Illicit drug use during pregnancy, risk factors and consequences in childhood

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Drug misuse in pregnancy is a complex and increasing public-health problem. Estimates of drug misuse in pregnant women vary across the world and the populations studied. In the USA, the 2004 Survey on Drug Use and Health showed that 5% of American women reported the use of an illicit drug during pregnancy. In the UK, national estimates for pregnant drug users are lacking, but studies report that approximately a third of drug users in treatment are female and over 90% of these women are of childbearing age (15–39 years of age). A study comparing the profiles of pregnant drug users presenting to a perinatal addictions service in London (UK) found illicit heroin use (38%), followed by cocaine use (24%) as primary drugs of abuse, with polysubstance use common. In Europe, it is estimated that there may be as many as 30,000 pregnant women using opioids each year and the number of pregnant women using drugs other than opioids may be equally high. Australian research reported an 8% prevalence of drug use among women who were pregnant or breastfeeding. The wide variation in prevalence is influenced by sampling techniques, response rates, sample sizes and the population studied. Self-reporting may be low, and interviews and screening to confirm drug use may lead to increased rates of prevalence. Research in this vulnerable population is compounded by ethical issues, which has made large-scale and adequately powered studies difficult to conduct.

In most countries worldwide, the current cannabis and cocaine use during pregnancy has increased, with poly-drug use being the most common pattern.1-8 At the Department of Neonatology of the public hospital where this study was conducted, cocaine and cannabis were the most common drugs detected since 2009, when postpartum urine drug tests were first used. Generally speaking, children prenatally exposed to cannabis and/or cocaine may have a wide range of complications, studied mainly during the perinatal period. Short- and long- term adverse effects have been described during childhood, some of which have been especially corroborated in relation to neurodevelopment. The bibliography offers little information about the health trajectories of these children. In a Chilean study, 100 children prenatally exposed to cocaine and other drugs missed checkups and tests and were hospitalized frequently. It has been described that children with exposure to drugs in utero had a greater number of visits to the hospital due to injuries compatible with abuse and negligence compared to children in the general population, with a higher percentage of social services and/or legal interventions. In most cases, biological parents had been the abusers, and this was the main cause of early or temporary removal of children from their home. In addition to the mentioned morbidity, some authors have described a greater mortality among children exposed in utero than among unexposed ones, but only when cocaine and opioids were used, and when the birth weight was below 2500 g. The study objectives were to describe and analyze registered contacts with the health system in the first 4 years of life of children prenatally exposed to cocaine and/or cannabis and compare them to unexposed children. The secondary objective was to describe diseases, family/legal situation, and mortality of children or their direct family.

Illicit drug (ID) use during pregnancy is an important global problem. Prevalence has been increasing during last decades, ranging from 6 to 44%. In the Neonatology Division of a Public Hospital in La Pampa, Argentina, mothers’ and newborns’ urine samples were tested for ID with predefined medical criteria, since 2009. The disadvantages of this method were its low sensitivity and that it only detects drugs used in the past 72 hours. By 2011, 47 mother-newborn dyads were tested. In 49% cases, an illegal drug was detected. The most common association was marihuana and cocaine. As described in the literature, this women were young (media 21 years), had a history of domestic violence (63%), had drug users as convivients (90%), and also used tobacco (84%) and alcohol (47%) during pregnancy. The consequences on childhood of ID intrauterine exposure are under discussion. Research is difficult especially due to polydrug use, but there are other barriers to consider. During childhood, problems related to neurological development have been described following intrauterine exposure to ID. A few studies found poor health controls and high rates of judicial intervention for mistreatment. Some results on ongoing research related to general health and legal situation of dyads with positive urine test detected since 2009, could highlight the practical importance of new follow up strategies.