

Stimulants

(Session 3)



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Objectives



Recognize effects of stimulant exposure on the developing fetus.



Discuss screening for addiction during pregnancy.



Recognize benefits and contraindications for breastfeeding.



Discuss the role of Child Protective Services related to substance use during pregnancy.



Sex and Drugs

- Risk-taking behavior while intoxicated
 - Unprotected sex may lead to pregnancy
- Drug use causes irregular menstrual cycles, but can still conceive
 - May not realize she is pregnant for several months
- Prostitution
 - Sex for money to pay for drugs
- “Trading favors” – sex for drugs
 - Consensual transaction
 - Impaired judgment while in “drug den”
- Unsafe sex
 - Not always able to use a condom
 - Risk of HIV, Hepatitis B and C, other sexually transmitted diseases
 - Risk of violence, fear of prosecution



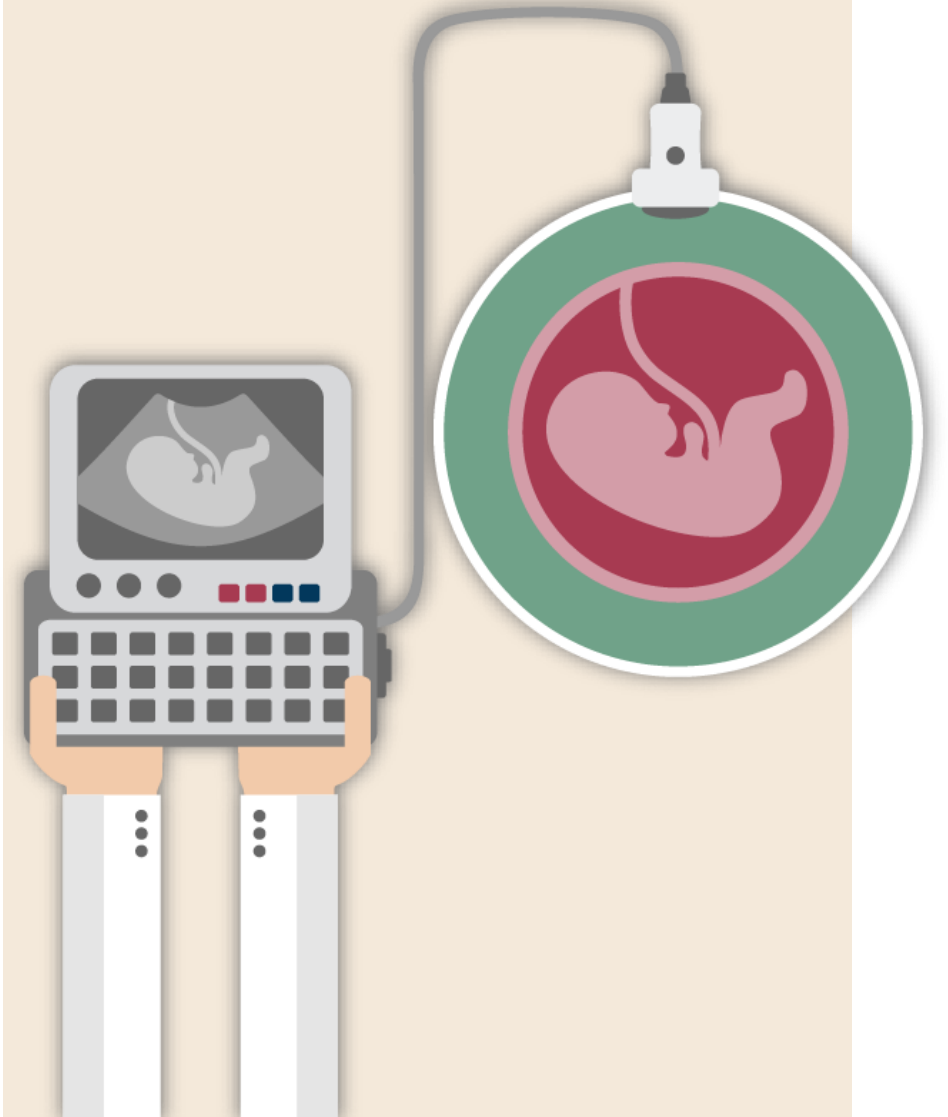
Pregnancy and Stimulants

- Increasing prevalence of stimulant-related diagnoses over time
- Risk factors for stimulant use during pregnancy
 - Non-Hispanic White race
 - Live in a rural area
 - Use Medicaid (lower socioeconomic status)
 - Multiple chronic conditions
 - Other substance use disorders



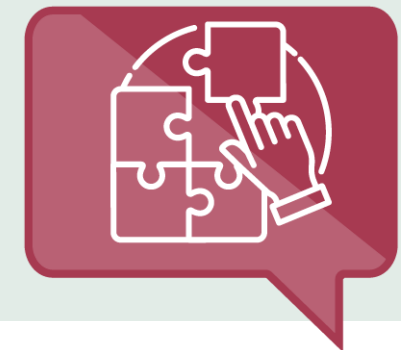
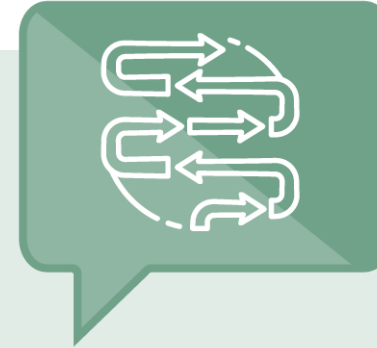
Stimulants: Effects on Fetus

- Pre-eclampsia
- Spontaneous abortion
- Placental abruption
- Fetal defects (malformations)
 - Due to fetal hypertension and vasoconstriction
- Intrauterine growth retardation
- Preterm delivery



Long-term Effects of Prenatal Exposure

- Cognitive and behavioral issues later in life
 - Motor delays and fine-motor skill problems
 - Language delays
 - Unclear whether meaningful for predicting later learning disorders
- Confounded by use of other substances during pregnancy
- ‘Crack baby syndrome’ disproven
 - Difficult to separate direct effects of in utero exposure from the effects of raising a child in the home of a parent who uses substances



Barriers to Treatment



- Women wary of acknowledging problem
 - Fear of legal consequences (loss of custody)
- Reporting requirements
 - Public health authorities, child protective services
 - Criminal justice system
 - When identified or at time of delivery
 - Inform patient of legal obligation

Screening



- All pregnant women should be screened for substance use at the first prenatal visit
- Purpose of screening is to allow for treatment of SUD, not to punish or prosecute
- Screen for mental health issues
- Screen for HIV, hepatitis
- Screen for domestic violence



- Hospital survey
 - 97% do universal screening of pregnant women
 - Only 6% use a validated instrument
- Validated screening tool is best
 - DAST-10
 - 4Ps
 - CRAFFT (adolescents)
 - NIDA Quick Screen

Laboratory Testing



- Can test mother and/or newborn
- Positive biological test does NOT
 - Indicate amount, frequency, or route of substance use
 - Diagnose a current SUD
 - Provide a result of parenting ability
- Testing should not be done without the patient's (woman's) knowledge
- Request for bodily fluid testing must be accompanied by informed consent
 - Respect autonomy

Initiating Addiction Treatment

- Explain that addiction is a complex disorder, and like other medical disorders, the woman is not totally responsible for acquiring it
- The patient is responsible for her own recovery
- Addiction is treatable — be optimistic about her ability to overcome the disease
- Present reasons why it is best to stop using the substance(s)
 - Effects on unborn child
 - Maternal health/social effects
- Recommend a practical treatment plan



Collaborative Care in Pregnancy



- Obstetric
- Addiction treatment
- Pediatric
- Psychiatric
- Ongoing healthcare
 - HIV, HBV/HCV, STIs
- Breastfeeding education
- Contraception counseling

Breastfeeding

- Encouraged
 - Promote bonding
 - Optimal nutrition
 - Passive immunity
- Contraindications
 - Active substance abuse
 - HIV +
- Can breastfeed if positive for Hepatitis B or C (if no bleeding)
- Methadone or buprenorphine dose is not important consideration
- Decreases severity of NOWS



Home Environment

- A pregnant woman with addiction is often the product of poor parenting
- Support network for new mother
 - Family, self-help group, health care workers
 - Encourage involvement of significant other
 - Lack of support can lead to relapse
- Social services may need to be notified of unsafe living conditions



Parenting Skills



Education

- Breastfeeding
- Umbilical cord care
- Approach for 'fussy' infant
- Age-appropriate discipline for other children

Prevent frustration that leads to relapse

Partners and Family Members

- SUD programs must provide child care to be effective, but few do so
- Family members often fill in to provide child care
 - Newborn
 - Older siblings
- Partners and family members also need support
 - Education about NOWS
 - Age-appropriate discipline for siblings
- Encourage Nar-Anon and other support groups



Child Protective Services

- Federal Child Abuse Prevention and Treatment Act
 - Requires states to have policies and procedures to notify CPS of substance-exposed newborns
- Positive drug screen in mother or newborn warrants evaluation by CPS
- CPS workers are responsible for investigation of risk to the child
 - Addiction treatment clinician is not responsible for optimizing the home postpartum environment



Legal Issues



- Mandatory reporting of positive drug screens may cause women to avoid disclosure of SUD during pregnancy
 - Avoid prenatal care and hospital delivery
 - Other children in custody of CPS
 - Fear loss of children
- Criminal justice system may help initiate addiction treatment
 - Incentive to enter treatment prior to delivery
 - Avoid potential prosecution
- Continued custody of child may be contingent on adherence to treatment plan

Summary



- Stimulant exposure during pregnancy can cause intrauterine growth restriction and obstetric complications
- All pregnant people should be screened for substance use
- Breastfeeding is encouraged (as long as not actively using illicit drugs or HIV+)
- Support for mother and other family members is essential
- Anticipate and educate to prevent relapse

References



- Weaver MF, Jones HE, Wunsch MJ: *Substance Use During Pregnancy: Management of the Mother and Child*. In SC. Miller, et al (Eds.), ***Principles of Addiction Medicine***, 7th Ed., Chevy Chase, MD: American Society of Addiction Medicine, Inc., pp 1691-1707, 2024.
- Pippard NS, Bandoli G, Baer RJ: *Trends and adverse pregnancy and birth outcomes associated with stimulant-related disorder diagnosis*. *Addiction* 2024;119:2006-2014.