Cocaine

**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 (pain killer), mostly used for nasal and eye surgery. It has also been misused recreationally. 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.

**I just found out that I am pregnant. Should I stop using cocaine?**

If you have been taking cocaine regularly, please seek help right away. Talk with your healthcare providers; they are there to help you. It is important to stop using cocaine; however, any reduction in your cocaine use needs to be done under the direction of your healthcare provider. Stopping suddenly (also called “cold turkey”) could cause you to go into withdrawal. More research is needed to know how going through withdrawal might affect a pregnancy.

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

Miscarriage can occur in any pregnancy. In the early months of pregnancy, cocaine can increase the chance for miscarriage, especially when there is also tobacco use.

**When I use cocaine, does it get into my baby’s body too?**

Cocaine crosses the placenta and enters the developing baby via the amniotic fluid. 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. This means that cocaine stays in the baby’s body for a longer time than it stays in an adult’s body after exposure.

**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. Most babies exposed to cocaine during pregnancy do not have a birth defect; however, there is no clear answer on whether cocaine increases the chance for birth defects. 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.

**Could using cocaine cause other pregnancy complications?**

Babies exposed to cocaine during pregnancy tend to be smaller than babies born without exposure to cocaine (weigh less, be shorter in length, and have smaller heads).

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 the person who is pregnant and for the baby. 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 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 go through withdrawal?**

Cocaine is not associated with a predictable pattern of withdrawal symptoms. The late term use of cocaine has been associated with symptoms of toxicity in the newborn baby. Symptoms 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, and tend to be most severe on days 2 and 3. Some of these problems might last 8 to 10 weeks after birth, and sometimes longer.

**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 a developmental disability will be present. The pediatrician who will care for your baby should also be told about any exposures in the pregnancy.

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

Breastfeeding while using cocaine is not recommended. Cocaine in any form can pass into breast milk. Exposure to breastmilk with cocaine is serious and can be dangerous for a baby. Infants can have cocaine intoxication following nursing. Symptoms include irritability, choking, hypertension, vomiting, 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. Be sure to talk to your healthcare provider about all of your breastfeeding questions.

**I use cocaine. Can it make it harder for me to get my partner pregnant or increase the chance of birth defects?**

Cocaine has been found in the semen. It may reduce the number of sperms, and increase the number of abnormal sperms. This can 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. However, 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. For more information, please see the MotherToBaby fact sheet Paternal Exposures at [https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/](https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/).

Please click here for references.