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

**What is cocaine?**

Cocaine is a powerful stimulant of the central nervous system (brain and spinal cord). Cocaine can be used medically as a local anesthetic (for pain). Medically, cocaine is mostly used for nasal and eye surgery. Cocaine has also been misused to get a “high” feeling. Cocaine can be inhaled through the nose, rubbed onto the gums, injected or smoked. Some nicknames for cocaine are blow, coke, crack, rock and snow.

If you have been using cocaine, please seek help right away. Talk with your healthcare providers; they are there to help you. It is important to stop using cocaine; however, reducing / stopping your cocaine use needs to be done under the care of a healthcare provider. Stopping suddenly (also called “cold turkey”) could cause you to go into withdrawal. It is not known how going through withdrawal might affect a pregnancy.

**I use cocaine. Can it make it harder for me to get pregnant?**

It is not known if using cocaine can make it harder to get pregnant.

**Does using cocaine increase the chance for miscarriage?**

Miscarriage is common and can occur in any pregnancy for many different reasons. Based on the studies reviewed, using cocaine can increase the chance for miscarriage, especially when tobacco is also used.

**Does using cocaine increase the chance of birth defects?**

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. Based on the studies reviewed, it is not known if cocaine can increase the chance of birth defects above the background risk. Birth defects that have been reported with cocaine use in pregnancy include abnormalities of the brain, skull, face, eyes, heart, limbs, intestines, genitals, and urinary tract. However, most babies exposed to cocaine during pregnancy do not have a birth defect.

**Does using cocaine in pregnancy increase the chance of other pregnancy-related problems?**

Based on the studies reviewed, babies exposed to cocaine during pregnancy tend to weigh less, be shorter in length, and have smaller heads than babies born without exposure to cocaine. Cocaine can also increase the chance for preterm delivery (delivery before 37 weeks of pregnancy). Babies who are born too early can start life with serious health problems, especially breathing trouble.

Cocaine use can cause the placenta to pull away from the wall of the uterus before labor starts (called placental abruption). This can lead to heavy bleeding and can be fatal for the person who is pregnant and/or for the baby.

**If I use cocaine throughout my entire pregnancy, will it cause withdrawal symptoms in my baby after birth?**

The use of some drugs during pregnancy can cause temporary symptoms in newborns soon after birth. These symptoms are sometimes referred to as withdrawal.

Symptoms reported in newborns with exposure to cocaine late in pregnancy include irritability, tremors, muscle stiffness, poor feeding, trouble with sleeping, and hyperactivity. Less commonly, vomiting, diarrhea, and seizures have also been reported. Symptoms usually start at 1 to 2 days after birth. Some of these problems might last for weeks after birth, and sometimes longer.

**Does using cocaine in pregnancy affect future behavior or learning for the child?**

Cocaine exposure in pregnancy can cause significant central nervous system problems that may not be seen until the child is older. These effects can include problems with attention and self-control. Delays in learning, slower growth rate, trouble processing emotions, language difficulties, increased need for special education in school, risk-taking...
behaviors, and challenges in adulthood have also been reported.

**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 can be worse for the developing baby than with cocaine alone.

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

Speak to your healthcare providers about your cocaine use. They can discuss available testing and screening options with you. 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 during pregnancy to see if future behavior or learning will be affected. The pediatrician who will care for your baby should also be told about any exposures in the pregnancy.

**Breastfeeding while using cocaine:**

Breastfeeding while using cocaine is not recommended. Cocaine in any form can pass into breast milk. Exposure to cocaine is serious and can cause toxicity in the nursing child. Symptoms can include irritability, choking, high blood pressure, vomiting, trouble breathing, and seizures. Never put cocaine on your nipples to treat soreness. This is extremely dangerous for the baby and is known to cause seizures. If you suspect the baby has any symptoms (irritability, choking, hypertension, vomiting, trouble breathing, or seizures), contact the child’s healthcare provider. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

**If a male uses cocaine, could it affect fertility (ability to get partner pregnant) or increase the chance of birth defects?**

Based on the studies reviewed, use of cocaine might make it harder to conceive a pregnancy. Cocaine can attach to sperm, which has led to the suggestion that sperm could deliver cocaine directly to the egg, causing problems with development of the baby during pregnancy. No birth defects have been reported as a direct result of male exposure to cocaine. It has been suggested that males avoid cocaine use three months before conception. In general, exposures that fathers or sperm donors have are unlikely to increase the risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/.

Please click here for references.