Understanding Prenatal Drug Exposure
Prenatal Drug Exposure

A mother’s drug use hurts her unborn baby.
Drug Categories—Part 1

• **Prescription drugs**: Prescribed by a doctor and used under a health professional’s supervision.

• **Nonprescription drugs**: Over-the-counter drugs that can be purchased at a pharmacy or drug store without a prescription.
Drug Categories—Part 2

- **Social drugs**: Used in social settings; examples are tobacco, alcohol, and caffeine.
- **Illicit drugs**: Illegal drugs that can be smoked, snorted, swallowed, injected, or inhaled, such as heroin, cocaine, marijuana, and methamphetamine. Also called “street drugs.”
- **Dietary supplements**: Nonprescription vitamins, minerals, or medicinal herbs used to improve nutritional status and overall health.
What Is a Teratogen?

Teratogen: An agent that causes physical or developmental defects in an unborn child.

Examples include:
- alcohol
- mercury
- nicotine
- isotretinoin (brand name Accutane®, a treatment for severe acne)
- phenytoin (brand name Dilantin®, a treatment for epilepsy)
Drug Use Affects the Unborn Child at Any Time During Pregnancy

• The larger the amount of a drug a mother uses, and the longer she uses it, the greater the risks to the unborn baby.¹

The physical, emotional, cognitive, social, and behavioral problems from prenatal drug exposure can continue into childhood and beyond!
Combining Drugs Causes the Greatest Danger

• The risks are significantly higher for children whose mothers used a combination of drugs during pregnancy.¹

• Additional risks exist if a pregnant woman also smokes and drinks alcohol.¹
Who Is At Risk?

Research indicates that “the age groups (18-34) with the highest birth rates are also the age groups most likely to use legal and illegal drugs.”²
Babies Are Also Vulnerable While Breastfeeding

• Women who are breastfeeding should check with their doctor or health care professional before taking any drug, even a nonprescription drug or dietary supplement:\(^1\)
  
  – Most drugs that a mother takes are present in her breast milk in a small amount.
  
  – Very small amounts of some prescription drugs can harm the baby.
  
  – Breastfeeding mothers should not take any amounts of amphetamines or illicit drugs.
Many women who use drugs early in pregnancy will stop when they find out they are pregnant.

Others cannot stop without help.

Discontinuing drug use, even if it is late in pregnancy, is better than not stopping at all.
How Do Drugs Reach an Unborn Child?

- When a pregnant woman takes a drug, it readily moves across the placenta into the fetus’s bloodstream through the umbilical cord.\(^1\)
How Do Drugs Reach an Unborn Child?
Using Drugs Increases Risk

• A pregnant woman’s use of drugs can increase the risk of the following:
  - Prenatal death$^6$
  - Premature birth$^3, 5, 6$
  - Miscarriage$^3, 4$
  - Birth defects$^3, 4$
  - Low birth weight$^4, 5, 6$
  - Small size for gestational age$^5$
  - Small head size$^4$
  - Neurobehavioral symptoms$^5$
Withdrawal Symptoms

• Withdrawal from drug addiction is physically distressing. A newborn who was exposed to drugs before birth shows several typical signs of withdrawal:⁶
  – Tremors
  – Sleeplessness
  – Muscle spasms
  – Feeding difficulties
Short-Term Effects of Prenatal Drug Exposure

• A fetus exposed to a mother’s drug use can experience a number of effects from birth to age two:
  - Breathing problems\(^6\)
  - Cerebral palsy\(^7\)
  - Disrupted sleep patterns\(^5,7\)
  - Hearing problems\(^6\)
  - Irritability\(^5,7\)
  - Reduced cognitive ability\(^7\)
  - Poor fine motor skills\(^5\)
  - Vision problems\(^3,6\)
Long-Term Effects of Prenatal Drug Exposure—Part 1

- A child can experience additional effects from age two through preschool:
  - Abnormal and minimal play skills\(^5,7\)
  - Atypical social interactions\(^5\)
  - Delayed language development \(^7\)
  - Difficulty organizing behavior \(^7\)
  - Difficulty transitioning between activities\(^5\)
  - Hyperactivity\(^5\)
  - Lack of tolerance for frustration \(^7\)
  - Mood swings with loss of control\(^5\)
  - Shorter-than-normal attention span\(^5\)
• Research suggests that the following risks are greater for children who have the developmental problems described on the previous two slides:\(^5\)
  - Behavioral problems
  - Learning disabilities
  - Neglect and abuse
Intervention Is Required to Help Drug-Affected Children

- A number of approaches are used to help drug-affected children cope with their surroundings:
  - Emotional self-control by caregivers\(^5\)
  - Avoidance of abrupt transitions\(^7\)
  - Avoidance of excessive touching\(^7\)
  - Fairness, firmness, and consistency\(^7\)
  - Predictable routines\(^5\)
  - Calm and secure environments\(^5\)
  - Special positioning techniques\(^7\)
  - Protection from bright lights and noise\(^7\)
Strategies for Support

• County and community programs can provide support in a variety of ways: 
  – Help the whole family as a unit
  – Integrate family needs with existing services
  – Provide competent, consistent, sensitive, and respectful care
  – Provide parenting skills training
  – Create partnerships between parents, caregivers, and health and educational providers
  – Promote child’s bonding with at least one responsible person in his or her life (need not be a parent)
  – Refer family to drug treatments and interventions
What Can We Do?

• Stop using all drugs, including social drugs, if we are pregnant or could become pregnant.

• Help our pregnant partners and friends to stop using all drugs, including social drugs.

• Encourage our pregnant partners and friends to see a doctor.

• Help families of babies born with effects of prenatal drug exposure find medical, county, and community resources.
How to Stop Drug Use

• To avoid using illicit and social drugs and continue getting along with your partner and friends:
  – Explain that any amount and any type of drug can hurt your unborn baby.¹
  – Keep several alternate activities in mind that you, your partner, and your friends enjoy doing.
  – Be assertive!
  – If you cannot stop using illicit or social drugs:
    • Talk with your doctor
    • See community services and intervention
    • Ask your partner and friends for support

¹ Please note: The information provided is for general knowledge and should not be used as a substitute for professional medical advice.
How to Help Pregnant Partners and Friends Stop Using Drugs

• Share information about prenatal drug exposure and the importance of not using drugs during pregnancy.\(^7\)

• Model safe behavior by not using drugs yourself and attend social gatherings that do not involve drug use.\(^7\)

• Encourage her to discuss the reasons leading her to use drugs (e.g., various problems in her life).\(^7\)

• Help her find community services and/or interventions to help her stop using drugs.\(^7\)
How to Help Families of Drug-Affected Babies

• Encourage families to contact medical, county, and community resources.

• Encourage families to visit their local school district’s early childhood and family education programs.

• Attend meetings or sessions with families as they learn about available services and interventions.

• Offer to stay and help care for the baby to relieve caregiver stress.
Remember...

Prenatal injuries from drug exposure are completely preventable!

Education, abstaining from drug use while pregnant, and a doctor’s supervision can mean that NO BABY NEEDS TO SUFFER from prenatal drug exposure!
Presentation Endnotes