



HEROIN AND OTHER OPIATES

About heroin

Heroin is one in a group of drugs known as opiates. It is a depressant, which means it slows down the activity of the brain and the 'central nervous system'. Using heroin repeatedly can cause physical and psychological dependence (addiction).

People who use heroin often also use other drugs such as tobacco and alcohol.

Effects on pregnancy

If you use heroin when you are pregnant it can harm your unborn baby. It can also harm your baby to withdraw from heroin during pregnancy without the support of a health professional.

Heroin is passed on to your baby via the placenta. If you have withdrawal symptoms, so does your baby. Withdrawal or detoxification from opiates creates an unstable environment for your baby and increases the risk of miscarriage, premature labour and stillbirth. The amount of heroin you need to take to prevent withdrawal symptoms can change over the course of your pregnancy, which is why medical support during this time is very important.

Heroin and other opiates are not linked with physical abnormalities in babies but ongoing heroin use may result in your baby being born smaller than expected. Your baby may also be born earlier than expected and they may have other health problems because they are premature.

There are a number of things about heroin use that can be very harmful for your unborn baby. For example, heroin is a street drug and the quality can be unreliable and it may be cut with unknown substances, which can be very harmful to you and your pregnancy. The strength or quality of heroin may not be consistent, putting you at risk of overdose or death.

Sharing injecting equipment increases the risk of contracting blood borne viruses such as Hepatitis C and HIV for both mother and baby.

Counselling in pregnancy

There are services available in the community that can help you during this time. Counselling may help you in several ways. It can help you to find out about drug treatment options that are available so that you can make an informed choice about what to do. Counselling can also help you deal with issues related to your heroin or opiate use. You can find out about how to reduce the risks of drug use to yourself and your baby (harm minimisation).

The negative effects of heroin and other opiate use such as dependency, distorted coordination, concentration and judgement, feelings of hostility and unpredictable behaviour can affect how you parent.

With increased awareness, you can take positive steps to protect your baby.

Pregnancy care

Pregnancy care or regular visits with a midwife or doctor are very important to make sure you are healthy and your baby is growing well. Routine tests, such as ultrasounds, a health screen and blood tests will be included in your care.

For women who have stopped using heroin but are having withdrawal symptoms, the best treatment is to start a methadone or buprenorphine stabilisation program. This should begin as soon as a pregnancy is confirmed.

If you are already on methadone or buprenorphine and continue to use heroin, you are at high risk of overdosing, causing permanent damage or death. For further information see our fact sheets about methadone or buprenorphine.

A doctor or midwife can help you to find ways to reduce the harm to yourself and your pregnancy. For example, if you are injecting heroin and sharing needles, you are at greater risk of contracting Hepatitis C, HIV and other blood borne viruses. Needle Syringe Programs (NSP) are available at many community health centers. This is a free service where you can get clean needles and syringes.

You may need dietary supplements such as iron and calcium during your pregnancy. All women should take folate before conceiving and for at least the first three months of their pregnancy.

Nausea, vomiting and constipation are common in any pregnancy. Your midwife or doctor may suggest you see a dietitian. Eating well during pregnancy and whilst you are breastfeeding is important for the health of you and your baby. Good dental care is also important for all pregnant women.

Breastfeeding

Heroin passes into breast milk in small amounts and can affect your baby. If you continue to use heroin, breastfeeding is NOT recommended.

To safely breastfeed your baby, you will need help to stop using heroin. If you use heroin occasionally, you will need to express your breast milk for 24 hours afterwards and throw it away, before starting to breastfeed again.

After using drugs, it is not safe for you to care for or breastfeed your baby. You are not likely to be alert to your baby's needs and could accidentally smother or drop your baby. Always make sure there is a responsible adult, who is not drug-affected, to care for your baby.

If you become stable on methadone or buprenorphine during pregnancy, breastfeeding is recommended.

Your baby's care after the birth

A doctor will check your baby after the birth.

When a woman uses opiates during pregnancy, the baby is at risk of developing a condition called Neonatal Abstinence Syndrome (NAS) or infant withdrawal.

NAS is a condition which can be treated safely and effectively. It is not possible to reliably predict before birth which babies may develop NAS. NAS is not related to the amount of heroin you are using but if you are using other drugs as well as heroin, such as crystal methamphetamine ('ice') or benzodiazepines ('benzo's'), babies are more likely to need medication to help them through withdrawal.

Most babies will show some signs of withdrawal and will remain in hospital for at least five days for observation. These can vary from mild withdrawal symptoms which can be managed with supportive care (cuddling, quiet environment and using pacifiers) to more severe symptoms which need medication. Around 50% of babies, whose mothers used heroin, will show signs of withdrawal that is severe enough to require medication (usually oral morphine) and will need specialised care in the Newborn Intensive and Special Care unit.

Sudden Infant Death Syndrome (SIDS) and sleeping accidents

Research has identified several ways to care for your baby that will reduce the risk of sudden and unexpected infant death, including Sudden Infant Death Syndrome (SIDS) and fatal sleeping accidents.

If you are smoking, using drugs, alcohol or medicines that make you feel drowsy, sleeping with your baby is dangerous. Anything that makes you sleep deeply will make it hard for you to respond properly to your baby's needs. You may also be less aware of where your baby is in your bed and any dangerous positions your baby may be in. These things greatly increase the risk of your baby dying suddenly.

It is important that a baby is in a smoke free environment at all times, sleeps in their own cot (never on the couch), lies on their back without their face or head covered with their feet touching the bottom of the cot, which makes wriggling under the blankets less likely.

For more information, speak with your midwife or doctor or contact Red Nose on 1300 308 307 for the cost of a local call or visit their website - www.rednose.com.au

For more information

On the Women's website

www.thewomens.org.au/wm-pregnancy-drugs-alcohol

Women's Alcohol and Drug Service

Royal Women's Hospital
8.30am–5.30pm Monday to Friday
Tel: (03) 8345 3931
Email: wads@thewomens.org.au

DirectLine

DirectLine is part of Turning Point's state-wide telephone service network, providing 24-hour, seven day counselling, information and referral to alcohol and drug treatment and support services throughout Victoria. DirectLine is a free, anonymous and confidential service. | Tel: 1800 888 236

Quit

Visit this website to help you quit or help you find out more about how smoking harms you.
Tel: 137848 | www.quit.org.au

Red Nose

Tel: 1300 308 307 | www.rednose.com.au