

CRYSTAL METHAMPHETAMINE ('ICE') USE IN PREGNANCY

SUMMARY

- Crystal methamphetamine ('ice') use during pregnancy can increase a mother's risk of experiencing serious complications and can also affect the physical and mental development of her baby
- The risk of health complications increases when ice is used frequently and in greater quantities
- Pregnancy can be a "window of opportunity" for many women who want to stop or decrease their use of ice to support their own health and that of their baby
- It's vital that all mothers who use ice or other drugs are provided with the option of targeted support for their use and strongly encouraged to engage in pre- and post-natal care

PREGNANCY AND ICE USE



Crystal methamphetamine ('ice') use during pregnancy can impact the health of women and babies both directly and indirectly. No level of ice use during pregnancy is safe for the mother nor the baby. The risk of health complications increases when ice is used more frequently and in greater quantities.

The **direct impacts** of ice refer to the immediate effects it can have on internal bodily processes (e.g. increasing blood pressure, decreasing appetite). The **indirect impacts** of ice refer to the flow on effects of these direct impacts on the mother and infant's health (e.g. loss of appetite can lead to poor nutrition which can impact on the wellbeing of the mother and infant).

Ice use can affect the mother by increasing her heart rate and blood pressure, putting her at greater risk of maternal complications such as heart, kidney and liver problems. Ice use can also increase the risk of placental abruption, which not only deprives the baby of oxygen and nutrients but can also lead to heavy bleeding in the mother. Women who use ice during pregnancy are also at greater risk of mortality.

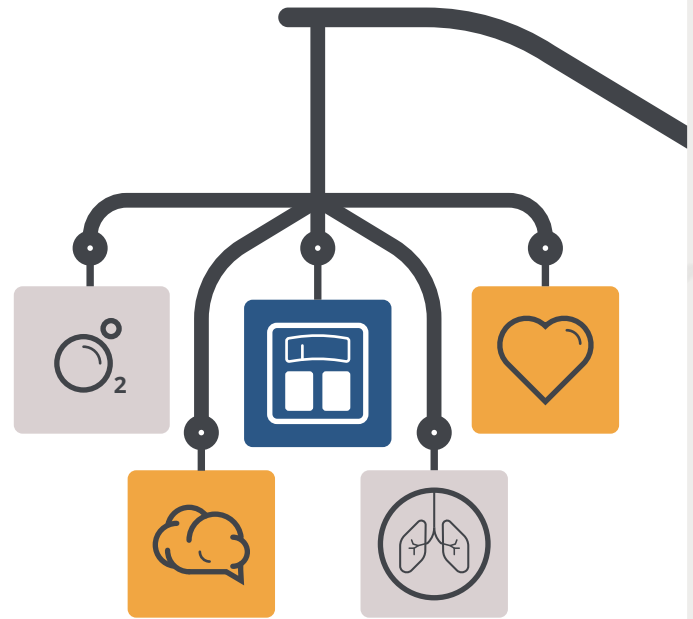
It is also important to consider the **lifestyle factors** associated with drug use that can also impact the health of mothers and babies. These lifestyle factors can include

- Poor nutrition
- Reduced sleep
- Increased chance of contracting infections when sharing needles
- Lack of prenatal and postnatal care
- Malnutrition
- Dehydration
- Smoking

Using drugs like ice can also make a person more likely to make impulsive decisions and engage in risky behaviours that might put them and/or others in danger, such as using multiple substances (including alcohol) at once or driving while intoxicated.

Impacts of ice use during pregnancy on physical and mental development of the baby can include:

- Impaired organ development during the early weeks of pregnancy (e.g. resulting in heart defects)
- Impaired brain development which may lead to decreased head circumference and reduced brain volume in areas associated with alertness/sleepiness (thalamus), higher order thinking (prefrontal cortex), working memory (occipito-parietal cortex) and voluntary movement (striatum)
- Restricted foetal growth
- Interrupted oxygen delivery to the placenta
- Increased risk of premature birth, miscarriage or stillbirth
- Reduced birth weight
- Behavioural symptoms that can be associated with drug withdrawal (e.g. irritability, agitation, attachment problems or difficulty feeding)
- Increased risk of other behavioural and learning difficulties as well as overall impaired development, although there is limited evidence of long-term difficulties at this stage



TREATMENT AND ADVICE FOR PREGNANT AND BREASTFEEDING MOTHERS

The safest option for pregnant women is to stop using ice during pregnancy. Pregnancy can be a “window of opportunity” for many women who want to stop using ice as they can find themselves highly motivated to improve their own health so that their babies have the best possible opportunities. Stopping ice use can be a difficult process though, particularly for those experiencing dependence on the drug or severe withdrawal symptoms. It’s important to know that reducing or **stopping ice use can be very beneficial for the mother and baby at any point during pregnancy**, so the “window of opportunity” should always be kept open. Women who are having difficulty reducing or stopping ice use can ask their GP or obstetrician for a referral to a drug treatment service for further support.



Having access to regular prenatal and postnatal care is vital for any pregnant woman. For women who use ice during pregnancy, access to this care is just as, if not more important, as receiving this care can improve maternal nutrition, reduce psychological distress and improve outcomes for newborns. Specialist prenatal teams that are focused on delivering the best outcome for pregnant women and their children can provide additional support to women at risk and be contacted through the local hospital.

The stigma surrounding drug use during pregnancy (in particular, the use of illegal drugs such as ice) can make it difficult for some women to access the health services required to support them and their baby through pregnancy. **It's important that all health and social services involved in the care of pregnant women provide empathic and nonjudgmental care and support** for all women, regardless of their drug use. Using **person-centred language** is one way health professionals can do this.

Pregnant women who use ice should also be advised to **avoid other substances; especially smoking, cannabis and alcohol**. The effects of these substances, and drugs like ice, can compound each other, leading to adverse consequences on the heart, liver, kidneys and brain.

The ongoing use of ice after birth can have continued negative impacts on the infant. Ice can be released into breast milk and can expose babies to a range of short-term and long-term effects. It is recommended that mothers refrain from breastfeeding for at least 48 hours after using ice. The prenatal team and other health care professionals can provide further advice to mothers on how to limit any risk to their newborn baby.

WANT TO LEARN MORE?



Watch our webinar about the effects of ice use during pregnancy



Read

- The **NSW Health clinical guidelines** for the management of substance use during pregnancy
- **Department of Health clinical practice guidelines** for pregnancy care

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