

# Fact Sheet for Medical Providers: SUBSTANCE USE DURING PREGNANCY

## Delaware law requires that medical providers educate pregnant patients about the dangers of substance use:

DE Code, Title 24, Chapter 17, § 1769A. Required warning to pregnant women of possible effects of using alcohol, cocaine, or other narcotics.

(a) A person certified to practice medicine who treats, advises, or counsels pregnant women for matters relating to the pregnancy shall post warnings and give written and verbal warnings to all pregnant women regarding possible problems, complications, and injuries to themselves and/or to the fetus from the consumption or use of alcohol or cocaine, marijuana, heroin, and other narcotics during pregnancy.

(b) A person who treats, advises, or counsels pregnant women pursuant to subsection (a) of this section and who is certified to practice medicine may designate a licensed nurse to give the warnings required by this section.

(c) The Director of the Division of Public Health shall prescribe the form and content of the warnings required pursuant to this section.

## QUICK SUMMARY OF SUBSTANCE EFFECTS

	Nicotine	Alcohol	Marijuana	Opioids	Cocaine	Methamphetamine
<b>Short-term Effects/Birth Outcome</b>						
Fetal Growth	Effect	Strong Effect	Effect	Effect	Effect	Effect
Anomalies	?	Strong Effect	?	No Effect	No Effect	?
Withdrawal	No Effect	Effect	Effect	Strong Effect	No Effect	Effect
Neurobehavior	Effect	Effect	Effect	Effect	Effect	Effect

### Long-term Effects/Birth Outcome

Growth	?	Strong Effect	No Effect	No Effect	?	*
Behavior	Effect	Strong Effect	Effect	Effect	Effect	*
Cognition	Effect	Strong Effect	Effect	?	Effect	Effect
Language	Effect	Effect	No Effect	Effect	Effect	*
Achievement	Effect	Strong Effect	Effect	*	?	*

? No Consensus on Effect      \* Limited or no data available

Updated by the Delaware Division of Public Health in 2017. Original source: Behnke, M. & Smith, V. C. (2013). Technical Report. Prenatal substance abuse: short and long-term effects on the exposed fetus. American Academy of Pediatrics, 131(3), e1009- e1024.

## WHAT TO TELL YOUR PATIENTS

No amount of alcohol, marijuana, or other illegal drugs is safe for you or your baby. Prescription opioids should be taken exactly as prescribed and babies may experience neonatal abstinence syndrome (NAS) after birth, which will likely need medical intervention.

### From the American College of Obstetricians and Gynecologists:

“A drug’s effects on the fetus depend on many things: how much, how often, and when during pregnancy it is used. The early stage of pregnancy is the time when main body parts of the fetus form. Using drugs during this time in pregnancy can cause birth defects and miscarriage. During the remaining weeks of pregnancy, drug use can interfere with the growth of the fetus and cause preterm birth and fetal death.”

(December 2013: [www.acog.org/Patients/FAQs/Tobacco-Alcohol-Drugs-and-Pregnancy](http://www.acog.org/Patients/FAQs/Tobacco-Alcohol-Drugs-and-Pregnancy)).

## OPIOIDS: LEGAL AND ILLEGAL

### what your patients need to know

Opioids are a highly addictive substance, and their use and abuse is driving the current addiction epidemic. Opioids can cause life-threatening withdrawal symptoms in babies, better known as neonatal abstinence syndrome (NAS). Symptoms include excessive crying, high-pitched cry, irritability, seizures, and gastrointestinal problems, among others. NAS requires hospitalization of the affected infant and possibly treatment with morphine or methadone to relieve symptoms. Treatment should also include non-pharmacological interventions like skin to skin contact and rooming in.

The research on the long-term impacts of opioid use during pregnancy is still evolving but there is some evidence to suggest behavioral and potential cognition effects on children whose mother used opioids.

No patient should be counseled to immediately stop using opioids, including heroin. Suddenly stopping use could send the fetus into distress, threaten the pregnancy, and even cause miscarriage. Consistent with ACOG guidelines, physicians should discuss a broad range of treatment options, including Medication Assisted Treatment (MAT). For information on treatment programs or to learn more about MAT for pregnant women, call 1-800-652-2929 in New Castle County or 1-800-345-6785 in Kent and Sussex counties.

## COCAINE AND METHAMPHETAMINE (STIMULANTS)

### what your patients need to know

Pregnant women who use cocaine are at higher risk for maternal migraines and seizures, premature membrane rupture, and placental abruption (separation of the placental lining from the uterus). Cocaine could exacerbate cardiac problems--sometimes leading to serious problems with high blood pressure (hypertensive crises), spontaneous miscarriage, preterm labor, and difficult delivery.

Babies born to mothers who use cocaine during pregnancy may also have low birth weight and smaller head circumferences, and are shorter in length than babies born to mothers who do not use cocaine. They also show symptoms of irritability, hyperactivity, tremors, high-pitched cry, and excessive sucking at birth.

## Resources

For information on detox, recovery, intervention, and treatment resources, visit: [www.helpisherede.com](http://www.helpisherede.com).

To help patients connect with home visiting and a variety of prenatal supports, call 2-1-1 for "Help Me Grow."



## ALCOHOL

### what your patients need to know

Alcohol is the number one cause of preventable birth defects. When a pregnant woman drinks alcohol, the alcohol reaches the baby through the placenta. While an adult liver will break down the alcohol, a baby's liver cannot and so the alcohol is significantly more toxic. Drinking alcohol during pregnancy can cause: damage to a baby's organs, physical, emotional and behavioral problems as they grow, difficulties in learning or memory, and higher incidence of Attention Deficit Hyperactivity Disorder (ADHD). The damage caused by drinking alcohol is well-documented and vastly underestimated.

## MARIJUANA

### what your patients need to know

Marijuana use should not be viewed as a "safe" alternative to other drugs, and, contrary to reports, marijuana can be addictive. The American College of Obstetricians and Gynecologists (ACOG) and American Academy of Pediatrics (AAP) state that marijuana cannot be used safely during pregnancy. There is research to suggest impaired neurodevelopment in fetuses, as well as low birth weight and problems in behavior and cognition in childhood. But, more research must be done. And, as ACOG suggests, the adverse effects of smoking to mother and fetus are well-documented.

## TOBACCO

### what your patients need to know

While this brief focuses on alcohol, illegal substances and prescription drug abuse, the negative impact of tobacco use on birth outcomes is well-documented. If a patient indicates they smoke, consider referrals to the Delaware Quitline for free cessation resources and tools at [www.quitnow.net/delaware](http://www.quitnow.net/delaware) or by calling 1-866-409-1858."

## Sources

ACOG Committee Opinion Number 637, July 2015, "Marijuana Use during Pregnancy and Lactation"

ACOG FAQ170, December 2013: Tobacco, Alcohol, Drugs, and Pregnancy

ACOG Committee Opinion 479, March 2011, Reaffirmed 2017, "Methamphetamine Abuse in Women of Reproductive Age"

Centers for Disease Control and Prevention: Fetal Alcohol

<https://www.cdc.gov/ncbddd/fasd/>

National Institute of Drug Abuse

<https://www.drugabuse.gov/publications/research-reports/>

substance-use-in-women/substance-use-while-pregnant-breastfeeding

Delaware Fetal Alcohol Task Force



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