

ALCOHOL, TOBACCO AND OTHER DRUGS DURING PREGNANCY

WHAT YOU NEED TO KNOW



Australian Government
Department of Health

WHY IS IT IMPORTANT TO AVOID ALCOHOL, TOBACCO AND OTHER DRUGS DURING PREGNANCY?

The use of alcohol, tobacco and other drugs during pregnancy can harm both the mother and baby. These substances can have a very serious effect, particularly in the very early stages of pregnancy, often before the woman knows she is pregnant.¹ For this reason it is important for women who are planning a pregnancy to reduce or avoid using alcohol and other substances. Continuing to use substances during pregnancy may not only harm the mother, but the child may be born with a number of serious health issues.²

Most people think of illegal drugs, in particular, as dangerous for pregnant women to use. However, it is very clear that some of the most significant harms are linked with alcohol and tobacco use during pregnancy and breastfeeding.³

For many of these substances we don't know when the harms begin, so it is best to avoid use of any of them during pregnancy.

BEING PREPARED WITH BIRTH CONTROL

The healthiest start to life that a child can have is to be conceived when both the mother and father are substance-free. Because of this it is important to consider the different forms of contraception available and to select and use a reliable method. This is particularly important for people who drink, smoke or use drugs, as some of these substances increase the likelihood of risky sexual behaviour.¹

Deciding on what forms of birth control are most suitable will help to plan healthy pregnancies, and reduce harm to the unborn child.

MANAGING SUBSTANCE USE WHEN PREGNANT

If substances are used regularly or excessively by a woman who becomes pregnant, it is best for her to get help from a medical professional to stop her substance use in a safe way. This is because, except in the case of tobacco, stopping suddenly (also known as going 'cold turkey') without help can be dangerous both for mother and baby. Doctors can help with treatments that are safe for both mother and baby.

Pregnant women should be encouraged to stop smoking completely, and should be offered intense support and proactive telephone counselling (Quitline 13 7848). If these interventions are not successful, Nicotine Replacement Therapy (NRT) should be considered under a medical professional's supervision and after clear explanation of the risks involved.⁴

The table below outlines some of the harms that can be experienced by mothers and their babies if alcohol, tobacco or other drugs are used during and after pregnancy, and when and how it may or may not be safe to use these substances. Additional information can be accessed through one of the referral sources listed at the end of this factsheet or from a medical professional.



Table 1. Different drugs and effects during pregnancy⁵

Substance	Is it safe to use during pregnancy?	Is it safe for users to stop during pregnancy?	What effect can it have during pregnancy?	What effect can it have on the baby?	Can mothers who use this substance breastfeed safely? ^d
Alcohol	No	Yes, if done under medical supervision	<ul style="list-style-type: none"> • Miscarriage^a • Stillbirth^a • Premature birth 	<ul style="list-style-type: none"> • Fetal Alcohol Spectrum Disorder (FASD): <ul style="list-style-type: none"> • Physical defects, such as facial abnormalities and heart problems • Developmental delays, such as learning disorders and behavioural problems • Withdrawal^b 	Not drinking alcohol is the safest option. Precautions should be taken such as avoiding alcohol in the first month after delivery until breastfeeding is well established and avoiding alcohol immediately before breastfeeding.
Tobacco	No	Yes	<ul style="list-style-type: none"> • Miscarriage^a • Stillbirth^a • Premature birth • Low birth weight baby for gestational age 	<ul style="list-style-type: none"> • A low birth weight baby can become stressed during labour and make the birth more complicated⁵ • Sudden Infant Death Syndrome (SIDS) • Breathing illnesses and infections e.g. asthma • Poor attention and learning problems • Cleft lip or cleft palate⁸ 	Yes, but quitting is the better option. Pregnant women wishing to quit using Nicotine Replacement Therapy (NRT) should be monitored by a suitably qualified medical professional. Precautions should be taken if a breastfeeding mother is smoking or on NRT (e.g. patches).
Heroin	No	Yes, if done under medical supervision	<ul style="list-style-type: none"> • Miscarriage^a • Stillbirth^a • Premature birth • Low birth weight baby 	<ul style="list-style-type: none"> • Withdrawal^b • Stress on the baby's heart and breathing system • Increased risk of disabilities • Trouble breastfeeding 	No, mothers on heroin are encouraged not to breastfeed, and attention should be paid to stabilising their lifestyle. It is very important that an intoxicated mother does not breastfeed, as she is at risk of accidentally smothering her baby.
Prescribed Opioids (e.g. methadone (MMT)/ buprenorphine (BMT)/ Oxycotin	Yes, if taken as prescribed or under medical supervision	Yes, if done under medical supervision	<ul style="list-style-type: none"> • Lower risk of miscarriage than heroin • Low birth weight baby 	<ul style="list-style-type: none"> • Withdrawal^b 	Yes, mothers who are stable on MMT/BMT should be supported if they breastfeed. Women who are stable on MMT/BMT, but occasionally use heroin in a 'one-off' pattern should express and discard breast milk for a 24-48 hour period afterwards, then return to breastfeeding.
Cannabis	No	Yes, if done under medical supervision	<ul style="list-style-type: none"> • Premature birth • Longer labour • Respiratory, mood and other psychological problems for the mother • Low birth weight baby 	<ul style="list-style-type: none"> • Stress on the baby's heart and breathing system • Developmental delays, such as poor memory and behavioural problems 	No, mothers should not use cannabis while they are breastfeeding. If a mother uses cannabis often, it is advised that she does not breastfeed, as there is evidence that cannabis is excreted in breast milk.
Antidepressants^c	Yes, under medical supervision	Yes, if done under medical supervision	<ul style="list-style-type: none"> • Slightly increased risk of miscarriage 	<ul style="list-style-type: none"> • Withdrawal^b 	Yes, exposure to antidepressants in breast milk is low for the baby

Substance	Is it safe to use during pregnancy?	Is it safe for users to stop during pregnancy?	What effect can it have during pregnancy?	What effect can it have on the baby?	Can mothers who use this substance breastfeed safely? ^d
Methamphetamine (e.g. speed, ice/crystal, base)	No	Yes, if done under medical supervision	<ul style="list-style-type: none"> • Miscarriage^a • Stillbirth^a • Premature birth • Mother may develop nutritional deficiencies or psychiatric illnesses • Low birth weight baby 	<ul style="list-style-type: none"> • Stress on the baby's heart and breathing system, and can increase the risk of disabilities • Withdrawal^b • Stroke or heart failure 	Mothers who do not use methamphetamines or do so rarely should be encouraged to breastfeed, however precautions should be taken. For example, breast milk should be expressed and discarded 24–48 hours after use and a back-up feeding plan should be in place for when methamphetamine use occurs.
Benzodiazepines (e.g. Valium, Xanax)^c	Ideally should be avoided during pregnancy. However, may be appropriate for severely anxious women	Yes, if done under medical supervision	<ul style="list-style-type: none"> • Premature birth • Miscarriage 	<ul style="list-style-type: none"> • Stress on the baby's heart and breathing system, and can increase the risk of disabilities • Floppy baby, where the baby is born with floppy/limp muscles, which can last for a number of months • Withdrawal^b 	Yes, but medical advice should be sought. Mothers taking benzodiazepines should also not breastfeed immediately after taking a dose because of the risk of falling asleep and smothering the infant. However, if breastfeeding while drowsy, the mother should be securely seated in a chair, with the baby also well supported, so that if she falls asleep the baby will be safe.
Cocaine	No	Yes, if done under medical supervision	<ul style="list-style-type: none"> • Miscarriage^a • Premature birth • Negative effects on the mother and baby's cardiovascular systems 	<ul style="list-style-type: none"> • Stroke or heart failure • Withdrawal^b • Slow to grow • Cognitive delays, such as poor attention to tasks and a reduced ability to process information 	Mothers who do not use cocaine or do so rarely should be encouraged to breastfeed, however precautions should be taken. For example, breast milk should be expressed and discarded 24–48 hours after use and a back-up feeding plan should be in place for when cocaine use occurs.
Inhalants (e.g. glue, aerosols, paint)	No	Limited research, seek medical advice	<ul style="list-style-type: none"> • Premature birth • Low birth weight baby 	<ul style="list-style-type: none"> • Stress on the baby's heart and breathing system • Increase risk of disabilities • Slow to grow • Behavioural problems and learning delays 	Mothers who do not use inhalants or do so rarely should be encouraged to breastfeed, however precautions should be taken. For example, breast milk should be expressed and discarded after inhalant use and a back-up feeding plan should be in place for when inhalant use occurs.

Notes:

^a What is the difference between miscarriage and stillbirth?

Miscarriage occurs when a fetus dies while inside its mother within the first 20 weeks of being conceived. However, most miscarriages tend to occur in the first 12 weeks. Stillbirth is when a fetus dies whilst inside its mother and can occur at anytime from 20 weeks until immediately before birth.

^b What is withdrawal?

When people go through withdrawal, the body is no longer receiving the substance that it has become used to, which results in the body producing a range of negative physical symptoms, such as shakiness, sleep disturbances, hallucinations and agitation. Both mother and baby can go through withdrawal, and this can happen when the baby is inside its mother or once it has been born. These withdrawal symptoms can put extra stress on the mother and her baby which can be harmful, and potentially fatal, if not managed by a medical professional. If this is the case, an alcohol and other drug specialist should be consulted on how best to manage the withdrawal process.²

^c Using medications during pregnancy and breastfeeding

Before a woman who is pregnant or breastfeeding decides whether to start or stop a medication, it is always best to speak to a medical professional about the medication's benefits and risks.

^d General precautions for breastfeeding mothers

If a mother is intoxicated she should not breastfeed, as she is at risk of falling asleep and smothering her baby.

IS IT SAFE FOR PREGNANT WOMEN TO SMOKE?

No, there is no safe level of smoking. There are more than 4,000 harmful chemicals in cigarette smoke such as carbon monoxide, nicotine and cyanide. Tobacco causes long-term damage to the lungs, brain and blood of an unborn child and can cause pregnancy emergencies in the mother, by reducing the amount of essential oxygen and nutrients an unborn baby needs for healthy physical and mental development.^{6,7} If a pregnant woman smokes, or is exposed to second-hand smoke, the harmful chemicals go straight to the baby. This means that the baby will get less oxygen and less food.⁷⁻⁹

The safest option for the mother and baby is for the mother to not smoke. The more cigarettes the mother smokes, the more likely the baby will have health problems.

Cutting down on the number of cigarettes smoked per day will not protect the baby, however, it is a start in the right direction to quitting. The practice of 'cutting down' on the number or strength of cigarettes smoked is not supported by evidence that it provides any protection to the fetus, and is not recommended.²

Quitting before or early on in pregnancy provides the greatest benefits for the mother and her baby. However, even if a woman quits at any time during or after her pregnancy, there are benefits for her and her baby.

Breathing in other people's smoke (second-hand smoke) is equally as dangerous for the mother and the baby. The effects on the baby if the mother breathes in second-hand smoke are similar to if the mother were to smoke herself.⁵

The health of the mother and those around her, including her baby, will improve when she quits smoking. Quitting smoking is one of the greatest gifts a mother can give her baby, as this will increase the baby's chances of being born strong and healthy.

IS IT SAFE TO DRINK ALCOHOL DURING PREGNANCY?

We don't have enough research about drinking a little bit so not drinking is definitely the safest option.¹ The Australian Guidelines to Reduce Health Risks from Drinking Alcohol 2009 note that the first few weeks after conception, before the first missed period, are probably the most important in relation to alcohol.¹ At that time it is unlikely the woman will know she is pregnant, particularly if the pregnancy is unplanned.

Drinking during pregnancy in some cases can cause Fetal Alcohol Spectrum Disorder, where the baby is born with physical and mental disabilities that are lifelong. Because we don't know how much alcohol causes Fetal Alcohol Spectrum Disorder not drinking at all during pregnancy and when trying to get pregnant is the best option.

Not drinking during pregnancy is the sure way to avoid any alcohol related problems for the baby and mother.

MIXING ALCOHOL AND DRUGS DURING PREGNANCY (POLYDRUG USE)

There are many dangers for people who use different drugs at the same time, or mix alcohol with drugs. Unfortunately, consuming different drugs and/or both drugs and alcohol (polydrug use) can be particularly harmful for a pregnant woman and her unborn child. It is still unclear how different combinations of substances affect the mother's body and baby. Polydrug use by pregnant women can also be very problematic if they are dependent ('addicted') and suddenly stop or cut down their use of several substances at once. This is because it can cause the woman to go into withdrawal, an experience that places extra stress on both the mother and her baby.⁴ In this situation, immediate advice from a medical professional should be sought.

CHILD PROTECTION

All state and territory jurisdictions have different legislation on child protection. Although alcohol and other drug use alone may not warrant a child protection report or notification, child protection is a consideration for pregnant women who misuse substances. It is the law to put the safety and well-being of the child first.⁵ For further information on child protection and mandatory reporting, please contact Legal Aid in your state or territory.

Some state and territory based helplines are listed below.

Alcohol and Drug Information Service (ADIS) (free, confidential advice about drugs and alcohol). Some services operate 24 hours.

State/Territory	City Contact	Regional/Rural contact (free call from landline)
NSW ADIS	02 9361 8000	1800 422 599
QLD ADIS	1800 177 833	1800 177 833
VIC Directline	1800 888 236	1800 888 236
WA ADIS	08 9442 5000 08 9442 5050 (for parents)	1800 198 024 1800 653 203
ACT Alcohol & Drug Program	02 6207 9977	
NT Alcohol & Other Drug Services	08 8922 8399 (Darwin) 08 8951 7580 (Alice Springs)	1800 131 350
TAS ADIS	1800 811 994	1800 811 994
SA ADIS	1300 131 340	1300 131 340

Callers in Victoria can also contact the Youth Substance Abuse Service (YSAS) on 1800 014 446 (24 hour toll free service)

Family Planning Services (free, confidential advice on contraception, pregnancy, sexual health and related issues)

State/Territory	Contact Details	Website
Family Planning NSW	1300 658 886	www.fpnsw.org.au
Family Planning QLD	07 3250 0240	www.fpq.com.au
Family Planning VIC	1800 013 952	www.fpv.org.au
Family Planning WA Sexual Health Services	08 9227 6177	www.fpwa.org.au
Sexual Health and Family Planning ACT	02 6247 3077	www.shfpact.org.au
Family Planning NT	08 8948 0144	www.fpwnt.com.au
Family Planning TAS	03 6273 9117	www.fpt.asn.au
Sexual Health information networking & education (SHineSA)	08 8300 5300	www.shinesa.org.au

Callers in Victoria can also contact the Youth Resource Centre (Hoppers Crossing) on 03 8734 1355 or 03 9660 4700.

For advice on legal issues around drugs in pregnancy and mandatory reporting, please contact Legal Aid in your state or territory.

State/Territory	Contact Details	Website
Law Access NSW	1300 888 529	www.legalaid.nsw.gov.au
QLD Legal Aid	1300 651 188	www.legalaid.qld.gov.au
VIC Legal Aid	1800 677 402	www.legalaid.vic.gov.au
WA Legal Aid	1300 650 579	www.legalaid.wa.gov.au
ACT Legal Aid	1300 654 314	www.legalaidact.org.au
NT Legal Aid Commission	1800 019 343	www.ntlac.nt.gov.au
TAS Legal Aid	1300 366 611	www.legalaid.tas.gov.au
SA Legal Services Commission	1300 366 424	www.lsc.sa.gov.au



FOR MORE INFORMATION

We have listed some of the national telephone helplines and websites below.

Pregnancy Helpline

Provides free, confidential, professional information and counselling for women, their partners and families relating to issues of conception, pregnancy, birthing and postnatal care

Phone **1800 882 436**, open 24 hours. Or visit www.pregnancybirthbaby.org.au

Mothersafe

Provides a comprehensive counselling service for women and their healthcare providers concerned about exposure of drugs and infections during pregnancy and breastfeeding, as well as general advice about taking any pharmaceuticals

Phone **1800 882 436** (outside of Sydney) or **9382 6539** (Sydney metropolitan area) 9am–5pm Monday to Friday. Or visit www.mothersafe.org.au

National Breastfeeding Helpline

Trained breastfeeding counsellors provide free information and reassurance about how breastfeeding works

Phone **1800 686 2 686** (1800 mum 2 mum), open 7 days a week.

Sexual Health & Family Planning Australia

Provides contact details for a range of sexual and reproductive health clinical services in states and territories

www.shfpa.org.au

Australian Drug Foundation

Provides information about drugs and links to services in each state and territory

www.adf.org.au

DrugInfo Line

Provides information about drugs and alcohol. Open 9am–5pm, Monday to Friday

1300 85 85 84 or **03 8672 5983**. Or visit www.druginfo.adf.org.au

Just Ask Us

Provides information about drugs, alcohol, health and well-being

www.justaskus.org.au

National Drugs Campaign

Australian Government website provides information about illicit drugs and campaign resources.

www.australia.gov.au/drugs

Family Drug Support

For families and friends of people who use drugs or alcohol

1300 368 186

Quitline

Telephone service available to smokers who want to quit.

Phone **13 7848**, open 8am–8pm Monday to Friday. Or visit www.quitnow.gov.au

Kids Helpline

Free, private and confidential telephone and online counselling service for young people aged 5–25 years

Open 24 Hours 1800 55 1800

Lifeline

24 hour crisis line **131114**, open 24 hours.

Also available is one-on-one chatlines for crisis support, visit

www.lifeline.org.au/Find-Help/Online-Services/crisis-chat

Counselling Online

Free, confidential counselling service for people using drugs, their families and friends

www.counsellingonline.org.au

SOURCES

1. NHMRC, 2009. Australian Guidelines to Reduce Health Risks from Drinking Alcohol, Commonwealth of Australia: Canberra.
2. NSW Department of Health, 2006. National Clinical Guidelines for the Management of Drug Use during Pregnancy, Birth and the Early Development Years of the Newborn, NSW Department of Health: Sydney.
3. NSW Department of Health, 2006. Background Papers to the National Clinical Guidelines for the Management of Drug Use during Pregnancy, Birth and the Early Development Years of the Newborn, NSW Department of Health: Sydney.
4. Zwar N, Richmond R, Borland R, Peters M, Litt J, Bell J, Caldwell B, & Ferretter I., 2011. Supporting Smoking Cessation: A Guide for Health Professionals, The Royal Australian College of General Practitioners: Melbourne.
5. NSW Department of Health, in press. National Clinical Guidelines for the Management of Drug Use during Pregnancy, Birth and the Early Development Years of the Newborn, NSW Department of Health: Sydney.
6. American Council on Science and Health, 2003. Cigarettes: What the Warning Label Doesn't Tell You (Second Edn), American Council on Science and Health: New York.
7. US Department of Health and Human Services, 2001. Women and Smoking: A Report of the Surgeon General, US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health: Atlanta, GA.
8. US Department of Health and Human Services, 2004. The Health Consequences of Smoking: A Report of the Surgeon General, US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health: Atlanta, GA.
9. British Medical Association, 2004. Smoking And Reproductive Life, The Impact Of Smoking On Sexual, Reproductive And Child Health, British Medical Association Board of Science and Education & Tobacco Control Resource Centre, BMA Publications: London.

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