

Is Your Body Ready for Pregnancy?

Pregnancy and Substance Use: It's Not Worth the Risk



Department of Veterans Affairs and Department of Defense employees who use this information are responsible for considering all applicable regulations and policies throughout the course of care.



It is important to discuss all medications, both prescribed and over the counter, with your doctor during pregnancy and while breastfeeding.



Substance use during pregnancy: Tobacco, alcohol, cannabis, and illicit drugs are the most commonly used substances during pregnancy.¹



Alcohol use

- Among women veterans of child-bearing age, it was estimated that 27-43% have had heavy episodic drinking (defined as four or more standard drinks on at least one occasion).²
- In a study comprised of 231,808 pregnant women, researchers found those who drank alcohol during pregnancy had a greater risk of miscarriage compared to those who abstained.³
- A review of 24 studies affirms previous guidance that no amount of alcohol exposure is known to be safe during pregnancy.³



Tobacco use

- Research indicates 15.4% of pregnant women age 15 to 44 smoked cigarettes.⁴
- Among women veterans of child-bearing age, it was estimated 24-26% have had daily cigarette use.²
- Best available evidence indicates prenatal smoking may impact pregnancy outcomes by limiting fetal growth as indicated by low birth weight, reduced birth length, or reduced head circumference.⁵
- Maternal smoking is associated with cardiovascular/heart defects, musculoskeletal defects, limb reduction defects, missing or extra digits, clubfoot, facial defects, eye defects, hernia, and undescended testes in exposed infants.⁶
- Smoking damages the genetic material in eggs and results in higher rates of miscarriage, birth defects, ectopic pregnancies, and preterm labor.⁷
- Smoking during pregnancy can also lead to growth restriction of the baby before birth and with lower-than-expected birth weights, increasing the baby's risk for medical problems to include (e.g., sudden infant death syndrome, asthma, diabetes, obesity, and cardiovascular disease).⁷
- Smoking tobacco might increase the levels of carbon monoxide in the blood, which may reduce the oxygen supply to your baby.¹¹

E-cigarettes contain harmful nicotine and are not safe substitutes for cigarettes. E-cigarettes should not be used during pregnancy.



Opioid use

- Opioids are a type of medication that relieves pain and include methadone, fentanyl, tramadol, oxycodone, hydromorphone, hydrocodone, and codeine.⁸
- You and your doctor should discuss the risks and benefits of opioid medications prior to and during pregnancy and after childbirth.
- It is important to take the medication only as prescribed by your doctor, as misuse or abuse can result in problems for you or your baby.
- A prescription of buprenorphine or methadone might help reduce illicit opioid use or treat opioid use disorder during pregnancy.
- According to a 2012 report, over the past 10 years, opioid withdrawal syndrome in newborn babies has increased threefold.^{9, 10}

CAUTION

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 baby.



Illegal drug use

- Research indicates 5.4% of pregnant women used illicit drugs.⁴
- Among women veterans of child-bearing age, it was estimated 12-29% have reported illicit drug use in the past year, and 6-14% reported misuse of prescription drugs.²
- When pregnant mothers use illicit drugs, newborn babies may show signs of withdrawal, based on the drug(s) the birth mother used, how long and how often she used, and how her body metabolized the drug(s).¹¹



What about marijuana?

- The American College of Obstetricians and Gynecologists (ACOG) recommends against using marijuana while trying to get pregnant, during pregnancy, and while breastfeeding.
- The ACOG also suggests cannabis effects on fetal growth (e.g., low birth weight and length) may be more pronounced in women who consume marijuana frequently.¹¹
- Pregnant mothers who use marijuana have a 2.3 times greater risk of stillbirth.¹¹
- Smoking marijuana might increase the levels of carbon monoxide in the blood, which may reduce the oxygen supply to your baby.¹¹

Where can I get help to reduce or stop using tobacco, alcohol, illegal drugs, or prescription medication(s)?

There are many beneficial treatments available for service members, veterans and their family members. Talk with your obstetrician or other health care provider about what treatment options are available and what will be most helpful for you and your baby.

The treatment that is best for you depends on the substance you are using, your personal characteristics, and your preferences.

References

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Additional References and Resources

VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorder Version 4.0 (2021)
<https://www.healthquality.va.gov/guidelines/MH/sud/VADoDSUDCPG.pdf>

The Purple Book: A complete guide to pregnancy in the Department of Veterans Affairs and the Department of Defense
www.qmo.amedd.army.mil/pregnancy/PurpleBook.pdf

Military OneSource

Provides 24/7 support and information on housing, financial, legal, medical and psychological services

Stateside: 800-342-9647

Overseas: 800-3429-6477

or collect: 484-530-5908

www.militaryonesource.mil

My HealthVet

An online system for Veterans to manage and track their health care

www.myhealth.va.gov

Psychological Health Center of Excellence

Provides policies and evidence-based information and resources on psychological health

<http://www.pdhealth.mil/resource-center>

External Resources

Centers for Disease Control and Prevention

Provides current evidence-based medical recommendations

www.cdc.gov/pregnancy/index.html

National Institute on Drug Abuse

Provides research and resources on the causes and consequences of drug use and addiction

www.drugabuse.gov

National Institute on Alcohol Abuse and Alcoholism

Provides information on treatment for alcohol addiction and fetal alcohol exposure

www.niaaa.nih.gov

Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants

This guide provides national guidance for the management of pregnant and parenting women with opioid use disorder

Substance Abuse and Mental Health Services Administration HHS Publication No. (SMA) 18-5054. Rockville, MD. 2018.

www.samhsa.gov

The guideline is available at www.healthquality.va.gov. Army, Navy and Air Force facilities can order copies of this brochure and guideline at www.qmo.amedd.army.mil



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