

INFORMATION AND SUPPORT

A Needle and Syringe Program (NSP or the exchange) worker can give you support and advice about the things covered in this brochure.

DirectLine

1800 888 236 • www.directline.org.au
24-hour. If you want to talk to someone about your drug use or find a support service.

Your doctor will be able to give you support and advice

Women's Alcohol and Drug Service

(03) 8345 3931

The Women's Health Information Centre

1800 442 007

Mental Health Advice Line

1300 280 737

Lifeline

13 11 14

Better Health Channel

www.betterhealth.vic.gov.au

The Royal Women's Hospital

www.thewomens.org.au

With special thanks to the Women's Alcohol & Drug Service, The Royal Women's Hospital, Melbourne

Agency details:

SAFER
USING **13**

KEEPING

MUM

AND

BABY

HEALTHY

If you think you might be pregnant confirm this with a pregnancy test with a doctor or nurse. A worker at a Needle and Syringe Program (the exchange or NSP) can put you in touch with services that you can talk to about your options for your pregnancy.

It's important that you talk to someone early on if you don't want to go ahead with the pregnancy. If you decide to go through with the pregnancy it's important to get support as soon as you can.

Most people have some discomfort during pregnancy. An NSP worker can give you information about staying healthy during pregnancy and tips to make you feel better.

DRUGS

When you find out you are pregnant it may be tempting to stop using drugs straight away. With some drugs, this can be dangerous for you and your baby. A health professional can work with you to stop using so it's safe for your baby.

Drug use during pregnancy may

- Increase your risks of miscarriage, premature birth and stillbirth
- Increase the risk of your baby not growing properly
- Increase the risk of damage to your baby's brain and central nervous system.

If you share injecting equipment you can get a virus like Hepatitis C (hep C), Hep B or HIV. These viruses can also affect your baby.

WHAT TO DO ABOUT YOUR DRUG USE

NOW YOU ARE PREGNANT

- Talk to a health professional about the drugs you are taking even if you're not sure what they are
- Talk to a health professional about how you could safely stop using
- If your drug has been prescribed or is part of a treatment, make sure the doctor or medical team know you're pregnant
- If you are a heroin user, you will be offered a safer alternative such as methadone or buprenorphine.

If you want more information about how specific drugs affect you and your baby check out the health information section at www.thewomens.org.au.

TREATING OPIOID DEPENDENCY

DURING PREGNANCY

Using heroin when you are pregnant can harm your unborn baby, and so can withdrawing from heroin without the support of a health professional. Opioids are passed on to your baby via the placenta. If you have withdrawal symptoms, so does your baby.

Opioid withdrawal during pregnancy increases the risk of miscarriage, premature labour and stillbirth. If you have stopped using heroin but are having withdrawal symptoms, the best treatment is to start a methadone or buprenorphine (Subutex®) stabilisation program. More information can be found in the Women's Alcohol and Drug Service 'Using heroin during pregnancy and breastfeeding' [factsheet](#).

- Methadone and buprenorphine are medicines that are used to treat heroin use during pregnancy
- If you are on the correct dose you are less likely to continue to use heroin
- They reduce the risk of getting infections
- You are less likely to have your baby early
- It is safer for you to care for your baby after the birth if you are not drug affected.

AFTER YOUR BABY IS BORN

Newborn withdrawal

If you have been using any drugs or alcohol when you were pregnant your baby may experience withdrawal after the birth.

When a baby is withdrawing from drugs it's called Neonatal Abstinence Syndrome (NAS).

Depending on the drug the baby is withdrawing from, common signs are:

- Excessive crying, tremors and jitteriness
- Poor feeding, vomiting and swallowing
- Inability to settle and sleep
- Trouble with breathing.

You will need to stay in hospital for five days after the birth so your baby can be monitored for NAS.

DRUGS AND PARENTING

Using drugs when you're parenting can:

- Be dangerous because you are less aware of your baby's needs
- Make you feel sleepy, drowsy and irritable
- Make it harder for you to enjoy being a parent
- Make it harder for you to bond with your baby
- Lead to feelings you can't control, especially with you're coming down.

If you plan to use drugs or alcohol, make sure there is an adult who is not affected by drugs or alcohol to look after your baby and knows how to put your baby to sleep safely.

SAFE BREASTFEEDING

Some drugs can make breastfeeding unsafe for your baby. Talk to a health professional about how you can breastfeed safely.

If you have been using benzos, your doctor may want to change the type of drug you are taking. Some benzos are better than others for breastfeeding.

It is not safe to breastfeed if you are still injecting drugs. If you are sharing or reusing injecting equipment and you get a blood-borne virus this may be passed on to your baby through your breast milk.

Many drugs like ice or speed can be cut with things that can get into your breast milk and harm your baby. Your local maternal and child nurse or health professional can support you to make a breastfeeding plan.

Heroin and other opioids pass into breast milk in small amounts and can affect your baby. If you continue to use, breastfeeding is not recommended. If you use heroin occasionally, you will need to express your breast milk for a minimum 24 hours afterwards and discard it, before starting to breastfeed again. More information can be found in the Women's Alcohol and Drug Service [factsheet](#).

SAFE SLEEPING FOR YOUR BABY

Putting your baby down to sleep can be more complicated than you might think. There are risks around Sudden Infant Death Syndrome (SIDS) that you'll need to be careful of.

Talk to your midwife, health worker or doctor about these risks as soon as you can.

CHILD PROTECTION SERVICES

If you continue to use drugs in pregnancy there is a high chance Child Protection will become involved. However, by working with your healthcare team you can address your drug use before the baby is born.

Child protection will only be called when the doctor or midwife is genuinely concerned about you or your child.

If you think there is a chance the healthcare team will call child protection services, talk to them about your concerns. Ask them how to work together to address any worries you or they may have.

COMPLAINTS

If you want to complain about something, the NSP will have a way to help you to do so – even if your complaint is about the NSP!

OPIOID OVERDOSE AND USING NALOXONE

ON A PREGNANT PERSON

An initial dose of naloxone should be given as per product information. If required, a repeat intramuscular dose can be given at a longer interval time of four minutes between doses (instead of 2-3 minutes).

Due to the higher dose in the Nyxoid nasal spray naloxone formulation, only one dose should be given to a pregnant person. Follow the advice of the 000 operator or medical professionals.