Asking Questions That Count When Considering Adoption

By Kirstie Perrotta, MPH, MotherToBaby California

Cara and her husband Mark were contacting MotherToBaby for the first time. “Our adoption counselor just called – we have been matched with a potential birth mom this morning and she’s due next Friday!” Cara blurted out excitedly. “The counselor said you would be able to tell us about the baby’s exposure to heroin and Klonopin. I don’t know how much she used, or when she stopped. We need to make a decision today.”

As a Teratogen Information Specialist, I often receive calls from parents who are in all stages of the adoption process. The adoption journey can be an emotional rollercoaster, as Cara was experiencing. Here at MotherToBaby, we’re happy to help and it’s not uncommon for us to hear from potential parents who need to make a quick decision. We always let the prospective parents know that it’s important to learn about any exposures that may have happened during the birth mom’s pregnancy to best understand what a future with this child might look like. Bottom line: We want adoptive parents to feel as prepared and informed as possible.

So, what should a potential adoptive mom or dad ask about when making this important decision?

Alcohol

When asking about prenatal exposures, be sure to ask about alcohol use. Alcohol can be one of the most worrisome and scary exposures. That’s because when a woman drinks alcohol while pregnant, it has the ability to affect the baby’s brain, which is developing throughout the ***entire*** pregnancy.

Children exposed to alcohol during pregnancy are at risk for something called fetal alcohol spectrum disorders (FASD). FASD is a spectrum of disorders ranging from very severe effects (such as low IQ and small head) to more minor effects (such as attention issues and poor judgment). While FASD is a lifelong diagnosis, we know that early interventions have the potential to significantly improve outcomes for these children. If you notice that your child is starting to struggle in school, or having behavior issues, will you have the time and resources to get them the extra help they may need? It’s a question you want to ask yourself as you consider adopting a child that might have special needs. Finding a specialist in your community that is familiar with treating FASD is a great place to start if you find yourself in this situation.

Recreational Drugs

Heroin, cocaine, marijuana, and methamphetamine are exposures that we unfortunately hear about all too often. While some women continue to abuse drugs up until delivery, other birth moms are motivated to quit when they learn they are pregnant. The most important information you can try to gather about this type of exposure is **HOW MUCH** and **HOW OFTEN** did the birth mom use the drug. Was it a one-time occurrence early in pregnancy, or an addiction she struggled with the entire nine months? These details can help the specialist you speak with best assess the situation. Using these types of recreational drugs during pregnancy can increase the risk for birth defects, pregnancy complications, and learning problems. See MotherToBaby’s fact sheets for more information.

Methadone and Buprenorphine

Methadone and buprenorphine are two prescription medications that are commonly used to treat addiction to opioids such as heroin, codeine, and hydrocodone. Methadone works by changing how the brain and nervous system respond to pain. It also lessens the painful symptoms of opioid withdrawal and blocks the euphoric effects of opioid drugs. To get methadone, a person has to visit a clinic every day. Buprenorphine works a bit differently and is called a “partial agonist.” This means that it partially creates a feeling of euphoria, but to a lesser degree than a narcotic like heroin.

Buprenorphine is available by prescription only.

For many women, there are benefits to staying on a maintenance therapy like methadone or buprenorphine during pregnancy. Most importantly, it helps prevent relapse for women who have a history of abusing opioids. We also know that the women are getting a controlled dose of the medication every day from a healthcare provider. Lastly, women who remain on methadone or buprenorphine throughout pregnancy are less likely to have some of the health issues that traditional drug users may experience, such as a risk for infectious disease (like hepatitis C or HIV) from sharing dirty needles.

While these medications are generally preferred over continued drug abuse, there are still some risks associated with their use during pregnancy. If the birth mom you are considering reports exposure to methadone or buprenorphine, please contact us directly to learn more.

Cigarette Smoking

Cigarette smoking often goes hand in hand with alcohol and drug use. Again, knowing how much and how often the birth mom was smoking is the most helpful information you can have. Many times when a woman finds out she is pregnant she is able to either stop smoking completely, or cut down to just a few cigarettes per day, greatly reducing any possible risks to the baby.

Many studies have associated heavy cigarette smoking during pregnancy with an increased risk for preterm birth (delivery before 37 weeks). A baby born too early has a higher chance for health problems and may need to stay in the neonatal intensive care unit (NICU). If the birth mom you are considering is a heavy cigarette smoker, it's important to think about how you would handle a baby that may need to spend some extra time in the hospital. For some moms and dads who are matched with a baby in a different state, this may present some logistical challenges. A couple of questions to ask yourself: will you be able to temporarily relocate to the city where the baby is born, and spend some extra time there if the baby does requires a longer hospital stay of a few weeks or more?

Prescription Medication

If a birth mom is taking a prescription medication, the most important thing to try to find out is whether she is taking it as directed, or possibly abusing it. There are many medical conditions that need to be managed during pregnancy – asthma, anxiety, depression, diabetes, and nausea to name just a few. If the birth mom is taking the medication as directed, there's a good chance we have studies looking at typical use of the medication during pregnancy, and any possible risks to the baby may be small. If a woman is abusing the medication there is likely not as much data, so we have less understanding of how the pregnancy may be affected.

Genetic Predisposition

It's also important to consider the reason a birth mom needs to take a specific medication. If the woman is prescribed a bipolar medication, for example, her medical history should be something to think about. Many health conditions have a genetic component, meaning that the baby you may adopt has the potential to inherit this condition. If the child does develop a genetic condition like bipolar disorder or schizophrenia, is this something you think that you (and your partner) could take on?

While this question is slightly outside our area of expertise, it's an important one to consider, and speaking with a genetic counselor to better understand any potential risk is a good idea.

Prenatal Care

Getting early and regular prenatal care improves the chances of a healthy pregnancy. Women who see a doctor or midwife routinely may be more motivated to stop unhealthy behaviors (such as drug use and cigarette smoking) and start healthy behaviors (like taking a daily prenatal vitamin with folic acid). Women who have access to prenatal care are also less likely to experience pregnancy complications caused by health conditions they might have (such as high

blood pressure and diabetes).

While this information may not be readily available to you, there are certain situations where we know that the birth mom is more likely to be receiving prenatal care: women who are in jail or women who are in rehabilitation programs.

Ultrasounds are another aspect of prenatal care that can be helpful to know about. Typically, during a normal healthy pregnancy, women will receive what is called a fetal anatomy scan right around 20 weeks. This is a detailed ultrasound that is taking a look at all of baby's organs (heart, kidneys, bladder, sex organs, brain, etc.) to make sure they developed properly. Measurements will also be taken to make sure the baby is growing as expected. While ultrasounds are not 100% diagnostic (meaning they can't pick up every possible problem) a normal ultrasound does provide some reassurance. Ultrasounds are especially helpful if the birth mom was using a drug or medication that is associated with a higher risk for birth defects.

Has the Baby Already Been Born?

If the baby has already been born when you get the call, we have a lot more information to work with! First off, we know whether the baby was born early and we know the baby's weight. If baby was born full term (after 37 weeks) and at a healthy weight, the likelihood of them having to stay in the NICU is much lower. A physical exam can also help rule out any major birth defects.

Lastly, we can look for something called neonatal abstinence syndrome (commonly called withdrawal). Withdrawal is an issue that can occur in some babies exposed to drugs like heroin or methamphetamine, or prescription medications like antidepressants or methadone later in pregnancy. While the specifics can vary depending on the exposure, symptoms typically develop soon after birth and in some cases can last for weeks. If a baby experiences withdrawal, they may need to spend some time in the NICU getting medication and extra care.

Making an Informed Choice

Wow, that sure is a lot to think about, right? The purpose of this blog is not to overwhelm you, but to inform you! We know first-hand that many adoptive moms and dads-to-be are provided with very few details about the birth mom and her possible exposures. We want to arm you with the questions to ask! In many cases you can gather some of the information discussed above from conversations with the adoption agency or the birth mom, medical records, or once the baby is born. The more information you have to share with experts like us, the better, so ask as many questions as you can! After all, this is one of the biggest decisions you will make in life, and it's important to be as informed as possible.

After spending some time learning about the effects of heroin and Klonopin, Cara and Mark felt that they had a good understanding of the potential issues associated with these exposures, and decided to move forward with the adoption. The good news for this couple (and all adoptive parents-to-be!) is that multiple studies have shown that babies that are raised in loving and stable adoptive homes do much better than children that remain with a birth mom who is continuing to abuse drugs or alcohol. Cara called back three months later to thank us for all the information we had provided. She shared that her baby boy was home and thriving, and they were so happy to have made an informed decision.

As you move forward in the adoption process, don't forget that Teratogen Information Specialists at MotherToBaby are available to review any specific adoptive scenarios you are presented with, at no cost to you. Don't hesitate to give us a call at 866-626-6847 or chat with an expert today to get your questions answered!

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.

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I recently received a phone call from Molly. Molly told me that she had just found out that she was pregnant; this was a surprise, but a welcome one. However, Molly confessed that she smokes a pack of cigarettes per day and her doctor recommends that she quit smoking since cigarettes can present a number of hazards for her pregnancy and baby. Molly's friend told her that e-cigarettes were safe in pregnancy and would help Molly with her efforts to reduce use of traditional cigarettes. Molly wanted to be sure. "Don't both cigarettes and e-cigarettes both contain nicotine," she asked?

What are e-cigarettes?

'E-cigarettes' is short for ***electronic nicotine delivery system***, sometimes also referred to as vapes, e-hookah, or other slang names. E-cigarettes utilize a device that heats up nicotine-containing fluid from a cartridge, which can then be inhaled as a vapor. Using an e-cigarette does have the potential to avoid some of the hazardous compounds found in traditional cigarettes such as tar and cadmium. However, e-cigarettes are a relatively new product and not very well regulated. Some e-cigarette fluids contain a lot of nicotine while others very little. They often have other substances added to them including preservatives and flavorings. Many of these agents have not been studied regarding their safety in pregnant women.

All of this makes it difficult to draw accurate conclusions about what risk e-cigarettes might present to a pregnant woman and her baby. What we do know is that traditional cigarettes and nicotine (the chemical which is in both tobacco and e-cigarettes) ***do*** present a risk for a wide number of issues including birth defects (cleft lip and palate), miscarriage, and poor growth in the developing baby. In addition, substituting e-cigarettes for traditional cigarettes is not a proven way to quit smoking, and in some cases, people continue to smoke conventional cigarettes as well as e-cigarettes which makes the exposure to the baby even larger. Scientists are still learning about this, and most public health agencies recommend behavioral approaches as the safest strategy for pregnant women who are trying to quit smoking.

Molly is smart to ask about the safety of e-cigarettes before she uses them. She also shows how much she cares about herself and her baby by trying to decrease smoking as much as possible! I suggested she speak with her healthcare provider about strategies for quitting. I also told her about free services like the CDC's Smoker's Quitline (1-800-784-8669).

MotherToBaby has fact sheets on e-cigarettes, cigarette smoke and vaping...

... and people can call (866-626-6847), text (855-999-3525), email, or chat to speak with a specialist on exposures in pregnancy.

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If you have listened to the news lately, you have probably heard of the outbreak of lung injuries and related deaths associated with e-cigarettes and vaping products. Breaking news by health experts have reported that tetrahydrocannabinol (THC) was present in most of the samples of the products and lung tissue collected from the injured individuals, but Vitamin E acetate was present in all of the samples that have been tested to date. While this is a major breakthrough, the experts are not ready to draw any conclusion as of yet, for it is possible that there are other ingredients involved. Here at MotherToBaby we strive to prepare for the questions that may arise from hot topics such as this for the women and providers we serve. Therefore, this seems as good a time as any to ask, “What do we know about vaping and pregnancy?” For the purpose of this blog, I’m going to focus on nicotine vaping.

What are ENDS?

Electronic nicotine delivery systems (ENDS) describe a variety of products that includes vaporizers, vape pens, hookah pens, tank systems, mods and electronic cigarettes (e-cigarettes). Although ENDS were originally developed as an alternative way to inhale tobacco products (like nicotine), the devices are now also used to vape other substances, like cannabis. Each of these devices work by heating a liquid to produce an aerosol that a person inhales into their lungs producing a mist (vape). The liquid in ENDS can contain: nicotine, tetrahydrocannabinol (THC), cannabidiol (CBD) oils, propylene glycol and glycerol.

Are ENDS a safer alternative than cigarette smoking in pregnancy?

ENDS products came on the market in the U.S. in 2007, and their popularity quickly grew. One of the reasons they grew in popularity was due to the belief that they were a safer alternative to cigarettes, and could help smokers quit or reduce the amount of cigarettes they smoke. Cigarettes contain nicotine and many other agents as well as carbon monoxide. Cigarette smoking during pregnancy has been associated with an increased chance of miscarriage, cleft lip or palate, premature birth (before 37 weeks) and SIDS (sudden infant death syndrome). Smoking has also been associated with an increase chance of infertility, ectopic pregnancy (a pregnancy that occurs outside of the uterus) and complications with the placenta (i.e., placental abruption and placenta previa). The issues with cigarette smoking are not only limited to pregnancy but continue after the birth of the child as well. Smoking has been associated with a higher chance for asthma, childhood obesity and behavioral problems.

While pregnancy is a big motivation for women to quit smoking, many struggle and look for a solution during pregnancy. Complicating the issue is the fact that many nicotine replacement therapies have not been well studied, and their effectiveness in helping smokers to quit has been questioned. Therefore, there is a hesitancy to use them. Also, medications to help stop smoking, like bupropion (Wellbutrin) and varenicline (Chantix), while not considered to pose a significant chance of birth defects, have limited data regarding their use in pregnancy. Recently the Food and Drug Administration (FDA) added warnings to the label regarding an increased chance of psychiatric effects including suicidal thoughts. This does not mean these medications should not be used by pregnant women who medically need them, but it shows how complex the issue of choosing an appropriate medication can be when you need to weigh the risks versus benefits. This leads pregnant women to find an alternative that might solve their problem and for some, ENDS seemed like the solution when they came on the market.

The effects of inhaling the substances contained in ENDS are not known, especially when it comes to pregnancy. One study has shown that users of e-cigarettes can obtain a substantial amount of nicotine from e-cigarettes that is comparable to regular cigarettes, and we do know that nicotine can cross the placenta. Animal data shows that exposure to the chemicals found in e-cigarettes can cause various effects on offspring that include impact to the immune system, lung and heart function, and neuro-development (related to the function of brains and nerves); unfortunately, so far there is no data to suggest what the impact in human pregnancy might be. In addition, while ENDS products may reduce exposure to many of the toxins in cigarettes, there is still exposure to nicotine and other toxic chemicals, which can pose an increased chance of harm to pregnancies. Also, some ENDS products that have stated they were free of nicotine have been tested and were actually found to contain nicotine.

There is no evidence to support ENDS as an effective way to stop smoking.

A recent review of the use of ENDS products among non-pregnant patients found no strong evidence that they help in the effort to quit smoking. Regardless of the lung injuries that are currently in the news, health experts recommend that pregnant women avoid all ENDS use. Instead, any pregnant woman who is struggling to quit smoking should talk with their health care provider to discuss a plan that is suitable to them and contact resources such as the National Quitline Network (1-800-QUIT NOW). Quitting is best for you and your child so go ahead and clear the air. Trust me; your baby will thank you.

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By Lorrie Harris-Sagaribay, MPH, Teratogen Information Specialist and Coordinator, MotherToBaby North Carolina

Back in the early 1970s, pregnant women and their health care providers didn’t talk about alcohol and drugs in pregnancy. Birth defects caused by alcohol? Unheard of! Then, along came two pediatric specialists at the University of Washington who changed everything: Drs. David W. Smith and Kenneth Lyons Jones noticed that a group of babies

who had been exposed to high amounts of alcohol during pregnancy were all born with a similar pattern of unusual facial features and developmental delay. Their astute observations, along with further research and collaboration, led them to coin the term Fetal Alcohol Syndrome (FAS) in 1973.

The discovery that alcohol was a teratogen (an exposure that can cause birth defects) fueled the research on other exposures and opened up a world of questions. What about other drugs? What about medications? In order to share findings from the limited but ongoing research, Dr. Jones established the first teratogen information service in 1979, housed in a small apartment in San Diego and run by a dedicated staff of three. This service was the beginning of what would later become MotherToBaby.

Fast forward to June 2017, when experts from MotherToBaby and other teratogen information services around the world gathered in Denver, Colorado for the 30th Annual Meeting of the Organization of Teratology Information Specialists (OTIS). There, dozens of experts presented the latest research on exposures during pregnancy. Speakers summarized what we've learned, pointed out what we still don't know, and suggested priorities for future research. Here are a few highlights from the meeting:

Prescription Opioids
At one time, opiates were peddled as remedies for fatigue, menstrual cramps, and even teething in children (search Mrs. Winslow's Soothing Syrup as an example). Now, more than a century later, we are in the middle of an epidemic of substance use disorders from opioid pain relievers. And according to a 2014 study, more than 14% of pregnant women in the U.S. are prescribed opioids at least once during pregnancy for reasons such as back pain and migraines. Pregnant women who develop opioid use disorders (either before or during the pregnancy) are encouraged to undergo maintenance therapy such as methadone treatment, which is less risky to the baby and more likely to result in successful recovery than sudden withdrawal would be.

Infants with ongoing exposure to opioids during pregnancy can experience withdrawal symptoms at birth, commonly called neonatal abstinence syndrome (NAS). Like Fetal Alcohol Syndrome, NAS was first described in the literature in the 1970s, by Dr. Loretta Finnegan. The syndrome has gotten renewed attention during the current opioid epidemic as providers and researchers consider the best ways to prevent and manage NAS. Studies have shown that hospitalized infants with NAS have better outcomes–less severe symptoms, less need for medication, and shorter hospital stays–when they are breastfed, even if the mothers are still on opioid maintenance therapy. But some health care providers hesitate to encourage breastfeeding in these cases out of concern about baby's ongoing exposure to the mother's medication through the milk. Continued funding can help address these concerns by developing consistent standards of care for infants with NAS. If you are using opioids for any reason, be sure to talk to your health care provider as soon as you find out you are pregnant. Together, you can work on a plan for the best possible care for you and baby during and after the pregnancy.

Cocaine
To study the effects of cocaine in pregnancy, researchers have followed a group of young adults, now in their early 20s, since they were born. About half the group was exposed to cocaine before birth. Early on, the researchers observed that those with cocaine exposure had challenges with attention and remembering what they saw when compared to the children who had not been exposed to cocaine. In older years, exposed children had more difficulty with language skills, more behavior problems at school and at home, reported more substance use and risk-taking behavior, and had more difficulty with everyday skills such as staying organized, thinking ahead, and controlling their own behavior. Some dropped out of school. Interestingly, having a positive home environment seemed to help with some, but not all, of these challenges. For example, children in foster or adoptive homes had better language and reasoning skills than children who still lived with their birth mothers who used cocaine, but there was no difference in their behaviors. As the study continues, researchers hope to learn more about how prenatal cocaine exposure affects these individuals into adulthood.

E-cigarettes
E-cigarettes are marketed and often seen as a "safer" option to cigarettes. In fact, the most common users are current and former cigarette smokers who are using e-cigarettes to replace or reduce the number of cigarettes they smoke. In a study of over 1,300 pregnant women, those using e-cigarettes reported doing so because they felt they were less harmful than cigarettes, or to help with smoking cessation. They also preferred the sweeter flavors, and thought they were even less harmful than the tobacco-flavored liquids.

E-cigarettes don't expose users to the combustion by-products of traditional cigarettes, but even those labeled "nicotine-free" do contain nicotine, and vaporization creates its own potentially harmful by-products. Since e-cigarettes are liquid-filled and can be smoked longer, it's more difficult to monitor actual exposure to nicotine than it is with

traditional cigarettes. Plus, because e-cigarettes are not regulated by the FDA, there is no way of knowing exactly what they contain and what your pregnancy is exposed to when you use them.

Past studies have observed that prenatal exposure to nicotine affects baby's brain development and increases the chance of later behavior problems and depression in adolescence. It even predicts baby's own cigarette use in his/her teen years. And recent studies have shown that those adolescents who use cigarettes are more likely to also use e-cigarettes as teens and adults than their peers who don't use cigarettes. We will learn more about the possible long-term effects of prenatal e-cigarette use as the first generation of children who were exposed to them in pregnancy gets older.

Marijuana
Marijuana is the most common "illicit" drug used in pregnancy. Some health care providers in Colorado, where marijuana is now legal, are seeing more pregnant women who believe that using it is not harmful and might even be beneficial. For example, pregnant women in one survey reported using marijuana to help manage depression or anxiety, help with pain, or ease nausea and vomiting, among other reasons. Without crucial data about exactly how marijuana might be harmful to a pregnancy, some health care providers are hesitant to talk to women about it, even if they know they are using it in pregnancy.

There is little doubt that marijuana can be harmful in pregnancy: THC crosses the placenta and, even in very early pregnancy, can affect the cells that form the baby's brain. But studies on its effects on overall brain development and pregnancy outcomes have had mixed results so far, and they face challenges such as co-exposures (women using other substances along with marijuana) and, in some cases, relying on self-reporting to know how much of the drug a pregnancy is exposed to (this can skew the data if users do not accurately reveal how much and how often they use.) As researchers forge ahead to provide better answers, the best advice is still to avoid marijuana altogether in pregnancy.

Alcohol
Since those early years, we have discovered that the facial features and developmental delay often seen with FAS are not the only possible effects of prenatal exposure to alcohol. In some children, subtle changes to the brain might not be noticed until the child is older and begins to struggle with learning and behavior problems that can follow them into adulthood. This range of possible effects has been more recently named Fetal Alcohol Spectrum Disorder (FASD). According to Dr. Jones, FASD affects about 2% of babies born in the U.S. each year–more common than autism–despite the fact that it is 100% preventable.

Looking ahead.
The decades ahead require not only continued research, but also increased awareness of what we already know. To that end, each September we observe FASD Awareness Month. MotherToBaby is happy to answer your questions about alcohol and other exposures in pregnancy—in fact, check out **our brief YouTube video here.** Together, we can continue the work towards the best possible outcomes for future generations.

Lorrie Harris-Sagaribay, MPH is the Coordinator of MotherToBaby North Carolina and a bilingual Teratogen Information Specialist. After working with midwives as a community health educator with the Peace Corps in Honduras, she earned her Master of Public Health at the University of North Carolina at Chapel Hill. She has worked in the field of maternal and child health for over 25 years.

About MotherToBaby

***MotherToBaby** is a service of the Organization of Teratology Information Specialists (OTIS), suggested resources by many agencies including the Centers for Disease Control and Prevention (CDC). If you have questions about exposures during pregnancy and breastfeeding, please call MotherToBaby toll-FREE at 866-626-6847 or try out MotherToBaby's **new text information service** by texting questions to (855) 999-3525. You can also visit **MotherToBaby.org** to browse a library of fact sheets about dozens of viruses, medications, vaccines, alcohol, diseases, or other exposures during pregnancy and breastfeeding or connect with all of our resources by downloading the new MotherToBaby free app, available on **Android** and **iOS** markets.*

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Presented at the (joint) Annual Meetings of OTIS (Organization of Teratogen Information Specialists), DNTS (Developmental Neurotoxicology Society), RSA (Research Society on Alcoholism) and the Teratology Society in Denver, Colorado on June 25-27, 2017:

- ***From the FAS to OTIS – A Long Strange Trip.*** Buzz Chernoff, California Environmental Protection Agency (Retired).
- ***The Opioid Epidemic and Impact of Prenatal Exposure on Child Development.*** Lynn Singer, Case Western Reserve University.
- ***Project Newborn: What We Have Learned from 20 Years of Research on Prenatal Cocaine Exposure.*** Sonia Minnes, Case Western Reserve University.
- ***Epigenetic Changes Induced by Prenatal Nicotine and Cocaine Exposure.*** Pradeep Bhide, Florida State University.
- ***Effects of Prenatal Nicotine Exposure on Adolescent Dopamine Systems.*** Frances Leslie, University of California at Irvine School of Medicine.
- ***Electronic Cigarette Use in Pregnancy: Patient and Provider Perspectives.*** Katrina Mark, University of Maryland School of Medicine.
- ***Pathways from Prenatal Tobacco Exposure to Electronic Cigarette Use.*** Natacha M. DeGenna, University of Pittsburgh School of Medicine.
- ***Perceptions and Use of Electronic Cigarettes during Pregnancy: Implications for Infant Outcomes.*** Laura Stroud, Brown Medical School.
- ***Pathways from Prenatal Exposures to Tobacco and Cannabis to Adult Electronic Cigarette Use.*** Natacha De Genna, University of Pittsburgh Medical School.
- ***Counseling Women about Prenatal Marijuana Use: Weeding through the Data.*** Torri D. Metz, University of Colorado-Denver.
- ***Introduction: Marijuana and Child Development Symposium.*** Diana Dow-Edwards, SUNY/Downstate Medical Center.

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Asking Questions That Count When Considering Adoption

By Beth Conover, APRN, CGC, MotherToBaby Nebraska

So…you were really good during your entire pregnancy, giving up every drop of alcohol, quitting smoking tobacco, and, of course, avoiding any drug like marijuana. You were concerned about the development of your baby, and doing everything you could to make a healthy outcome more likely. Good job! But now here you are….you've had your baby, you're giving breastfeeding your best shot…do you still need to be so careful? If you're wondering this, you're not alone. It is a top question I get as a health care provider and one of the top questions we get from moms through MotherToBaby's text information line. I'm a mom myself and after I had my boys, I asked the same things, like "would having a glass of wine when I'm on a date with my husband be the end of the world if I'm breastfeeding?"

Alas, many years later (and many published studies later), I have answers for you.

Let's start with the facts about breastfeeding. Breastfeeding is good for you and the baby, and you should continue nursing for at least 6 months… and better-yet, a year.

I think of alcohol and tobacco as 'recreational drugs' because there is not any medical reason to use them. And while medical use of marijuana is becoming more widespread, for most of us the use of marijuana is not medically necessary. We don't want rules surrounding the use of alcohol, tobacco, and marijuana to be unnecessarily strict so that they discourage nursing for the optimal amount of time. But we also want nursing moms to know that each of these drugs are passed to breast milk. Fortunately, there are often ways that we can limit the amount that baby gets.

Let's take a closer look at each one…

Alcohol—alcohol of all kinds (wine, beer, liquor) passes into your milk. Babies don't like the taste of it, and, if it happens often enough, babies may show developmental delays from exposures to alcohol through breast milk. Fortunately, waiting 2-3 hours after drinking a single alcoholic beverage results in lower amounts in milk. If you have two drinks, wait 4-6 hours…you get the idea. You can pump for comfort and to maintain your milk supply, but be sure to throw away the milk since it likely has alcohol in it. Chronic or heavy users of alcohol probably should not breastfeed.

Tobacco—you know that it is best for your health and that of your baby to avoid smoking tobacco, but if you cannot resist, keep the number of cigarettes as low as possible (preferably less than ½ pack per day) and never smoke around your baby. Nicotine gets into your milk, so try to wait several hours after you smoke before nursing your baby. Second hand smoke increases your baby's risk for ear and respiratory infections, asthma, and even sudden infant death syndrome. The immunoglobulins in your milk help to lessen those risks, which is why most experts still recommend breastfeeding even if a woman is smoking small amounts of tobacco.

Marijuana – THC, the active ingredient in marijuana, passes into breast milk. Marijuana production is not very well regulated, so there may be other dangerous contaminants. There are not many studies regarding use of marijuana and breastfeeding, but there are concerns that exposure to THC via milk might affect baby's development. It can also reduce your milk supply. Until more is known, it is recommended that marijuana be avoided in breastfeeding women,

and that an effort also be made not to expose the infant to second hand marijuana smoke. If you happen to use marijuana, waiting 1-2 days before resuming nursing will help reduce the amount in milk. Pump and throw away milk in the meantime for comfort and to maintain your milk supply.

Bottom line, by breastfeeding, you're already taking the first step in providing continued important nutrition for your baby. Way to go! Taking steps to make sure your breastmilk stays as healthy as possible for the entire time you breastfeed will be well worth the effort. Stay strong, live well.

Beth Conover, APRN, CGC, is a genetic counselor and pediatric nurse practitioner. She established the Nebraska Teratogen Information Service in 1986, also known as MotherToBaby Nebraska. She was also a founding board member of the Organization of Teratology Information Specialists (OTIS). In her clinical practice, Beth sees patients in General Genetics Clinic, Prenatal Clinic, and the Fetal Alcohol Syndrome Clinic at the University of Nebraska Medical Center. Beth has provided consultation to the FDA and CDC. Two of her recent publications are, "The Art and Science of Teratogen Risk Communication" and "Safety Concerns Regarding Binge Drinking in Pregnancy: A Review."

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