



MotherToBaby

Medications & More During Pregnancy & Breastfeeding  
Ask The Experts

Fact Sheet

by the **Organization of Teratology Information Specialists (OTIS)**

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## Methamphetamine | Dextroamphetamine

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 methamphetamine or dextroamphetamine 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 are dextroamphetamine and methamphetamine?***

Dextroamphetamine is a legal prescription medication that is used for attention deficit hyperactivity disorder (ADHD), sleep disorders, and as an appetite suppressant. It is an effective treatment for these disorders.

Dextroamphetamine is also used illegally as a “recreational drug”.

Methamphetamine, also called “meth”, “crank”, “speed” and “ice”, is sometimes prescribed by a physician, but is usually used illegally. Methamphetamines can be smoked, snorted, swallowed, injected, or inhaled.

Methamphetamines work by exciting the brain with chemicals that can make people “feel good”. The drug acts as a stimulant, causing a fast heart rate, sweating, loss of appetite, hallucinations, anxiety, paranoia, trouble sleeping and dizziness. Methamphetamine overdoses can cause death or brain damage, and long term use can cause many health problems. Methamphetamines are very addictive.

### ***Is it safe to use dextroamphetamine or methamphetamine in pregnancy?***

Dextroamphetamine, when used for medical reasons, appears to have a low chance for birth defects. However, there are very few studies on prescription use and possible problems in pregnancy or development/behavior problems in exposed infants. You should speak with your health care provider about your condition and the use of dextroamphetamine during pregnancy. In some cases, women are able to reduce their dose of the drug and restart the medication after the pregnancy is over.

Illegal (high dose) dextroamphetamine and methamphetamine should not be used in pregnancy. They can cause miscarriage, high blood pressure, placental abruption (the placenta pulls away from the uterus), delivery before 37 weeks of pregnancy (prematurity), and problems in the newborn period including jitteriness and trouble sleeping and feeding. Babies can also have neurological effects, such as tremors and too much or too little muscle tone, which can last for several months.

### ***How much dextroamphetamine or methamphetamine does it take to cause problems?***

It’s important to take dextroamphetamine as directed by your health care provider. Your provider will try to keep the dose as low as possible while still properly treating your condition.

There is no known safe level of methamphetamine. Since it is an agent of abuse, it is recommended that it be avoided completely during pregnancy. Also, your baby’s organs develop at different times, and your baby’s brain is developing during your whole pregnancy. That means use at any time in pregnancy could cause problems.

### ***How can methamphetamine hurt my baby?***

The problems most often seen in babies exposed to methamphetamine during pregnancy are being born too early and too small. Babies that are born too early can have problems with many of the systems of their body because they have not finished developing. They are at risk for life-long breathing, hearing, vision, and learning problems. Babies that are born too early are more likely to die as infants. There is also some information to suggest methamphetamine can increase the chance for sudden infant death syndrome (SIDS), even in babies not born early.

There is mixed information on whether methamphetamine increases the chance of birth defects. However, most

studies do not find an increased chance for major birth defects.

It is not known whether prenatal exposure to methamphetamine can cause behavioral or intellectual problems in older children. However, some studies show children whose mothers used methamphetamine have more trouble in school, and more behavior problems. These problems could be caused by other reasons, but methamphetamine use in pregnancy might play a role.

### ***Will my baby be born addicted to methamphetamine?***

If a woman uses methamphetamine later in her pregnancy, babies can show signs of withdrawal after they are born. Symptoms include trouble eating, sleeping too little or too much, having very floppy or tight muscles, and being very jittery. Withdrawal symptoms usually go away within a few weeks, but may require that the baby be admitted to the special care unit for newborns and stay in the hospital for a longer period of time. Some babies have tremors and too much or too little muscle tone for many months. In many cases these symptoms go away on their own, but these children can benefit from programs such as infant stimulation or physical therapy.

### ***What if I use other drugs besides methamphetamine?***

Many women who abuse methamphetamine also use other drugs, alcohol, or cigarettes. The chance to have a baby with problems is higher when methamphetamine is used with other drugs, cigarettes and/or alcohol. These drugs by themselves can also cause miscarriage, prematurity, low birth weight, reduced growth, learning problems and birth defects.

### ***How can I know if methamphetamine may have hurt my baby?***

The very best thing that you can do is to stop using methamphetamine and other drugs and alcohol. It's important to tell your health care provider about what you have taken during your pregnancy. They can offer you a detailed ultrasound to screen for some birth defects and can also help you find treatment or support. There is no test in pregnancy that can look for learning problems. Once your baby is born, you should also tell your pediatrician about your history. This way they can look for early warning signs of problems and give your baby extra help if needed.

### ***What happens if I use dextroamphetamine or methamphetamine while I breastfeed?***

Dextroamphetamine and methamphetamine pass into breast milk, and are found in the baby's body and urine. We do not know if this causes the baby to have problems, but when taken as directed by a health care provider, some evidence shows amphetamines do not affect nursing infants.

A small study of four older infants whose mothers were taking dextroamphetamine for ADHD found no problems in the health of those infants in the short-term. At this time, it is unknown if there are any long-term consequences associated with this exposure in breastfeeding. The authors commented that if a mother breastfeeds while taking a prescription dose of dextroamphetamine, the baby's pediatrician should monitor the baby carefully. Be sure to talk to your health care provider about all your choices for breastfeeding.

### ***What if my baby's father was using dextroamphetamine/methamphetamine when I got pregnant?***

At this time, there is no information to suggest that amphetamines in semen increase the chance of birth defects, but there are also no studies on this topic. Since sperm take about 3 months to develop, it would be safest for men to not use recreational amphetamines for at least that long when they are planning a pregnancy. For more information, please see the MotherToBaby fact sheet [Paternal Exposures and Pregnancy](https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/) at

<https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/>.

### **References Available By Request**

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