

**Patient
Information**

Heroin and other opiates in pregnancy

Introduction

This leaflet provides information for patient who may use heroin and how it can affect you and your unborn baby if taken during the pregnancy.

What is heroin?

Heroin belongs to a group of drugs known as opiates. It is a depressant, which slows down the activity of the central nervous system. Heroin is highly addictive and can be smoked or injected intravenously. Other sources of opiates can be taken in tablet form.

What are the effects of using heroin during pregnancy?

If you use street opiates including heroin and are pregnant, there is an increased risk that your baby will be born prematurely and/or be small for dates. These risks may be reduced if you change to prescribed substitute medication, attend your antenatal appointments and look after your health. Your midwife or GP can refer you to the local drug service 'Turning Point' for support and treatment.

Methadone or buprenorphine can be prescribed safely during pregnancy to help treat addiction to opiates. We recognise that it is unrealistic for many pregnant drug users to come off prescribed medication completely during pregnancy. Remember, it is much better to be stable on methadone or buprenorphine than to relapse into taking street drugs.

How will I be treated during labour and after birth?

Where can I have my baby?

If you have taken any heroin/other opiates, methadone or buprenorphine during your pregnancy you will need to deliver your baby on the Obstetric Unit/Delivery Suite Gloucestershire Royal Hospital.

Reference No.

GHPI0056_09_15

Department

Maternity
Services

Review due

September 2018

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This is because there is extra monitoring, equipment and specialist doctors available to ensure yours and your baby's well-being.

Labour

- The following forms of pain relief are safe for you and your baby through labour.
- **Entonox (gas and air):** You can breathe it through a mouth piece, it is easy to use and you can control it yourself
- **Epidural** is a special type of local anaesthetic, which give you complete pain relief
- **Opiates** such as pethidine/diamorphine can help you relax and lessen the pain but are unsuitable if you take buprenorphine due to the potential side effect
- **Aromatherapy** can be used as an alternative or alongside the above methods of pain relief – discuss with your midwife
- **Water** can help you relax and may make the contractions seem less painful
- **Methadone/buprenorphine:** You should take your usual dose on the day you give birth. Your obstetrician will prescribe your methadone or buprenorphine whilst you are in hospital and will contact Turning Point to restart your prescription when you go home.

After the birth

Opiates including methadone and buprenorphine can cross into the baby's blood stream during pregnancy. After delivery, the baby may show signs and symptoms of withdrawal from the drugs. This is called Neonatal Abstinence Syndrome. For the reason, the baby will be observed from at least 72 hours in hospital. The baby will remain on the ward with you unless the symptoms of withdrawal are severe enough for the baby to need treatment. If treatment is required, the baby will be admitted to the Neonatal Intensive Care Unit and given small doses of sedatives.

Signs and symptoms of withdrawal include:

- Irritability with excessive wakefulness
- High pitched cry
- Tremor
- Vomiting/diarrhoea
- Sweating

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- Excessive sucking
- Convulsions

There are things you can do to help the baby if he or she is showing signs of withdrawal:

Breastfeed: You can breastfeed provided you are not using illicit drugs and are taking 80mgs or less of methadone per day or on a stable dose of buprenorphine. Evidence shows that babies who are breastfed show fewer symptoms of withdrawal than babies who are formula fed

- Avoid bright lights and excessive stimulation
- Dummy's are useful when the baby wants to suck all the time
- Slow feeds.

Should I be tested for Hepatitis or HIV?

HIV and Hepatitis testing is offered to all pregnant women, regardless of whether or not they have used drugs in the past. These infections can be transmitted via sexual intercourse, by blood transfusions, by needle stick injuries or by sharing needles or other injecting equipment. There is a slight chance that babies may be infected from their mothers during pregnancy and labour.

There are several benefits for having the testing during pregnancy for both you and your child. If you are Hepatitis B positive, the baby can be immunised against Hepatitis B at birth. This will prevent the baby having a Hepatitis B infection. You will be offered this immunisation for your baby even if you are Hepatitis B negative.

If you test positive for Hepatitis C, your baby can be followed up closely by the paediatrician and treated as necessary. You will be referred to the Liver Specialist for treatment.

If you are HIV positive, the obstetricians and midwives will be able to give advice about labour and delivery to make transmission to the baby less likely.

What should I do if I am not in treatment?

The most important thing is to tell someone. Your General Practitioner (GP), midwife or obstetrician can arrange for you to be seen by the Turning Point who can organise treatment and help coordinate your care in pregnancy.

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If you do not feel ready to do this then you can telephone Turning Point yourself for further advice and counselling.

Contact information

Turning Point

Cheltenham

Tel: 01242 537570

Monday to Friday, 9:00am to 5:00pm

Forest of Dean

Tel: 01594 820194

Monday to Friday, 9:00am to 5:00pm

Gloucester

Tel: 01452 509500

Monday to Friday, 9:00am to 5:00pm

Stroud

Tel: 01453 847700

Monday to Friday, 9:00am to 5:00pm

Drug and alcohol specialist midwives

Tel: 07890 540240

Tel: 07884 260352

Monday to Friday, 9:00am to 5:00pm

Content reviewed: September 2018