



Using amphetamines during pregnancy and breastfeeding

About amphetamines

Amphetamines belong to a group of drugs called psychostimulants. Amphetamines stimulate the central nervous system and speed up the messages going to and from the brain and body. They alter mood and behaviour in different ways, depending on how much is taken and in what form it is in. Effects can range from mild to severe, depending on the dose and type of amphetamine used and whether any other drugs are being used at the same time.

'Speed' is a common amphetamine. MDMA or 'ecstasy' is a man-made drug that also belongs to the amphetamine class. Amphetamines usually appear as a whitish yellow powder or occasionally in liquid form.

'Ice' or 'crystal meth' (methamphetamine) is also a type of amphetamine but is much stronger than speed or ecstasy. It is therefore more addictive and has more serious effects on the adult and developing baby.

Effects on pregnancy

Using amphetamines during pregnancy can affect the development of your baby's brain and nervous system before birth.

Amphetamines cause your heart rate and your baby's heart rate to increase. They can also make you less hungry, which affects the amount you eat and the amount of nutrition your baby gets and how much your baby grows.

It is difficult to know for sure how your amphetamine use will affect your baby. Amphetamines vary in the way they are made and in their strength.

Amphetamine use in pregnancy may:

- affect your baby's growth
- lead to miscarriage
- lead to premature labour and birth
- cause bleeding from the site of the placenta (afterbirth)
- end in stillbirth
- reduce blood flow and oxygen to the baby
- increase blood pressure and increase the risk of stroke or heart attack.

Amphetamine use in pregnancy has also been linked to an increased risk of the following abnormalities to a developing baby:

- smaller head size
- behavioural problems
- delayed motor development
- changes to brain development
- poor growth following birth
- learning problems.

If you are sharing injecting equipment, there is also an increased risk of contracting blood borne viruses such as Hepatitis B or C and HIV. These infections can affect your health and your pregnancy.

Counselling in pregnancy

Being pregnant can motivate you to stop using amphetamines. Counselling can help to support you to do this. With counselling you can also explore treatment options (withdrawal, pharmacotherapy, residential or outpatient programs). Counselling can also help you with underlying issues that may be influencing your drug use.

The negative effects of ongoing heavy amphetamine use can include extreme agitation, paranoia, psychosis, hallucinations and unpredictable violent and aggressive behaviour. Aggression and unpredictable behaviour from a parent can make children anxious and frightened and this can interfere with normal development. It is important to address your amphetamine use before you are a parent.

If your partner is using drugs, they should also consider treatment to support you and to be a safer parent once the baby is born.

Pregnancy care

Some people find it hard to talk about their amphetamine use with health professionals. Getting information and advice in early pregnancy and attending your pregnancy care appointments will improve your chances of having a healthy baby.

It is important to stop your amphetamine use, or to at least reduce it as much as possible while you are pregnant. You may experience physical and psychological withdrawal symptoms when you do this. Drug and alcohol services can help you so that you are able to withdraw safely. Sometimes medication may be needed to help you manage your withdrawal symptoms. Regular pregnancy care is important to make sure you are healthy and your baby is developing and growing well.

Amphetamine use can reduce your appetite. Iron, calcium and vitamin supplements may need to be taken during your pregnancy and after the birth of your baby. All women should take folate before getting pregnant and for at least the first three months of their pregnancy. Get advice from your doctor, midwife or dietician before taking supplements.

If there is concern about your baby's growth and wellbeing, your doctor or midwife will organise an ultrasound and for your baby to be monitored.

Breastfeeding

Amphetamines may also reduce your milk supply making breastfeeding difficult. Amphetamines pass into your breast and high levels of it are found in breastmilk. This drug exposure may cause poor sleep patterns and irritability in your baby.

The long-term effects of amphetamine exposure through breast milk are not yet known but may affect your baby's brain development. For this reason, breastfeeding is **not recommended** if you are currently or have recently used amphetamines. Talk to your midwife or doctor about ways for you to safely breastfeed.

Your baby's development

It is not clear if amphetamine use in pregnancy has long term effects on the growth and development of babies and children. However, some studies have suggested that babies exposed to amphetamines may have impaired growth, learning problems and behavioural difficulties. Studies have also shown that babies who are born small may have issues with obesity and diabetes later in life when they are older children or adults.

Care of your baby

A doctor will check your baby after the birth.

A baby exposed to amphetamines may have symptoms of withdrawal in the first few weeks of life. They will need to stay in hospital to be monitored for at least five days. During this time your midwife will check on your baby every few hours to look for signs of withdrawal.

Some babies withdrawing from amphetamines are very sleepy, do not feed well and may have poor muscle tone (floppy). Others are over-active, irritable, sleep poorly and are unsettled. If babies show significant signs of withdrawal, they may need to be cared for in a Neonatal Intensive and Special Care unit.

Amphetamine use can make parenting difficult for you. You may experience uncomfortable physical symptoms, including difficulty sleeping, restlessness and irritability and mood swings. This behaviour can impact on the baby's growth and development

Using large amounts of amphetamines is associated with violent behaviour and can cause psychosis and this poses a significant risk to children.

Sudden Unexpected Death in Infancy (SUDI)

Sudden Unexpected Death in Infancy (SUDI; includes SIDS) is a sleep related death in the first year of life.

If you smoke, use drugs, alcohol or medicines that make you feel drowsy, sleeping with your baby is very dangerous. Anything that makes you sleep deeply will make it hard for you to respond properly to your baby's needs and ensure their safety.

Safe Sleeping Guidelines

The six ways to sleep your baby safely and reduce the risk of Sudden Unexpected Death in Infancy (SUDI) are:

1. Sleep baby on their back
2. Keep head and face uncovered
3. Keep baby smoke free before and after birth
4. Safe sleeping environment night and day. No soft surfaces or bulky bedding
5. Sleep baby in safe cot in parents' room
6. Breastfeed baby.

For more information, speak with your midwife or doctor or visit rednose.com.au/section/safe-sleeping

For more information

Women's Alcohol and Drug Service

Royal Women's Hospital
8.30am–5.30pm Monday to Friday
(03) 8345 3931
wads@thewomens.org.au

On the Women's website

Pregnancy, drugs & alcohol information
thewomens.org.au/wm-pregnancy-drugs-alcohol

DirectLine

DirectLine is part of Turning Point's state-wide telephone service network, providing 24-hour, seven-day counselling, information and referral to alcohol and drug treatment and support services throughout Victoria.
DirectLine is a free, anonymous and confidential service.
1800 888 236

Quit

Visit this website to help you quit smoking or help you find out more about how smoking harms you.
137 848 | quit.org.au

Red Nose

1300 308 307 | rednose.com.au