

Pregnancy and opiates

Safe sleeping for your baby

- Always provide a safe sleeping environment for your baby.
- Always ensure your baby is put to sleep on her back.
- Provide a smoke free environment for your baby. If you or others continue to smoke, you should only smoke outside the house. Smoking in a different room may still affect your baby.
- Do not put your baby to sleep in your bed if you have been smoking cannabis or are drug or alcohol affected. The risk of SIDS or a sleeping accident is increased under these conditions.
- If you plan to use, or have been using cannabis, always ensure there is an adult who is not affected by alcohol or drugs available to care for your baby.
- Ensure that others caring for your baby know how to provide him with a safe environment.
- For information and support, talk to your midwife, health worker or doctor.

Contact details

Women's Alcohol and Drug Service
 8.30am – 5.30pm Monday to Friday
 264 Cardigan Street Victoria 3053 (03) 9344 3631
 Email: womens.ads@rwh.org.au
 Website: www.rwh.org.au/wads
 After hours assistance
 RWH emergency department (03) 9344 2301

Other important numbers

Drug info line
 for written information
 and resources Free Call – 1300 858 584

Direct Line
 for counselling
 and referral (24/7) Free Call – 1800 888 236

The Royal Women's Hospital (03) 9344 2301

The Royal Women's Hospital
 Young Women's Program (03) 9344 2189
 Website: www.ypp.org.au

YSAS (Youth Substance Abuse Service) (03) 9418 1020

Women's Health Information Centre
 Free information about
 a range of women's health issues
 Melbourne callers (03) 9344 2007
 Rural/country callers 1800 442 007 (free call)
 Email: whic@rwh.org.au
 Website: <http://wellwomens.rwh.org.au>



If you are pregnant and using heroin or other opiates, you may be worried about your baby. It can be difficult to talk about using, but with the right pregnancy care, you are giving yourself the best opportunity to have a safe pregnancy and a healthy baby.

This information may answer some of the questions you have about opiate use during pregnancy.

When you are pregnant and use heroin or other opiates they are passed on to your baby. If you experience withdrawal, so does your baby. Therefore we aim to manage your withdrawal with methadone. Heroin and other opiates have not been shown to cause physical abnormalities in babies.

Heroin

Problems associated with using heroin during pregnancy.

- As your pregnancy progresses you may experience withdrawal symptoms more often and so feel the need to use more frequently.
- Heroin is usually cut with unknown substances and because of this, it is not known what effect they will have on your pregnancy.
- Withdrawing creates an unstable environment for your baby to grow. There can be an increased risk of miscarriage in early pregnancy, or your baby may be smaller and unwell or may be born prematurely.
- Sharing injecting equipment increases the risk of contracting blood borne viruses such as hepatitis and HIV.

Can I detox from heroin in pregnancy?

Often women believe the best thing to do when they find out they are pregnant is to stop using or to detox. However, this is not usually recommended as you may experience withdrawal and there can be an increased risk of miscarriage in early pregnancy, or premature birth in later pregnancy. As a result of an extremely severe withdrawal a baby may even die before birth.

Sometimes medications such as benzodiazepines (benzos), doloxene or clonidine are used to help treat the symptoms of withdrawal, but they are not recommended for use in pregnancy.

What should I do?

If you are using heroin or other opiates on a regular basis, then methadone stabilisation is recommended as the safest option in pregnancy.

Methadone

Methadone is an opiate and is used as a substitute for heroin. It is longer acting than heroin.

Stabilising on the right dose of methadone will:

- prevent you and your baby from experiencing withdrawal
- help to create a stable environment for you and your baby
- help provide stability in your life.



Buprenorphine

Buprenorphine is another opiate treatment but its use in pregnancy is not recommended in Australia. More research is needed to show its safety during pregnancy and its affect on developing babies. If you are using Buprenorphine and become pregnant it is important to talk with your doctor as soon as possible before you stop taking or reduce the dose. Your doctor will help you to decide what to do about using buprenorphine while you are pregnant.

If you use heroin or other opiates, unprescribed sleeping tablets, alcohol or benzodiazepines (benzos) in conjunction with methadone or buprenorphine, there is a high risk of overdose and possible death.

Naltrexone

Naltrexone is not generally recommended for use in pregnancy or breastfeeding.

General pregnancy care

- It is important that you have regular visits with your doctor or midwife.
- You may need dietary supplements such as iron and calcium throughout your pregnancy. All pregnant women should have folic acid.
- Nausea, vomiting and constipation during pregnancy can be a problem. The dietitian and pharmacist at the hospital or health centre can assist you with these problems.
- A full sexual health screen should be provided for you during your pregnancy.
- Speak with a health worker about ways of minimising harm and providing optimal care for yourself and your baby.

Further information available at our web site
www.rwh.org.au/wads