withdrawal symptoms.

During your stay you will be supported to care for your baby regarding feeding, settling, bathing and nappy changing as needed. This support is offered to all mothers.

After you leave hospital with your baby, the midwife will visit you at home. When your baby is 10-14 days old, your Health Visitor will visit and will be a good source of information and support on motherhood and all aspects of health for you and your baby. There will be baby clinics at local doctor's surgery or health clinic where the development of your child will be assessed. Some areas also have local parent and child groups and breastfeeding support groups to go to as well. All these things are there for the benefit of you and your baby.

Following childbirth you might notice that your usual dose of drug affects you more than normal. This is something to be careful of as over-sedation or nodding off may mean that you could accidentally injure your baby or not hear them crying. The time after the baby is born can be difficult for some mothers. Tiredness and lack of sleep, as well as the 'baby blues' and other stresses (like the baby still having some withdrawal symptoms) can make it harder to look after your baby. This is normal and your midwife, health visitor, G.P and drug worker are there to talk to and offer support.

Breastfeeding

Breastfeeding has lots of benefits for the long-term health and development of you baby. You will be given lots of encouragement and help to breastfeed, provided your drug use is fairly stable. Only small amounts of drugs are passed to the baby through breast milk. The exception would be if you were HIV positive or using large amounts of stimulants such as cocaine or 'crack', street benzodiazepines such as Valium or drinking alcohol heavily. There is no evidence that Hepatitis C is passed to the baby through breast milk.

If you do successfully breastfeed and continue to take drugs, then you will be advised to wean the baby slowly onto solids when the time is right to minimise the risk of withdrawal. Your health visitor will give you advice about this.

Who can I get support from?

It is very important that as many people as possible can offer you support throughout your pregnancy and beyond.

You might also need a social or welfare rights worker to help with benefits or any other social problem such as housing, debts, legal problems. Show this leaflet to your partner and any other person, family or friends who will be supporting you. There are a lot of myths about drug use in pregnancy so it is important you get reliable information and have a positive experience.

How do I contact a midwife?

Ask your GP or specialist drugs worker to put you in touch with a midwife, or ring the Maternity Reception at Scarborough Hospital on 01723 342124 or The York Hospital on 01904 726720.

References:

Substance Misuse in Pregnancy: A resource book for professionals (2005) Drugscope, London.

Drug misuse and dependence: UK clinical guidelines on clinical management (2017) Dept. of Health

Where can I get more help and advice?

York Drug and Alcohol Service: 01904 464680

3 Blossom Street

York

YO24 1AU

Email: york@changing-lives.org.uk

Integrated community drug and alcohol treatment and support, including needle exchange for York.

North Yorkshire Horizons: 01723 330730

Website: <http://www.nyhorizons.org.uk/>

[Accessed September 2019]

Operates from five main Hubs across the county:

Harrogate - 7 North park Road, HG1 5PD

Northallerton - 5 The Applegarth, DL7 8LZ

Selby - 74-76 Gowthorpe, YO8 4ET

Scarborough - 50-60 Castle Road, YO11 1XE

Skipton - Mill Bridge House, 4A Mill Bridge, BD23 1NJ

Integrated community drug and alcohol treatment and support for North Yorkshire.

East Riding partnership: 01482 336675

7 Baker Street, Hull, HU2 8HP

Integrated community drug and alcohol treatment and support for East Riding.

Frank: 0300 1236600

A free and confidential 24 hour helpline about drugs

Alcoholics Anonymous: 0800 9177650

Website: www.alcoholics-anonymous.org.uk

[Accessed September 2019]

Regular meetings take place every week in York and throughout North Yorkshire and there is a meeting in York Hospital every Sunday, 11am-12.15pm.

Al-Anon Family Groups: 020 74030888 (10am-10pm)

Website: www.al-anonuk.org.uk

[Accessed September 2019]

National help and support for families and friends.

Narcotics Anonymous: 0300 9991212

Website: <http://ukna.org/> [Accessed September 2019]

Regular meetings take place in York and throughout North Yorkshire.

York Carers Centre

Website: <http://www.yorkcarerscentre.co.uk/>

[Accessed September 2019]

Substance Misuse Support Group: 01904 715490

Information, advice and support for carers affected by alcohol and substance misuse. Regular monthly meetings held on the third Wednesday of the month, 1.30 to 3.30pm in the Tesco community room, Tesco, Askham Bar, York, YO24 1LW.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Substance Misuse Liaison Service,
The York Hospital, Wigginton Road, York, YO31 8HE,
telephone 01904 726559 or email
substancemisuselianservice@york.nhs.uk.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email
pals@york.nhs.uk.

An answer phone is available out of hours.

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