**Practice Tips – Impact of Drug Use on Unborn Baby**

These Tips have been put together to provide some basic information around the impact of Drug Use to the unborn baby.

These Tips will help to - :

* Inform pre-birth assessments
* Assist in future planning.
* Provide Guidance with regards to having difficult conversations
* Provide practitioners with confidence and insight.
* Seek to reduce harm to the unborn.
* Provide parents with information that will guide their future choices.

Drug use whilst pregnant can cause harm to the developing unborn and baby once delivered. The risk of miscarriage, birth difficulties, disabilities and or death increase with substance use. – These facts need to be discussed with expectant parents and their family network.

Collaborative working with other agencies is essential during the assessment and intervention period

**FACTS**

Unborn babies are fed via the placenta. Toxins enter the placenta and therefore are ingested by the unborn. Parents need to think about what they are feeding their unborn baby.

Toxins affects the absorption of nutrition, this can compromise the growth and development of the baby

Drug use during the early stages of pregnancy can affect the development of organs, this can have future and long-term implications for the baby’s health.

Drug use later in the pregnancy causes more damage in terms of growth and brain development, potentially causing difficulties regarding functioning, reasoning and life expectancy.

If a mum says that she is taking substances she needs to work with her GP and drug services to access support and depending on the substances being consumed, medication. Pregnant mums should never be advised to stop taking the substances immediately as this can cause miscarriage. Instead, a conversation about accessing health interventions and what support they may need, should be had.

Babies can be born addicted to drugs and experience withdrawal and addiction complications. This may be referred to as NAS, Neonatal Abstinence Syndrome. Babies with opiate addiction can have feeding problems, diarrhea, seizures, shaking and an inability to regulate their temperature. They may need an infusion of opiates to manage the symptoms. Supervised and monitored reduction will take place to enable the baby to safely wean off the drugs. – This can have lifelong complications for the baby.

**TYPE OF DRUGS**

Tobacco – can affect growth and lung development. Babies are born smaller than usual, for their gestation period, which can affect future health. Nicotine increases the risk of clef palette and Babies are at a higher risk of Sudden Infant Death Syndrome (SIDS),- the majority of the adverse effects are attributable to two main ingredients; nicotine and carbon monoxide, both of which come from burning tobacco.

Marijuana (Cannabis) – can affect growth and development of the nervous system of the unborn baby. This can impact on cognitive functioning, emotional regulation, impulsivity and attention to task.

Methamphetamine – poses a risk to vital organs including the brain and spinal cord. – This increases the risk of cognitive and physical disabilities.

Heroin – can affect growth and the development of lungs and the brain. This can cause long term learning disabilities, breathing difficulties behavioural abnormalities later on in life, i.e. hyperactivity and problems with social interactions, and impaired life expectancy.

Cocaine – can cause prenatal strokes, global developmental difficulties and death.

Pregnant women engaging in intravenous drug use are at risk of contracting a number of blood- borne viruses including, hepatitis, syphilis and HIV/AIDS. All of the blood- borne viruses can potentially be passed on to the unborn baby either during pregnancy or during the birth with serious and life impacting consequences including premature birth, organ failure, miscarriage or stillbirth. Pregnant mums should seek health advice if they believe they may have a blood- borne virus in order for it to be treated as soon as possible.

**IMPACT**

Babies that are born small, but were meant to be born bigger are at a greater risk of Still Birth, Cot Death, Future Heart Disease and a shortened life expectancy.

Babies born with growth difficulties can have feeding and eating difficulties throughout their childhood. This makes them vulnerable to poor health, future growth and developmental delays

Organ defects can affect quality of life as well as life expectancy.

Brain capacity is influenced by pre-birth experiences. Drug use can further affect the development of the brain which may result in significant learning difficulties, or problems with processing and retaining information

Stress affects emotional regulation, the ability to relax is compromised, the brain is programmed to be hyper alert and aroused ready for action. This can lead to fractious babies, hyperactivity, behavior problems and poor expression of emotion and need.

With some medical intervention, many of these conditions can be avoided by stopping or reducing drug use whilst pregnant.

A parent that does not take reasonable steps to reduce or stop their drug use is causing harm to their unborn baby. Parents must be informed of the consequences for their child, their responses will inform any future risk analysis.

**DOUBLE JEOPARDY**

For a baby born with substance addiction there is the added risk of exposure to environmental factors i.e. homelessness, Domestic Abuse, Conflict, Poverty and mental ill health issues. The parent is likely to struggle with prioritisation of need, with episodes of mood swings, distraction, feeling high and withdrawal. These factors further influence parenting and the ability to keep baby safe and must be considered within the pre-birth assessment.

If drug use is taking place during the pregnancy then it is more likely than not that another worry is present and this will need equal exploration and analysis.

Early assessment is required in order that the parent is provided with as much time as possible to address their addiction, lifestyle and behavioral choices before baby is born.

**SUPPORT**

Pre-birth and post birth assessments must consider the wider family and what support they can offer to the baby and their parents. Some families may not know the extent of the problem and this may cause a rift between the family and parents. The parents may have a degree of shame and refuse to have the extended family involved. – Discussions with the Team Manager will be required to determine how best to move this situation forward including the option of a Family Group Conference.

Multi Agency support will be required and should be actively involved in the assessment and planning phases. Agencies will need to ensure there is good communication and liaison between each other in order to avoid gaps and duplication in the services provided.

Parents with a drug addiction usually did not set out to cause any harm for a child, sadly very often they cannot see past the next few hours which is why early assessment and intervention is so effective in locating that ‘window’ for change, and providing the support to the parent to achieve this.

**CONVERSATION STARTERS**

Talking about substance use and its impact on unborn is a vital part of any pre-birth assessment. Below are some ideas which can be used to facilitate these conversations. -

Have you ever used any drugs- either for fun or where it has led to problems?

Are you currently using or have you ever used any drugs- either prescribed or not, this could include alcohol, cannabis (weed/pot), speed, amphetamine, ecstasy, cocaine, methamphetamine, heroin, benzodiazepines (prescribed or not), novel psychoactive substances or anything that I haven’t mentioned but you think might be a drug?

What do you know about the impact of drugs on your baby?

How much did you take before you became pregnant? Have you taken any since you found out you were pregnant?

How do you fill your day at the moment?

What support, if any, have you accessed to help in stopping your drug use? Have you spoken to your GP/midwife about your use of substances?

Other resources

<https://www.rip.org.uk/~ftp_user//the_impact_of_parental_substance_misuse_on_child_development//files/assets/basic-html/page4.html> RIP - The Impact of Parental Substance Misuse on Child Development

<https://www.proceduresonline.com/southglos/cs/user_controlled_lcms_area/uploaded_files/PRACTICE%20TIPS%20-%20Parental%20Substance%20Misuse.docx> -Practice Tip Parental Substance misuse

<https://www.proceduresonline.com/southglos/cs/user_controlled_lcms_area/uploaded_files/Practice%20Guidance%20for%20Pre-Birth.docx> - Practice Guidance on Pre –Birth Assessment

<http://sites.southglos.gov.uk/safeguarding/wp-content/uploads/sites/221/2015/05/Expected-Baby-Protocol-2017.pdf> - Multi-Agency Expected Baby Protocol