

Alcohol and other drugs in pregnancy and breastfeeding

Background

Alcohol and other Drugs (AOD) can be harmful to the pregnant woman and her developing baby throughout pregnancy and whilst breastfeeding.

Alcohol can cause permanent brain damage in a developing fetus and lead to FASD Fetal Alcohol Spectrum Disorder. Consequences for the unborn baby are life long and may not be evident at birth. Brain damage from alcohol exposure in the womb in the Western world affects 1 in 100 babies.

1 in 3 individuals with AOD use disorder also have a current mental health disorder. Most women with co-occurring mental health and substance use disorders have a history of trauma.

One in six women in Australia have experienced physical/sexual violence from a current or previous partner and 2/3rds of women with AOD use report recent or historical FDV (Family Domestic Violence) and/or intimate sexual violence.

2/3rds of women in treatment for drug abuse report being neglected or abused as children (WANDAS- Women and Newborn Drug and Alcohol Service).

Women using alcohol and other drugs are more likely to attend their first antenatal visit later in the pregnancy and will require increased monitoring and support.

Contributing Risk Factors

- Family and Domestic (FDV)
- Anxiety and depression, increased stress, bipolar disorder, schizophrenia or personality disorders may contribute to substance use, or may be the effect of substance use.
- PTSD (Post Traumatic Stress Disorder)
- Ongoing grief and loss
- Poor, unstable, overcrowded housing
- Other chronic health conditions

Women exposed to FDV and intimate sexual violence may use AOD to:

- Feel good and be able to sleep
- Cope with feelings of distress
- Cope with confusion, shame or fear

Screening

All women planning a pregnancy, at confirmation of their pregnancy, and at each Antenatal visit and while breastfeeding should be asked about their alcohol consumption, smoking and other drugs use.

The use of DUDIT Tool by AOD staff (see appendix) will identify a woman's risk factors and social situation. The 5 A's can be used as a guide;

- Ask
- Assess and record
- Advise
- Assist
- Arrange

ALCOHOL

For Alcohol use assessment the Audit C tool is recommended for completion at booking visit and during pregnancy. The score obtained indicates the risk level of harm to the baby and mother and women should be referred appropriately. (See resources for Audit C questions and score interpretation and National Woman-Held Pregnancy Record).

SMOKING

For tobacco smoking assessment use Fagerstrom test for nicotine dependence. Nicotine replacement therapy may be used in pregnancy and may help to reduce the risk of harm to the baby (see smoking cessation protocol on KAHPF website for screening and quitting advice).

Principles of Management

Advice and support for women with AOD use should include taking a thorough history to identify risk factors, provide brief intervention advice, and referral to appropriate agencies. If a mental health disorder is suspected refer to a GP, community mental health service or psychiatrist.

Reduction of substance use in pregnancy requires specialist care as abrupt cessation may trigger withdrawal, which may be hazardous in pregnancy (e.g. alcohol withdrawal seizures). This may need to occur in the inpatient setting.

Specialist treatment options may include substituting a less toxic or hazardous alternative to the substance being abused (e.g. benzodiazepines, methadone for heroin users). *Where possible, partners and family members of pregnant women should be engaged in the treatment process to provide support and to assist with treatment adherence. Treatment should also be offered to partners and family members for their own problematic drug and alcohol use (if identified).*

Consider

- Referral to mental health, drug and alcohol services, midwife, paediatrician, outreach social services, and GP for assessment, treatment and support.
- Provision of information to women and their partners (where appropriate) about the risks of AOD use to the health of women and their unborn babies.
- Encouraging women and their partners to participate in referrals to AOD services for treatment and decisions regarding pregnancy care.
- Assessment of a woman's psychosocial health via the use of the Kimberley Mums Mood Scale (KMMS) <https://kahpf.org.au/resources>
- Pre-birth child protection notification with DCPFS (Department for Child protection and Family Services)
- Pre-birth liaison with paediatrician to provide early counselling for parents of possible outcomes for baby and management of Neonatal Abstinence Syndrome.
- Information, counselling and support from AOD services to minimize the incidence of relapse.
- Appropriate follow-up arrangements for both mother and baby.

Alcohol and other drugs taken during pregnancy reach the baby through the placenta. The effects of different types of drugs on the baby depend on the following factors;

- Type of drug
- How often and how much it is taken (the dose)
- Other medical conditions the woman may have
- Other medications/ drugs taken

Drugs which may be harmful to mother and baby include:

STIMULANTS

Amphetamines (speed)

Methamphetamine (Crystal meth- ICE)

Dexamphetamine

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Methylenedioxymethamphetamine (MDMA-Ecstasy)

Cocaine

Caffeine

Nicotine -Cigarettes / tobacco

DEPRESSANTS

Alcohol

Opiates- Heroin, Morphine, Codeine, Fentanyl

Opioids- Methadone, Subutex, Sub Oxone, Benzodiazepines

Ketamine, Phencyclidine (PCP)

Gamma-Hydroxybutyrate (GHB party drug disguised in food and drinks)

Volatile substances Inhalants (glue, petrol)

HALLUCINOGENS

Lysergic acid diethylamide (LSD)

Magic Mushrooms

OTHER

Cannabis-Marijuana (gunja, weed or hash)

Complications

Drug and alcohol use in the perinatal period has a negative impact on the developing relationship between mother, father and baby and the consequence of this can impair the baby's physical, psychological and social development, as well as the parent(s) experience of parenting.

Alcohol and other drug use is associated with increased risk of antepartum haemorrhage, placental abruption, stillbirth, neonatal death, small for gestational age, and prolonged stays for neonates in special care nursery.

FOR BABY

Different drugs have differing effects on a baby and can cause;

Placental dysfunction –leading to growth restriction /Abruption

Premature birth

Fetal distress

Neurodevelopmental problems

Neonatal Abstinence syndrome- (develops in the newborn as a result of the abrupt removal of drugs resulting in the baby's CNS becoming overstimulated or under stimulated causing withdrawal symptoms).

ALCOHOL

Alcohol can have both direct effects on fetal tissue and indirect effects by compromising maternal support in the development of the fetus.

Alcohol can lead to permanent brain damage in a baby and cause FASD.

FASD symptoms in the baby can include;

- ❖ Abnormal facial features
- ❖ Poor Growth and microcephaly
- ❖ Vision, hearing and speech problems
- ❖ Developmental delay, fine and gross motor deficits, learning difficulties and attention disorders.
- ❖ Behavior problems in childhood, memory and comprehension disorders.
- ❖ Birth defects affecting the heart, kidneys, brain, skull, limbs
- ❖ Low birth weight and poor growth -these babies are also at increased risk of illnesses
- ❖ Irritable babies, feeding problems, excessive crying (this may be part of "neonatal abstinence syndrome", where the baby has withdrawal symptoms from exposure in utero)
- ❖ Physical disabilities

FOR MOTHER

Some of the most common pregnancy complications of Alcohol and other drugs are;

- ❖ Bleeding, Miscarriage
- ❖ Stillbirth
- ❖ Premature birth
- ❖ Anaesthetic risk
- ❖ Liver damage
- ❖ Cardiac problems
- ❖ BBV (Blood Born Viruses)
- ❖ Poor Nutrition, anaemia, Vit D deficiency

AFFECTS OF COMMON DRUGS ON MOTHER AND BABY

Nicotine

- ❖ Spontaneous abortion
- ❖ Premature birth
- ❖ IUGR- Intrauterine Growth Restriction
- ❖ Neonatal Nicotine withdrawal syndrome
- ❖ Increased risk of SIDS
- ❖ Neurocognitive and neurobehavioral deficits in older child

Cannabis

Given the potential of marijuana to negatively impact the developing brain in the fetus, it is recommended women are counselled who are using marijuana while trying to get pregnant, during pregnancy, and while they are breastfeeding.

- ❖ Animal studies indicate that the risk for miscarriage increases if marijuana is used early in pregnancy.
- ❖ Cannabis hyperemesis
- ❖ Neonatal Abstinence Syndrome
- ❖ Some associations have been found between marijuana use during pregnancy and future developmental and hyperactivity disorders in children.
- ❖ Long-term use may elevate risks of low birth weight babies and premature birth.
- ❖ Increased risk of stillbirth.

Methamphetamines (ICE)

Can lead to poorer developmental outcomes for babies.

Heroin

Can cause severe physiological withdrawal symptoms, including fatal seizures when withheld for 12-48 hrs.

BREASTFEEDING

All drugs transfer in moderate amounts into breast milk. Alcohol and other Drug use has been linked to a reduction in maternal prolactin levels and possible decreased milk production. In babies there is a need to watch for sedation, poor feeding and growth faltering.

IMPACTS ON PARENTING

AOD use affects the ability of parents to care for themselves and their children by resulting in memory, attention and information processing problems. Also can result in;

- ❖ Impulsive behaviour
- ❖ Suspiciousness
- ❖ Hypervigilance/aggression
- ❖ Non compliance

Barriers to treatment

- Shame
- Fear of losing children
- Depression/low self esteem
- Belief they can handle the problem without treatment
- Fear of judgmental treatment

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Follow Up

Alcohol and drug counselling can help women explore personal issues and reduce and stop their use by providing information and advice and referral to other support services.
Children born to women who have consumed hazardous amounts of alcohol in pregnancy should be followed up for FASD screening

Resources

KMHDS – Kimberley Mental Health and Drug Services;

Broome – 9194 2640

Derby – 9193 3605

Fitzroy crossing- 9194 2867

Halls Creek – 9166 4688

Kununurra – 9166 4350

Milliya Rumurra -Broome -Alcohol and Drug rehab Centre 91921699

Ngnowar Aerwah Aboriginal Corporation -AOD treatment and rehab Centre Wyndham – 9161 1496

Headspace Broome – 9193 6222 youth aged 12-25 can get support and advice for a range of issues. They provide counseling, Doctors clinics, Social and emotional well Being (SEWB), sexual health, AOD and vocational support.

Maternal and child Health guidelines and resources KAHPF website;

<https://kahpf.org.au/>

WANDAS – Women and Newborn Drug and Alcohol Service Perth

Tel- 6458 1582, Mobile; 0414892753

The Alcohol and Drug Information Service (ADIS) is a free 24 hour, confidential, telephone counselling, information and referral service available state-wide on: (country toll-free) 1800 198 024 or (metro) 9442 5000.

Best Beginnings via Department of communities is available at some Kimberley sites for support during and after pregnancy.

[https://ranzcoq.edu.au/RANZCOG_SITE/media/RANZCOG - MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/Substance-use-in-pregnancy-\(C-Obs-55\)-March-2018.pdf?ext=.pdf](https://ranzcoq.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/Substance-use-in-pregnancy-(C-Obs-55)-March-2018.pdf?ext=.pdf)

<http://www.drugs.ie/NDRICdocs/protocol1/templates/DUDIT.pdf>

See the WANDAS document below which outlines Screening, implications, and management of Alcohol and drugs in pregnancy

[https://www.kemh.health.wa.gov.au/Our-services/Service-](https://www.kemh.health.wa.gov.au/Our-services/Service-directory/WANDAS)

[directory/WANDAS](https://www.kemh.health.wa.gov.au/Our-services/Service-directory/WANDAS)

<https://kemh.libguides.com/c.php?g=200834&p=3398067>

[https://healthpoint.hdwa.health.wa.gov.au/policies/Policies/NMAH](https://healthpoint.hdwa.health.wa.gov.au/policies/Policies/NMAHS/WNHS/WNHS.OG.WANDAS.pdf)

[S/WNHS/WNHS.OG.WANDAS.pdf](https://healthpoint.hdwa.health.wa.gov.au/policies/Policies/NMAHS/WNHS/WNHS.OG.WANDAS.pdf)

<https://adf.org.au/drug-facts/ghb/>

<https://adf.org.au/programs/indigenous-resources/>

<https://assistportal.com.au/>

FASD Video resources

<https://www.fasdhub.org.au/help-me-choose/for-australian-indigenous-research-and-resources/videos/>