Cocaine

This sheet talks about exposure to the illicit use of cocaine in a pregnancy or while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

**What is cocaine?**
Cocaine is a local anesthetic (pain killer) and a powerful stimulant of the central nervous system (brain and spinal cord). Cocaine can be inhaled, injected or smoked (crack).

**I have heard that cocaine can cause a miscarriage. Is this true?**
In the early months of pregnancy, cocaine can increase the chance for miscarriage. The chance of this happening may be related to the amount the woman uses during pregnancy.*

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

**Does cocaine cause birth defects?**
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. Studies do not agree as to whether cocaine increases the chance for 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.*

**Can cocaine cause other problems for my baby?**
Yes. Cocaine can lower the supply of food and oxygen that need to reach the developing baby. The babies of mothers who use cocaine during pregnancy tend to have poor growth (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 of life than are normal weight babies. They are also more likely to have life-long disabilities, including learning, visual, and hearing problems.

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 (delivery before week 37). 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?**
It is unknown if the use of cocaine through delivery causes withdrawal in the newborn baby. The late term use of cocaine has been reported with symptoms of toxicity in the newborn baby. 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 that you are pregnant, and start prenatal care, tell your healthcare provider about your cocaine use and ask for help. If the pregnant woman is not using at the end of her pregnancy, then 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 is unknown.*

**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 healthcare provider. He/she can discuss with you 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.

**Can I use cocaine while I breastfeed?**

When a mother uses cocaine in any form, the drug can get in the breast milk. Exposure to breastmilk with cocaine is serious and can be dangerous for a baby. A newborn does not have the ability to inactivate cocaine and infants can have cocaine intoxication following nursing. Symptoms include difficulty breathing and seizures in the infant. Never put cocaine on your nipples to treat soreness. This is extremely dangerous for the baby and is known to cause seizures. Talk to your healthcare provider about all your question related to 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 a woman 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 pregnancy occurs) when sperm are developing. For more information, please see the MotherToBaby fact sheet Paternal Exposures at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/.

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Please click here for references.