

5 DRUGS AND YOU

PART ♀ TWO

This is the second part of a factsheet dealing with the effects of illegal drugs on women's health. Part one dealt with contraception. This part deals with pregnancy and gives a drug-by-drug summary of what's known.

As we warned before, research in this area is generally either absent or unreliable, so what's known doesn't amount to all that much. What is clear is that, whatever drugs you are taking, good medical care while you are pregnant helps keep you and your baby healthy.

What happens if I'm pregnant?

If you're worried that you could have risked becoming pregnant within the last five days, you can get emergency contraception from your doctor or family planning clinic. If they're closed, ask the agency which gave you this factsheet where you can get out-of-hours help. If you think you are pregnant but do not want to go ahead, the same people can help you.

If you want to go ahead with the pregnancy, antenatal check-ups are a good idea. It is important that you tell them about your drug use. If you are worried about how the doctors and nurses will react, ask someone in the agency which gave you this factsheet to recommend a sympathetic service.

Most women who use drugs have a normal pregnancy and a perfectly healthy baby. Other factors – like attending for medical care, your housing, diet, and whether you smoke – have at least as much effect as drugs. But using drugs can increase the chances of having problems in pregnancy or with the newborn child, depending on how much of what drug is used and how often. It is better for you and your baby if you can stop using drugs – but there's no need to panic if you can't or don't want to.

Is it safe to stop using?

Generally it is safe to stop using drugs like amphetamines (speed/whizz), ecstasy, cannabis, LSD and cocaine. Medical opinion is divided when it comes to heroin, methadone and other opiate-type drugs. It is possible to come off these without harm to you or your child but it may be better to do so under medical supervision. If you can't or don't want to come off drugs, you might consider a regular prescribed dose to help you keep on a more even keel.

Suddenly stopping using tranquillisers and barbiturates is not good for your health – it may cause convulsions. Get help from your doctor or the agency which gave you this factsheet.

Drug problems in pregnancy

Drug use during pregnancy is a morally-loaded issue. People think women shouldn't do it, so emphasise the dangers. Many of the bad outcomes may be (at least partly) due to the fact that women who use illegal drugs often also smoke, drink, and are socially deprived. For example, there is no good evidence that drugs alone cause genetic birth defects, except in the case of very heavy alcohol use.

But there are some real risks. Smoking and drugtaking can increase the risk of having a low birth-weight baby, either because they are born prematurely or are 'small for date'. This in turn can lead to other problems. The baby may also be born with withdrawal symptoms. The risk of cot-death (though still very small) may also be increased.

Drug by drug summary

Cannabis, LSD, magic mushrooms – no significant harmful effects have been confirmed.

Alcohol Small amounts may help with period pains. May affect women more in the few days before a period or ovulation. Drinking to deal with menstrual problems may contribute to alcohol dependency. To be on the safe side, during pregnancy limit your drinking to a little from time to time and avoid 'bingeing'. Very heavy use can damage you and (but by no means always) your baby.

Opiates (eg, heroin, methadone) Heroin interferes with your periods but doesn't necessarily prevent you getting pregnant. Periods return to normal when you stop and fertility may increase. It's said that it's easier to become pregnant on methadone than on heroin. This is probably because a methadone prescription helps people stabilise their drug use, not because of the effects of the drugs.

Opiates rarely cause medical complications during pregnancy. Withdrawal symptoms in the baby are the most likely cause for concern, but these can usually be easily coped with or treated. They vary according to the particular opiate being used.

Amphetamines ('speed', 'whizz') and ecstasy Stimulants like these can cause weight loss. This can stop your periods and stop you producing eggs. In pregnancy it can mean that neither you nor your baby get the food you need.

Cocaine Cocaine can cause medical complications – such as placental separation and bleeding – in pregnancy. There has been a lot of debate but it now seems unlikely that the newborn baby will experience withdrawals.

Tobacco Main problem in pregnancy is low birth weight which can cause other problems, including increased risk of death. There is also an increased risk of cot-death. Risk of death from either cause remains very small.

HIV/AIDS

Pregnant women in the UK are not routinely offered testing for HIV. Some areas do test pregnant women anonymously. This is to get a general idea of the extent of HIV infection, not to identify which people are infected. If you think HIV testing may be relevant to you, go back to the agency which gave you this factsheet and ask for advice/counselling on HIV and HIV testing.

Women infected with HIV, but not ill as a result, do not become ill just because they are pregnant. Nor does being infected with HIV harm the baby, unless the baby too becomes infected.

Virtually all babies born to HIV infected mothers test positive for HIV at birth, but only a minority are really infected. Different studies have found that this ranges from less than 1 in 10 babies to nearly 4 in 10. Generally, there is less risk of the baby becoming infected the better the mother's health, and the less time she has been infected.

The exception is when the woman has only just become infected. Someone newly infected with HIV is highly infectious to others, including their unborn baby. This makes it even more important to avoid anything (unprotected sex, sharing injecting equipment) which might lead to you becoming infected with HIV while you are pregnant.

HIV can pass from mother to baby during pregnancy, during labour (if the baby's skin is pierced), or during breast feeding. Breast feeding in the first few days after birth appears to involve higher risk of HIV infection than breast feeding later.