



Using heroin during pregnancy and breastfeeding

About heroin

Heroin is one in a group of drugs known as opioids. It is a depressant, which means it slows down the activity of the brain and the 'central nervous system'. Using heroin repeatedly can cause physical and psychological dependence (addiction).

People who use heroin often also use other drugs such as tobacco and alcohol.

Effects on pregnancy

If you use heroin when you are pregnant it can harm your unborn baby. It can also harm your baby to withdraw from heroin during pregnancy without the support of a health professional.

Heroin is passed on to your baby via the placenta. If you have withdrawal symptoms, so does your baby. Withdrawal or detoxification from opioids can harm your baby and increases the risk of miscarriage, premature labour and stillbirth.

The amount of heroin you need to take to prevent withdrawal symptoms can change over the course of your pregnancy, which is why medical support during this time is very important.

Heroin and other opioids are not linked with physical abnormalities in babies, but ongoing heroin use may result in your baby being born smaller than expected. Your baby may also be born earlier than expected and they may have other health problems because they are premature.

There are a number of things about heroin use that can be very harmful for your unborn baby.

- Heroin is a street drug so the quality can be unreliable.
- Heroin may be cut with unknown substances which can be very harmful to you and your pregnancy.

- The strength or quality of heroin may not be consistent, putting you at risk of overdose or death.
- Sharing injecting equipment increases the risk of contracting blood borne viruses such as hepatitis C, HIV and other infections for both mother and baby.

Counselling in pregnancy

There are services available in the community and at the hospital where you are receiving pregnancy care, that can help you during this time.

Counselling may help you in several ways. It can:

- give you information about drug treatment options so you can make an informed choice about what to do
- teach you about how to reduce the risks of drug use to yourself and your baby (harm minimisation)
- help you deal with issues related to your heroin use

With increased awareness, you can take positive steps to protect your baby.

Pregnancy care

Regular visits with a midwife or doctor are very important to make sure you are healthy, and your baby is growing well. Routine tests, such as ultrasounds, a health screen and blood tests will be included in your care.

If you have stopped using heroin but are having withdrawal symptoms, the best treatment is to start a methadone or buprenorphine (Subutex®) stabilisation program. This should begin as soon as your pregnancy is confirmed.

If you are already on methadone or buprenorphine and continue to use heroin, you are at high risk of overdosing, causing permanent damage or death to yourself and your baby. For further information see our fact sheets about **methadone or buprenorphine**.

If you are injecting heroin and sharing needles, you are at greater risk of contracting hepatitis C, HIV and other blood borne viruses. Needle Syringe Programs (NSP) are available at many community health centres. This is a free service where you can get clean needles and syringes. Ask your doctor or midwife for more information about this program.

You may need dietary supplements such as iron and calcium during your pregnancy. All women should take folate before conceiving and for at least the first three months of their pregnancy.

Nausea, vomiting and constipation are common in any pregnancy. Your midwife or doctor may suggest you see a dietitian. Eating well during pregnancy and whilst you are breastfeeding is important for the health of you and your baby.

Good dental care is also important for all pregnant women.

Breastfeeding

Heroin passes into breast milk in small amounts and can affect your baby. If you continue to use heroin, breastfeeding is NOT recommended.

To safely breastfeed your baby, you will need help to stop using heroin. If you use heroin occasionally, you will need to express your breast milk for 24 hours afterwards and throw it away, before starting to breastfeed again.

After using drugs, it is not safe for you to care for or breastfeed your baby. You are not likely to be alert to your baby's needs and could accidentally smother or drop your baby. Always make sure there is a responsible adult, who is not drug-affected, to care for your baby.

If you become stable on methadone or buprenorphine during pregnancy, breastfeeding is recommended.

Your baby's care after the birth

A doctor will check your baby after the birth.

When a woman uses opioids during pregnancy, the baby is at risk of developing a condition called Neonatal Abstinence Withdrawal Syndrome (NAWS) or infant withdrawal. It is also called Neonatal Abstinence Syndrome. NAWS can be treated safely and effectively.

It is not possible to reliably predict before birth which babies may develop NAWS. However, it is more likely to occur if you are using other drugs as well as heroin, such as crystal methamphetamine ('ice') or benzodiazepines ('benzos'). Your baby is also more likely to need medication to help them through withdrawal.

Most babies who have been exposed to opioids during pregnancy will show some signs of withdrawal and will remain in hospital for at least five days for observation.

Withdrawal symptoms can vary from mild which can be managed with supportive care (cuddling, time with parents, wrapping and a quiet environment) to more severe symptoms which need medication. Around 50 percent of babies whose mothers use heroin, will show signs of withdrawal that is severe enough to require medication (usually oral morphine) and will need specialised care in a newborn intensive and special care unit.

Sudden Unexpected Death in Infancy (SUDI)

Sudden Unexpected Death in Infancy (SUDI; includes SIDS) is a sleep-related death in the first year of life.

If you smoke, use drugs, alcohol or medicines that make you feel drowsy, sleeping with your baby is very dangerous. Anything that makes you sleep deeply will make it hard for you to respond properly to your baby's needs and ensure their safety.

Safe Sleeping Guidelines

The six ways to sleep your baby safely and reduce the risk of Sudden Unexpected Death in Infancy (SUDI) are:

1. Sleep baby on their back
2. Keep head and face uncovered
3. Keep baby smoke free before and after birth
4. Safe sleeping environment night and day. No soft surfaces or bulky bedding
5. Sleep baby in safe cot in parents' room
6. Breastfeed baby.

For more information, speak with your midwife or doctor or visit the Red Nose website.
rednose.com.au/section/safe-sleeping

For more information

Women's Alcohol and Drug Service

Royal Women's Hospital
8.30am–5.30pm Monday to Friday
(03) 8345 3931
wads@thewomens.org.au

On the Women's website

Pregnancy, drugs & alcohol information
thewomens.org.au/wm-pregnancy-drugs-alcohol

DirectLine

DirectLine is part of Turning Point's state-wide telephone service network, providing 24-hour, seven-day counselling, information and referral to alcohol and drug treatment and support services throughout Victoria.

DirectLine is a free, anonymous and confidential service.

1800 888 236

Quit

Visit this website to help you quit smoking or help you find out more about how smoking harms you.
137 848 | quit.org.au

Red Nose

1300 308 307 | rednose.com.au