

Pregnancy and drugs

Most women take some kind of drug, substance or medication during pregnancy, often without realising the potential for harm. Drugs or medication taken by the mother may cross the placenta and reach the developing fetus. The possible effects may include prenatal death (stillbirth), developmental delay, intellectual disability and birth defects.

You should always give your doctor or midwife a full list of all drugs or medication you take, or have recently taken, including:

- Prescription medicines
- Over-the-counter medicines
- Nutrition supplements (like vitamins)
- Complementary therapies (such as herbal medicine).

You should also tell your doctor or midwife if you smoke, drink alcohol or take illegal drugs, even if you only take them occasionally or socially.

Harmful effects of drugs or substances on the fetus and pregnancy

Generally a drug, substance or medication can cause harm by:

- Interfering with normal fetal development
- Damaging the placenta and putting the baby's life at risk
- Increasing the risk of miscarriage
- Bringing on premature labour.

The potential for harm

The potential for harm to the pregnancy and unborn baby depends on a range of factors including:

- The type of drug, substance or medication taken
- How the drug, substance or medication is taken
- The size of the dose
- How often it's taken
- Whether the drug, substance or medication is used alone or in combination with other drugs
- The individual response of the baby to the drug, substance or medication
- The gestational age of the baby
- Other factors, such as maternal health and diet.

Harmful drugs and substances

Some drugs, substances or medications that may be harmful during pregnancy, depending on amount and frequency of use, include:

- **Medicines** – including some prescription drugs, over-the-counter medicines and complementary medicines such as herbal remedies or nutrition supplements
- **Illicit use of prescription drugs** – such as benzodiazepines or morphine
- **Tobacco**
- **Alcohol**
- **Caffeine** – for example tea, coffee and cola drinks

- **Illegal drugs** – such as cannabis, heroin, cocaine or amphetamines
- **Substances used as drugs** – such as inhalants (glues or aerosols).

Drugs such as heroin and amphetamines are often mixed or 'cut' with unknown substances. These unknown substances can also be harmful to the pregnancy or fetus.

Medicines and birth defects

Most medicines are not harmful to a developing baby. However, some may pose a risk to the pregnancy. Certain medicines are teratogenic, which means they may cause birth defects.

Medicines may be necessary during pregnancy

Good health in the mother is vital to ensure healthy development and growth of her unborn baby. Women with pre-existing medical conditions (such as asthma, epilepsy or diabetes) must continue treatment with appropriate medications during pregnancy.

Sometimes, a prescription drug carries a risk of potential harm to the baby. However, stopping the prescribed medication could pose a dire threat to both the mother and her baby. In some cases, the doctor may be able to prescribe a similar medication that is known to be safe to take during pregnancy.

Illnesses or complications during pregnancy may be treated with prescription drugs. Do not stop or alter the dose of a prescribed medicine without the knowledge and consent of your doctor. Untreated, some illnesses or pregnancy complications may risk the health of the mother or baby, or both. Discuss any concerns you may have about medicines with your doctor or midwife.

Tobacco, alcohol and caffeine

Some pregnant women may be unaware that 'socially acceptable' drugs, such as tobacco, alcohol and caffeinated drinks, may risk the health of the unborn baby. For example:

- **Tobacco** – a woman who smokes during pregnancy increases her risk of miscarriage and stillbirth. Babies have a greater risk of low birth weight, prematurity and sudden infant death syndrome (SIDS).
- **Alcohol** – frequent and heavy use of alcohol is known to cause fetal alcohol spectrum disorder, which is a range of defects including facial abnormalities, heart problems and retarded growth.
- **Caffeine** – medical scientists aren't sure if caffeine can cause birth defects. However, heavy use (such as eight cups of coffee per day) is associated with an increased risk of miscarriage, premature birth and stillbirth.

Illegal drugs

Since illegal drug use is a secretive activity, medical studies are limited on the effects of these drugs during pregnancy. Some of the known effects include:

- **Amphetamines** – increased risk of low birth weight, birth defects, premature birth.
- **Cannabis** – increased risk of growth retardation, sleep problems, behavioural problems.
- **Cocaine** – increased risk of miscarriage, growth retardation, birth defects (of the brain, heart, genitals and urinary system), stillbirth.
- **Heroin** – increased risk of low birth weight, prematurity, fetal distress, stillbirth, blood-borne viral disease such as hepatitis, infant withdrawal after birth.
- **Inhalants** – increased risk of miscarriage, low birth weight, birth defects, sudden infant death syndrome (SIDS).

Drugs used to treat heroin and other opioid dependence

Methadone and buprenorphine are prescription drugs, sometimes called pharmacotherapies. They are used to help treat heroin and opioid addiction. The risks to the fetus and pregnancy associated with heroin use are greatly reduced with both of these treatments. The benefits of pharmacotherapy are reduced if the woman continues to use heroin or other drugs.

General recommendations

Be guided by your doctor, but general recommendations include:

- Limit drinks that contain caffeine to two per day for coffee. Tea contains approximately half the amount of caffeine as coffee.
- Don't smoke.
- Avoid illegal drugs.
- See your doctor or seek drug counselling if you need help to quit cigarettes, alcohol or other drugs.
- Don't assume that non-prescription drugs are safe because you can buy them over-the-counter without a prescription. Be advised by your doctor or chemist.

Alcohol during pregnancy

No completely safe level of alcohol consumption has been determined for pregnant women. The National Health and Medical Research Council (NHMRC) recommendations for women who are pregnant or might soon become pregnant are that they:

- Consider not drinking at all
- Should never become intoxicated (drunk)
- If they choose to drink, should have less than 7 standard drinks over a week, and no more than 2 standard drinks on any one day (at least two hours apart)
- Should note that the risk is highest in the earlier stages of pregnancy, including the time from conception to the first missed period.

A standard drink contains 10g of alcohol.

Alternatives to drugs

Whenever possible, use non-drug alternatives to manage minor health concerns during pregnancy. For example:

- Treat constipation by eating more dietary fibre.
- Avoid heartburn by eating small, frequent 'snacks' rather than three large meals.
- Use salt-water nasal sprays to treat nasal congestion.
- Avoid foods or smells that trigger nausea.

Where to get help

- Your doctor
- Midwife
- Obstetrician
- Pharmacist
- Drug and alcohol counsellor
- DirectLine Tel. 1800 888 236 – for counselling and referral
- The Women's Alcohol and Drug Service Tel. (03) 9344 3631
- The Royal Women's Hospital Drug Information Centre Tel. (03) 8345 2000
- Australian Drug Foundation Tel. 1300 85 85 84
- Family Drug Help – for information and support for people concerned about a relative or friend using drugs Tel. 1300 660 068

Things to remember

- Most women take a drug of some kind during pregnancy, often without realising the potential for harm.
- Give your doctor or midwife a list of all drugs you take or have recently taken including prescription and over-the-counter medicines, nutrition supplements, complementary therapies (such as herbal medicine), social drugs (such as alcohol) and illegal drugs.
- Women with pre-existing medical conditions (such as asthma, epilepsy or diabetes) must continue treatment with the appropriate medications during pregnancy.

This page has been produced in consultation with, and approved by:

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