

Pregnancy and Prescription Drug Abuse



The Substance Abuse and Mental Health Services Administration (SAMHSA) defines prescription drug abuse (PDA) as the use of prescription pain relievers, tranquilizers, stimulants, or sedatives without a prescription for perceived medical need or for the experience or feeling the drug causes.¹



Abuse of prescription drugs during pregnancy can damage a pregnant woman's health, harm the developing fetus, and cause family, work, and financial problems. PDA can affect a woman's life not only during her pregnancy but long afterward as well by reducing job performance and increasing the risk of on-the-job injuries. Chronic misuse of prescribed drugs may reduce opportunities for promotion or lead to job loss.

■ Prescription Drug Abuse Among Pregnant Women

In a recent survey, about 6 percent of pregnant women aged 15–44 reported nonmedical use of a mood-altering prescription drug in the past year, compared with 9.3 percent of nonpregnant women in the same age group.²

Some of the most commonly abused prescription drugs among women aged 15–44 include the following:

- pain relievers such as codeine, OxyContin, Percocet, and Vicodin;
- tranquilizers such as Valium, Xanax, and Ativan; and
- stimulants such as Adderall and Ritalin.²

It is important to recognize the signs and potential consequences of *prescription drug abuse (PDA)* during pregnancy and to know where to turn for help. This fact sheet defines PDA and the percentage of pregnant women affected, explains the health risks of PDA, and provides some resources that offer information and assistance for those in need.

Signs of PDA:

- Consuming larger doses of medications than prescribed.
- Consuming medications more frequently than prescribed.
- Frequent “loss” of medications and making appointments to get more.
- Going to more than one provider to get medications.
- Getting medications from other people, either by asking or stealing.

■ Consequences of Prescription Drug Abuse During Pregnancy

Prescription Drugs May Harm the Developing Fetus

Substances that pregnant women ingest can affect their developing fetus by crossing the placenta (which supplies oxygen and nutrients to the baby). It is well known that smoking cigarettes and drinking alcohol can harm the developing fetus. Many people might reason that prescription drugs are safe for the fetus, but this is not the case. According to the U.S. Food and Drug Administration Pharmaceutical Pregnancy Categories (<http://www.drugs.com/pregnancy-categories.html>), a number of popular prescription medications, if abused, are known to be harmful to a fetus. These include such drugs as morphine, Demerol, Xanax, Ritalin, Valium, and OxyContin. The



effects of various drugs on a fetus depend on each woman's biological makeup; the type, amount, and frequency of the drug(s) abused; how far along the pregnancy is; and the fetus's level of development when the drugs are used.

Potential Harms to the Mother and Fetus Depend on the Type of Drug Being Taken

- **Opiates**, prescribed for pain relief, can cause slowed breathing, nausea, constipation, and drowsiness in the mother. A mother's abuse of opiates during pregnancy can cause preterm birth, low birthweight, or fetal death. Birth defects that may be caused by opiates include spina bifida (brain or spinal cord abnormalities), heart defects, and glaucoma.³⁻⁵
- **Tranquilizers**, prescribed to calm anxiety, can cause slowed breathing and heartbeat, drowsiness, dizziness, and depression in the mother and may cause increased risk of fetal death and birth defects.⁶⁻⁸
- **Stimulants**, prescribed to increase alertness or treat hyperactivity, can cause elevated body temperature, seizures, fast or irregular heartbeat, high or irregular blood pressure, sleep problems, tremors, weight loss, and panic attacks in the mother. They can cause preterm birth or fetal death and can increase the blood pressure, risk of brain and heart defects, and risk of cleft lip/palate in the fetus.^{6,7}

In addition, fetuses exposed to some prescription drugs for long periods in utero could be born addicted to these drugs. This is called *neonatal abstinence syndrome (NAS)*. Symptoms of NAS include low birthweight, respiratory problems, feeding difficulties, seizures, excessive crying and sucking, tremors, and vomiting. The baby may require treatment associated with prematurity, birth defects, or NAS.^{3,9}

PDA in Pregnancy Can Negatively Affect Family Members

- Treating PDA may necessitate hospitalizing the mother so as to prevent premature birth or to treat a substance use problem. This disrupts the family dynamics, may strain the mother's relationship with her partner, and may cause financial problems.
- A mother's spending time away from her infant (due to extended hospitalization or drug treatment) could negatively affect early mother-infant attachment, an important aspect of children's social and emotional development.

- A continued prescription drug abuse problem after the birth could reduce mother-infant interactions and attachment.
- PDA can negatively affect a woman's relationship with her partner and the rest of the family.

■ **Recommendations for Women Who Are Pregnant or Considering Becoming Pregnant:**

- Learn the signs of PDA (see callout box on page 1).
- Discuss PDA with a health care provider.
- Do not stop taking any prescribed medications without a doctor's advice.
- Make use of the resources listed below.

■ **Recommendations for Those Concerned About a Friend or Family Member Who Is Pregnant or Thinking of Becoming Pregnant:**

- Learn the signs of PDA (see callout box on page 1).
- Help the person access high-quality prenatal services, and accompany her to medical appointments.
- Encourage her to tell her health care provider what medications she is taking, including those not prescribed for her.
- Encourage her to take advantage of any available or enhanced prenatal education that includes information about PDA, such as the Centering Pregnancy program (see "Resources Regarding Prescription Drug Abuse").
- Talk to her about your concerns and emphasize how much you care about her and her pregnancy. Speak calmly, and be honest. It is best to share your concerns when she is not likely to be under the influence of any medications.
- Help her connect with professionals who can help. Reach out to a trusted health care provider, Narcotics Anonymous, and/or local treatment hotlines. The resources below can connect you with information or services that may help.

■ Resources Regarding Prescription Drug Abuse:

- For more information on the health consequences of PDA, visit: <http://www.marchofdimes.com/pregnancy/prescription-drug-abuse.aspx>
- Abusing Prescription Drugs During Pregnancy: <http://americanpregnancy.org/pregnancyhealth/abusingprescriptiondrugs.html>
- Narcotics Anonymous: <http://www.na.org/>
- Prescription Drug Abuse Hotline: 866-784-8911 (toll free); 8:30 am–5:30 pm PT
- Centering Pregnancy: http://centeringhealthcare.org/pages/site_locator.php
- Treating for Two: Safer Medication Use in Pregnancy: http://www.cdc.gov/ncbddd/birthdefects/documents/ncbddd_birth-defects_medicationuseonepaper_cdcrole.pdf
- MotherToBaby: Information on medications and more during pregnancy, breastfeeding by the Organization of Teratology Information Specialists: <http://www.mothersbaby.org/>



■ References

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The Substance Abuse and Mental Health Services Administration supports the Preventing Prescription Abuse in the Workplace Technical Assistance Center. For more information, contact PAW-TA@PIRE.org. To join the PAW Listserv, visit <http://paw.dsgonline.com>, or simply scan the QR Code to the right.

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