Cocaine

In every pregnancy, a woman starts out with a 3-5% chance of having a baby with a birth defect. This is called her background risk. This sheet talks about whether exposure to cocaine may increase the risk for birth defects over that background risk. This information should not take the place of medical care and advice from your health care provider.

What is cocaine?
Cocaine is a local anesthetic (pain killer) and a powerful stimulant of the central nervous system (nerves that control activities in our body). Cocaine can be inhaled, injected or smoked (crack).

Is there any safe amount of cocaine I can use during pregnancy?
No. Researchers do not know just how much cocaine it takes to cause birth defects and other problems for an exposed baby. Cocaine, in any amount or any form, should be avoided during pregnancy.

When I use cocaine, does it get into my baby’s body too?
Yes. Cocaine crosses the placenta and enters the developing baby. Cocaine can be found in urine, meconium (stool), umbilical cord and hair of exposed newborns. Cocaine is cleared more slowly in the developing baby and newborn than in an adult. Therefore, cocaine stays in the baby’s body for a longer time.

How long does cocaine stay in the body?
Cocaine and its breakdown products can be found for around 30 hours in the urine of an adult who has used it; but can take more time in those who use cocaine often. It can take 2 to 7 days for a newborn to clear the drug from their body.

I have heard that cocaine can cause a miscarriage. Is this true?
Yes. In the early months of pregnancy, cocaine can increase the risk for miscarriage. Later in pregnancy, cocaine use can cause the placenta to pull away from the wall of the uterus before labor starts. This condition, called placental abruption, can lead to heavy bleeding and can be fatal for both the mother and baby. Cocaine can also increase the risk for premature delivery.

Does cocaine cause birth defects?
Studies do not agree as to whether cocaine causes birth defects. Birth defects that have been reported with maternal cocaine use include abnormalities of the brain, skull, face, eyes, heart, limbs, intestines, genitals, and urinary tract. Most babies exposed to cocaine during pregnancy do not have a birth defect. The risk for a birth defect may be more likely when the mother has used cocaine frequently during the pregnancy.

Can cocaine cause other problems for my baby?
Yes. Babies of mothers who use cocaine during pregnancy tend to weigh less, be shorter in length, and have smaller heads than babies born without exposure to cocaine. Babies with low birth weight are more likely to die in their first month than are normal weight babies. They are also more likely to have life-long disabilities, including learning, visual, and hearing problems. Since cocaine can lower the supply of food and oxygen to the developing baby, even full-term newborns may have low birth weight.

Cocaine may increase the risk for preterm delivery. Babies who are born prematurely often start life with serious health problems, especially breathing difficulties. These babies may also have an intracranial hemorrhage (bleeding in the brain) before or soon after birth, and this can cause permanent brain damage and other disabilities.
Cocaine can cause significant central nervous system problems that may not be seen until the child is older. These effects may include problems with attention and behavioral self-control. Delays in learning, slower growth rate, language difficulties and an increased need for special education in school have been reported.

If I can’t stop using cocaine during my pregnancy, will my baby be born addicted?

Symptoms have been reported in the newborns of mothers who have used cocaine during pregnancy. These symptoms may be a combination of toxicity and withdrawal from the drug. Symptoms include increased irritability, tremors, muscle stiffness, poor feeding, sleeplessness, and hyperactivity or, in some cases, tiredness. Less commonly, vomiting, diarrhea, and seizures have also been reported. Symptoms usually start at 1 to 2 days after birth. Symptoms are most severe on days 2 and 3. Some of these problems may last 8 to 10 weeks after birth or even longer. As soon as you know you are pregnant, and start prenatal care tell your health care provider about your cocaine use and ask for help quitting and prevent or reduce the chance of withdrawal and toxicity in the newborn. If the pregnant woman is not using at the end of pregnancy, no increased risk for these symptoms would be expected for the newborn.

What about using cocaine and other drugs at the same time?

Using other drugs, including alcohol or cigarettes, can also harm the baby. The combined effect of cocaine and other drugs may be worse for the developing baby than with cocaine alone.

Is there any way to know if my baby has been harmed before delivery?

If you are worried that your baby may have a birth defect or other problem due to cocaine use, speak to your health care provider. He/she can discuss any available tests. An ultrasound can be used to screen for birth defects, growth of the baby and location of the placenta. However, there are no tests that can be done prenatally to see if a developmental disability will be present. The pediatrician who will care for your baby should also be told about any concerns you have.

What about cocaine use while I breastfeed?

Cocaine has been found in breast milk. An infant should not be given breast milk following cocaine use by the mother. Newborns do not have the ability to inactivate cocaine and infants can have cocaine intoxication following nursing. Never put cocaine on your nipples to treat soreness. This is extremely dangerous for the baby and is known to cause seizures in the infant. Talk to your health care provider about all your choices for breastfeeding.

Is it a problem if the baby’s father is using cocaine when I get pregnant?

Cocaine appears in the semen and may reduce the number of sperm, and increase the number of abnormal sperm. This can make it harder for you to get pregnant. Cocaine can attach to sperm. This has led to the suggestion that sperm could deliver cocaine directly to the egg, causing developmental problems. However, no birth defects have been identified as a direct result of paternal exposure to cocaine. The safest approach is for a man to avoid cocaine use three months prior to conception when sperm are developing. For more information, please see the MotherToBaby fact sheet Paternal Exposures and Pregnancy at http://mothertobaby.wpengine.com/fact-sheets/paternal-exposures-pregnancy/pdf/.

References Available By Request

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