



Prescription Drug Misuse and Abuse During Pregnancy

Every decade or so, there is a “new” epidemic declared. This time, the media are publishing numerous articles about newborns whose mothers have used prescription medications, specifically narcotics, during pregnancy.

Actually, this is nothing new.

While the use of heroin has waxed and waned over the last several decades, the misuse of prescription drugs has remained a constant. Granted, the rates are going up, and nurseries across the country are seeing relatively large numbers of infants going through abstinence due to their exposure to narcotics. But this is a problem that physicians working with pregnant women have been dealing with for many years. My work with a maternal and child health team in Nevada in 2012 and 2013 did not hold many surprises. But, we did not expect to find 1,791 pregnant women who were using medication without a prescription. The most commonly misused prescription medications were narcotics (pain-killers) _ Vicodin®, Percocet® and Lortab®; antidepressants _ Prozac® and Zoloft®; and benzodiazepines (anti-anxiety meds), primarily Xanax®.

A recent study in The Journal of the American Medical Association estimated that about 13,500 babies are born each year with symptoms that demonstrate maternal narcotic abuse, often due to prescription medications. Babies with signs of withdrawal from narcotics look much like adults going through withdrawal: yawning, sneezing, irritability, high-pitched crying, jitteriness, sweating, vomiting, diarrhea, even seizures and respiratory distress. This occurs no matter what form the narcotic may take — whether it is heroin for intravenous injection, methadone used legally or illegally, or a prescription drug. Abuse can result in the physical dependence of both the mother and the fetus.

Many such infants stay in the hospital for several days or weeks while doctors use medications like methadone or morphine to provide symptomatic relief and wean them from the drugs that their mothers used. Withdrawal symptoms peak around six weeks of age and can persist for four to six months or longer. These infants also may demonstrate many of the same problems as infants prenatally exposed to other substances, including low birth weight, prematurity, muscle tone changes, and infant behavioral problems. Long-term studies have shown that the children’s ultimate intellectual development is normal, but the children do have ongoing difficulties with executive functioning deficits.

Non-narcotic medications, such as antidepressants and benzodiazepines, present another problem because so little is known about their effects on the fetus. Identifying and counting affected infants is difficult, so there is no reliable data as to how many pregnancies include misuse of these substances. In addition, there is very little information about the impact of



these other medications either on short term or long term outcome of the child, but a variety of reports have begun to examine these issues.

So where does this leave us?

If a woman needs a particular medication, such as an antidepressant, she must work with her physician to find the appropriate dose, to monitor the pregnancy closely, and to be prepared to address the needs of the child at birth and long term. Physicians need to incorporate questions in prenatal care that ask about the use of medications, whether prescribed or not. Additionally, sharing the message that misuse of medications during pregnancy has long-term implications for the exposed child is essential.