

STIMULANTS



STIMULANTS + PREGNANCY

Risks of stimulant use during pregnancy are not entirely clear. However, many of the reported risks were wrong during the so-called “crack baby epidemic” of the 1980s and 1990s. These accounts were used to **disproportionately target black parents and families and resulted in the forced separation** of many families.

We now know that there are some risks to using stimulants during pregnancy.

Overdosing or overamping on amphetamines can stress the pregnant person’s body. While it is rare, it is possible to overdose and die from methamphetamine or cocaine use because they can **stress the heart and circulatory system.**

The risks associated with stimulants are higher when they are used in combination with other substances. Polysubstance use - using more than one substance at a time - greatly increases the risk of overdosing.

[Responding to Stimulant Overamping](#) 

Prescribed stimulants include methylphenidate (Ritalin® and Concerta®) and amphetamines (Adderall® and Dexedrine®). Caffeine, cocaine, amphetamines, and methamphetamines are commonly used without a prescription.

Stimulants may cause decreased blood flow to the placenta. They can also increase blood pressure which increases the risk of preeclampsia, a dangerous condition in pregnancy which can cause seizures, heart attack, stroke and pulmonary edema (fluid in the lungs).

There is currently no direct link between stimulant use and placental insufficiency (lack of a good supply of nutrients and oxygen delivered to baby through the placenta).

Stimulants have not been linked to birth defects or placenta previa (when the placenta grows over the opening to the birth canal).^{28, 51, 52, 53, 54, 55, 56, 57}

Stimulants may cause decreased birthweight, but the evidence is not clear, because other factors such as cigarette smoking and poor diet can also cause low birth weights.^{27, 28, 49, 51, 52, 55, 58, 59, 60, 61}

Placental abruption (the separation of the placenta from the uterine wall) has not been linked to caffeine or methamphetamine, but there is evidence linking it to cocaine. However this evidence is of very poor quality and does not adequately control for confounding factors^{12, 62, 63, 64, 65, 66} Even with this link, the chance of this happening is low.

Stimulants can be linked premature rupture of membranes (PPROM). PPRM occurs when the sac that contains the amniotic fluid breaks before 37 weeks of pregnancy.^{27, 28, 49, 51, 53, 55, 56}

There is **no evidence of stimulant withdrawal** in infants with prenatal exposure.

Long-term outcomes are similar to other children in the same peer group. One study that followed meth exposure during pregnancy and outcomes in children 7.5 years later found there may be an increased risk of the child having behavior issues, however poverty and negative childhood experiences had significant effects as well.⁶⁷



STIMULANTS + LACTATION

Stimulants pass into human milk. So the safest choice is to not use them.

Stimulant use can decrease the amount of milk you produce, and may cause the milk to dry up earlier.^{68, 69, 70}

Up to 200 mg of caffeine per day is considered safe:^{68, 71}

- 1 to 2 cups of regular coffee (8 oz)
- 5 cans of soda (12 oz)
- 2 cans of energy drink (250 mL)



It is recommended to discard milk for **24 hours after cocaine use**, and **48 hours after methamphetamine use**. During this time, continue to pump or express milk so that your supply does not decrease.

Both cocaine and methamphetamine are excreted in the breastmilk and there have been reports of infant death from overdose.^{35, 68}

In some states, new parents have been convicted of child endangerment or even manslaughter if the infant death was related to breastfeeding and substance use.

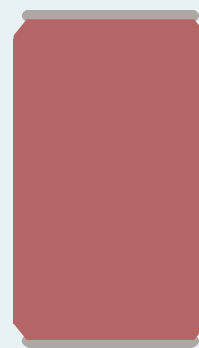
CAFFEINE PER SERVING



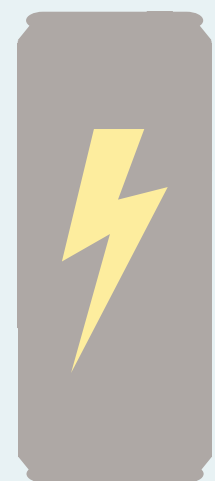
8 oz black tea
50-70 mg



8 oz coffee
100-200 mg



12 oz soda
40-100 mg





250 mL
energy drink
100+ mg

What treatment options are available for stimulant use disorder during pregnancy?

Currently, there are **no FDA-approved medications** for the treatment of stimulant use disorder.

However there are some "off label" uses of medications that may be helpful. **The off-label use of medications is common and is the norm for medication taken during pregnancy and lactation because few drugs are tested on pregnant and lactating people.** Off-label prescribing is when a physician gives you a drug that the U.S. Food and Drug Administration (FDA) has approved to treat a condition different than your condition or approved for your condition when someone is not pregnant or lactating.

Topiramate (Topamax®), modafinil (Provigil®), ondansetron (Zofran®), and prescription stimulants - amphetamine (Adderall® and Dexedrine®), dextroamphetamine and dexedrine (Dexedrine®, Spansule®, ProCentra®, and Zenzedi®), atomoxetine (Strattera®), methylphenidate (Ritalin® and Concerta®) - have been studied in non-pregnant people and have been helpful in some cases but not all.

Some people find that **group or individual therapy** is helpful - especially when done with those who understand substance use and substance use disorders. Others use **12 step or mutual support programs** such as [Cocaine Anonymous \(CA\)](#)  or [Narcotics Anonymous \(NA\)](#)  but these can sometimes be stigmatizing or shaming to pregnant people.

Contingency management (the use of variable rewards for having negative urine toxicology) has been shown as useful in the treatment of people with stimulant use and other substance disorders.⁷²

[UptoDate: Contingency management for substance use disorders](#) 