



## Tobacco, Alcohol, Drugs, and Pregnancy

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### Why is smoking dangerous during pregnancy?

When a woman smokes cigarettes during pregnancy, her **fetus** is exposed to many harmful chemicals. Nicotine is only one of 4,000 toxic chemicals that can pass from a pregnant woman to her fetus. Nicotine causes blood vessels to narrow, so less **oxygen** and fewer **nutrients** reach the fetus. Nicotine also damages a fetus's brain and lungs. This damage is permanent.

### How can smoking during pregnancy put my fetus at risk?

Several problems are more likely to occur during pregnancy when a woman smokes. These problems may include preterm birth, which is birth that occurs before 37 weeks of pregnancy. Babies that are born too early may not be fully developed. They may be smaller than babies born to nonsmokers, and they are more likely to have colic (with uncontrollable crying). These babies are at increased risk of **sudden infant death syndrome (SIDS)**. They also are more likely to develop asthma and obesity in childhood.

If you are smoking when you find out you are pregnant, you should stop. The American Lung Association offers information on how to quit on its website: [www.lung.org](http://www.lung.org). You also can contact 1-800-QUIT-NOW, a national network that can connect you to a counselor in your state.

### Why should I avoid secondhand smoke during pregnancy?

Secondhand smoke—other people’s smoke that you inhale—can increase the risk of having a low-birth-weight baby by as much as 20%. Infants who are exposed to secondhand smoke have an increased risk of SIDS. These babies are more likely to have asthma attacks and ear infections. If you live or work around smokers, take steps to avoid secondhand smoke.

### Are e-cigarettes safe to use during pregnancy?

Electronic cigarettes (known as “e-cigarettes”) are used by some people as a substitute for traditional cigarettes. E-cigarettes contain harmful nicotine, plus flavoring and a propellant that may not be safe for a fetus. E-cigarettes are not safe substitutes for cigarettes and should not be used during pregnancy.

### Why is drinking alcohol dangerous for my fetus?

Alcohol can interfere with the normal growth of a fetus and cause **birth defects**. When a woman drinks during pregnancy, her fetus can develop physical, intellectual, behavioral, and learning disabilities that can last a lifetime. The most severe disorder is **fetal alcohol syndrome (FAS)**. FAS can cause growth problems, intellectual disability, behavioral problems, and abnormal facial features.

### Is there an amount of alcohol that is safe to drink during pregnancy?

FAS is most likely to occur in babies born to women who drink heavily throughout pregnancy. But alcohol-related problems can occur with lesser amounts of alcohol use. It is best not to drink at all while you are pregnant. If it is hard for you to stop drinking, talk with your **obstetrician** or other health care professional about your drinking habits. Alcoholics Anonymous offers information and local resources on quitting alcohol on its website: [www.aa.org](http://www.aa.org).

### What is illegal drug use?

Use of substances—including heroin, cocaine, methamphetamines, and prescription drugs taken for a nonmedical reason—is a widespread problem in the United States. About 1 in 20 women use illegal drugs (often called “street drugs”) during pregnancy.

### How can my drug use affect my fetus?

Different drugs may affect the fetus in different ways. Using illegal drugs early in pregnancy can cause birth defects and **miscarriage**. During the later weeks of pregnancy, illegal drug use can interfere with the growth of the fetus and cause preterm birth and fetal death. If you need help quitting, you can find resources on the website of Narcotics Anonymous: [www.na.org](http://www.na.org).

### How can my drug use affect my baby after he or she is born?

Babies born to women who used illegal drugs during pregnancy may need specialized care after birth. These babies have an increased risk of long-term medical and behavioral problems.

### Recreational marijuana is legal where I live. Can I use it during pregnancy?

Although it is legal in some states, marijuana should not be used in any form during pregnancy. Marijuana used during pregnancy is associated with attention and behavioral problems in children. Marijuana may increase the risk of **stillbirth** and the risk that babies will be smaller and weigh less than babies who are not exposed to marijuana before birth.

### I use medical marijuana. Can I keep using it during pregnancy?

Some women use medical marijuana with a prescription ordered by a health care professional. The American College of Obstetricians and Gynecologists recommends that pregnant women and those planning to become pregnant stop using medical marijuana. You and your health care professional can discuss alternative treatments that will be safe for your fetus.

### What are opioids?

**Opioids**—also called narcotics—are a type of medication that relieves pain. Doctors may prescribe opioids for people who have had surgery, dental work, or an injury. Prescribed opioids include oxycodone, hydromorphone, hydrocodone, and codeine.

### Can I take prescription opioids during pregnancy?

If you are prescribed an opioid during pregnancy, you and your obstetrician or other health care professional should discuss the risks and benefits of this treatment. When taken under a doctor’s care, opioids are safe for both you and your fetus. It is important to take the medication only as prescribed.

### What is opioid addiction?

Most people who use a prescription opioid have no trouble stopping their use, but some people develop an addiction. Those who become addicted may look for other ways to get the drug when their prescription runs out. They may go from doctor to doctor to have new prescriptions written for them. Some people use the illegal drug market to supply themselves with opioids.

### How can opioid addiction affect my fetus?

Misusing opioids during pregnancy can increase the risk of serious complications, including **placental abruption**, fetal growth problems, preterm birth, and stillbirth.

## Why should I seek treatment for opioid addiction?

When you are pregnant and have an opioid addiction, you should not suddenly stop using the drug without medical supervision. Withdrawal, especially when done abruptly, often leads to relapse, which can be harmful for you and your fetus. If you need help with an opioid addiction, you can find resources on the website of the Substance Abuse and Mental Health Services Administration (SAMHSA): [www.samhsa.gov](http://www.samhsa.gov). SAMHSA also has a 24-hour treatment referral line: 800-662-HELP (4357).

## What is the treatment for opioid addiction during pregnancy?

The best treatment for opioid addiction during pregnancy is medication-assisted therapy (MAT). The medications that are given are long-acting opioids. This means that they stay active in the body for a long time. These opioids, called methadone and buprenorphine, reduce cravings but do not cause the pleasant feelings that other opioids cause. In addition to MAT, treatment involves drug counseling.

## How will treatment for opioid addiction affect my fetus?

Treatment with either methadone or buprenorphine makes it more likely that the fetus will grow normally and not be born too early. Neither medicine has been found to cause birth defects. Some babies born to women taking opioids, including methadone or buprenorphine taken for treatment of addiction, can have temporary withdrawal symptoms. This is called neonatal abstinence syndrome (NAS).

Not all babies will go through withdrawal. For those that do, swaddling, breastfeeding, skin-to-skin contact, and sometimes medications can be used to make babies with NAS feel better. If a baby is treated with medications, the dosage will be decreased over time until withdrawal symptoms have stopped.

## Can I take my prescription medication during pregnancy?

Some prescription medications are safe to take during pregnancy. Others are not. Do not stop taking any medication prescribed for you without first talking to your obstetrician or other health care professional. If a medication you are taking is a risk during pregnancy, your obstetrician or other health care professional may adjust the dosage or may recommend switching to a safer drug while you are pregnant.

## Can I take over-the-counter medications during pregnancy?

Some medications sold over the counter, including herbal supplements and vitamins, can cause problems during pregnancy. Some pain relievers, such as ibuprofen, may be harmful to a fetus. Check with your obstetrician or other health care professional before taking any over-the-counter drug. He or she can give you advice about medicines that are safe for pregnant women.

## Glossary

**Birth Defects:** Physical problems that are present at birth.

**Fetal Alcohol Syndrome (FAS):** The most severe disorder resulting from heavy alcohol use during pregnancy. It can cause abnormalities in brain development, physical growth, and facial features.

**Fetus:** The stage of prenatal development that starts 8 weeks after fertilization and lasts until the end of pregnancy.

**Miscarriage:** Loss of a pregnancy that occurs in the first 13 weeks of pregnancy.

**Nutrients:** Nourishing substances supplied through food, such as vitamins and minerals.

**Obstetrician:** A physician who specializes in caring for women during pregnancy, labor, and the postpartum period.

**Opioids:** Medications that blunt how you perceive pain and your emotional response to it.

**Oxygen:** A gas that is necessary to sustain life.

**Placental Abruption:** A condition in which the placenta has begun to separate from the inner wall of the uterus before the baby is born.

**Stillbirth:** Delivery of a dead baby.

**Sudden Infant Death Syndrome (SIDS):** The unexpected death of an infant in which the cause is unknown.

## If you have further questions, contact your obstetrician–gynecologist.

**FAQ170:** Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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