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Alcohol, Drugs, and Babies: Do You Need to Worry?

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Part 1 of 11: Overview

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Substance Abuse and Pregnancy

Alcohol, cigarettes, and street drugs (cocaine, marijuana, and heroin) are known to have harmful effects on the fetus. Any amount of these substances is considered unsafe during pregnancy. The best goal is to avoid them altogether. Quitting before you get pregnant is ideal, but stopping drug use at any point during pregnancy will benefit your baby.

Pregnancy can change how your body handles drugs, making some drugs even more harmful to you and your baby. Mothers who are substance abusers are more often involved in accidents, are more likely to overdose, and are more susceptible to certain diseases, especially if they share needles.

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Part 2 of 11: Drug Use During Pregnancy

How Does Drug Use Affect the Fetus During Pregnancy?

You and your baby are connected by the placenta and umbilical cord. Most everything that enters your body will be shared with your baby. This means that if you use a drug, your baby also will be affected by that drug. A fetus is very sensitive to drugs and cannot eliminate drugs as effectively as you can; therefore, the chemicals can build up to extremely high levels in the baby's system and can cause permanent damage. Your child cannot choose whether or not to use drugs, but you can.

Part 3 of 11: Risks Of Drug Use

What Are the Risks of Drug Use During Pregnancy?

The specific risks of drug use depend on a number of factors including the type of drug used, at what point during pregnancy the drug was used, and the frequency of drug use.

In general, drugs cause miscarriage, stillbirth, small size, low birth weight,

premature birth, birth defects, sudden infant death syndrome (SIDS), and drug-dependency in the infant. Some of the specific risks of drug use during pregnancy are:

- Low birth weight places babies at increased risk for illness, disability, and death. Low birth weight infants are at risk for mental retardation, learning disability, and long-term consequences.
- Premature birth increases the risk of lung, eye, and learning problems in the infant. In addition, preterm babies are at increased risk for infection and death.
- Drug use increases the risk of medical problems and birth defects, including stroke, seizure, mental retardation, and learning disabilities.
- Fetuses can become dependent on the drug(s) the pregnant mother is using and may experience withdrawal symptoms after delivery.

Drug use early during pregnancy can affect the developing organs and limbs of the fetus. Even one episode of drug use during this period can affect the development of your child. Often the result is a birth defect or miscarriage. Drug use later in pregnancy can affect development of your baby's central nervous system. After pregnancy, many drugs can pass through breast milk and can harm the baby.

Resources

For help anytime and anywhere in the U.S., you can call the national drug information treatment and referral hotline at 1-800-662-HELP or 1-800-66-AYUDA (in Spanish).

Part 4 of 11: Find Help

Where Can I Find Help?

Help is available if you are addicted to drugs. If you are pregnant or planning to become pregnant, see a qualified health care provider as soon as possible and discuss your drug use with him or her. Your provider will want to give you support and provide you with the appropriate resources to help you stop using drugs. Many additional resources are available. You can look in the yellow pages or call information for the phone numbers of support groups such as Alcoholics Anonymous (AA), Narcotics Anonymous, and Cocaine Anonymous. There are also drug treatment centers and clinics, social and family service agencies, hospitals and mental health centers, and alcoholism and drug abuse counselors.

Part 5 of 11: Alcohol

Alcohol

Drinking alcohol during pregnancy can cause abnormal fetal development and fetal alcohol syndrome (FAS).

FAS is a congenital syndrome characterized by delayed fetal growth, facial abnormalities, and dysfunction of the central nervous system (brain and/or spinal cord).

- Facial abnormalities include small eye-lid openings, low-set ears, and a thin upper lip. Dental malformations and frequent ear infections are also common

in children with FAS.

- Central nervous system problems include mental retardation with an average IQ of 63 (an IQ score of 70 is one criteria for the diagnosis of mental retardation), behavioral disorders such as attention deficit hyperactivity disorder (ADHD), and irritability.
- Alcohol is especially toxic during the first trimester because this is when organ development occurs.

Part 6 of 11: Fetal Alcohol Syndrome

If I Drink During Pregnancy What Are the Chances My Child Will Have FAS?

If you are a moderate or heavy drinker (meaning you consume 1 to 3 ounces of alcohol-equivalent to 4 to 6 beers or glasses of wine-per day) you have at least a 10% risk of having a child affected by FAS. Some studies have reported that up to 80% of those who drink heavily during pregnancy will deliver a baby affected by FAS.

FAS is the most commonly identified cause of mental retardation.

The damaging effects of alcohol are related to the amount of alcohol you drink. The rates of FAS incidence are not as clear for women who are light drinkers during pregnancy. Most health care providers recommend that you don't drink any alcohol at all while you are pregnant.

How Common Is FAS?

FAS affects one of every 500 to 1,000 newborns.

What Are the First Signs of FAS?

Within 12 hours after delivery, your baby may experience withdrawal symptoms of jitteriness, irritability, and poor feeding.

Part 7 of 11: Alcohol and Breast-Feeding

Can I Drink While Breast-Feeding?

Alcohol easily passes into breast milk. A baby that is repeatedly exposed to alcohol in breast milk can develop problems with mental and motor development. However, the of Pediatrics states that an occasional drink during the period of breast-feeding has no known long-term consequences for your baby.

Part 8 of 11: Marijuana

Marijuana

Some studies have reported that marijuana can increase the chances that your baby will have a bowel movement while inside the womb (this can cause early onset of labor and fetal distress). Other studies have noted poor growth of babies, risk for childhood leukemia, and neurobehavioral problems such as tremor, irritability, and a shrill, high-pitched cry.

Three to 16% of women reportedly use marijuana during pregnancy.

The main psychoactive ingredient of marijuana, THC, is excreted in breast milk.

The of Pediatrics recommends that marijuana not be used during the time a woman is breast-feeding.

Part 9 of 11: Cocaine

Cocaine

Cocaine users have an increased risk of miscarriage and fetal death in utero. If you are pregnant and use cocaine, you are at increased risk for premature rupture of membranes (breaking your bag of waters early), for early separation of the placenta, and for preterm labor and delivery. A baby exposed to cocaine has increased risk for stroke, growth problems, limb defects, reproductive or urinary system abnormalities, and death from sudden infant death syndrome.

Cocaine can be transmitted to the baby through breast milk and should not be used during the time of breast-feeding.

Part 10 of 11: Opiates/Narcotics

Opiates/Narcotics

Opiates (also known as narcotics) include drugs such as heroin, morphine (MS Contin), and methadone (Dolophine). Women who use narcotics during pregnancy are at increased risk for preterm labor and delivery. They are more likely to deliver a stillborn baby or a baby with growth problems. In addition, babies exposed to narcotics in utero are at increased risk for neonatal death.

Heroin

If you use heroin, your newborn may experience a severe, potentially fatal withdrawal syndrome characterized by high-pitched crying, poor feeding, tremors, irritability, sneezing, sweating, vomiting, diarrhea, and seizures. If you share needles, you should be tested for HIV and hepatitis.

Heroin should not be used while breast-feeding.

Methadone

If you can quit using opiates altogether, it will be best for you and your baby. However, switching to methadone is better than continued heroin use. Methadone is associated with better pregnancy outcomes than heroin, but babies can still experience the narcotic withdrawal syndrome and still have an increased risk for sudden infant death syndrome.

The American Academy of Pediatricians states that methadone use of 20 mg or less per day is compatible with breast-feeding.

Part 11 of 11: Amphetamines

Amphetamines

If you use stimulants such as crystal methamphetamine (speed), you are at increased risk for early placental separation, delivery of a baby with growth problems, and death of the fetus in utero.

Amphetamines should not be used if you are breast-feeding.

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