

8 How long will I stay in hospital?

6 - 7 days is the average time, but this can still depend on how well you and your baby are.

9 Can using drugs while pregnant cause me more harm?

Some drugs can pass over the placenta, they can cause problems for the unborn baby and there can be a risk of miscarriage.

10 What happens if I relapse?

We will provide advice and support to monitor you and your baby's health, to encourage you to re-start treatment.

11 What support will I get during and after my pregnancy?

The community midwife provides help during and after pregnancy for up to 28 days. You will see the midwife at home, at your GP practice or at hospital and will be given a contact number. Your pregnant drug user liaison nurse from 24:7 will also be in regular contact. You will also see a consultant obstetrician and you will meet your community health visitor. There are a number of community services available including children's centres. The level of support will be planned around your needs.

12 Can using methadone affect my baby during pregnancy, will my baby be premature or smaller etc?

There are no long term effects on the baby. Stabilising on methadone during pregnancy reduces the chance of premature or smaller babies.

13 Once the baby is born does it automatically go on to the Special Care Unit?

Babies born to mothers on methadone stay on the ward with their mums. If the baby needs to be admitted to SCBU staff will discuss this and involve you in the care of the baby.

14 What is the Finnigan Score?

A checklist to identify any babies who are withdrawing from opiates. Hospital staff will show you how to use this chart.

15 What treatment will my baby get?

Most babies do not need any treatment, some babies need more comfort and contact, and others need medicine. Whatever your baby needs you will be involved in their care as mums are definitely the best people to do this.

For more information about anything you have read in this leaflet, please contact any of the following:

Useful Telephone Numbers

Queen Elizabeth Hospital - 0191 445 2763
Maternity Unit

Women's Refuge - 0191 477 9309

Harm Reduction Service - 0191 490 1709

24:7 Drug & Alcohol Team - 0191 443 6880

Genito Urinary Medicine (GUM) Clinic -
0191 219 5013 / 5011

This leaflet was written by women who have been through a pregnancy whilst in drug treatment in Gateshead, a specialist nurse from 24:7 Drug and Alcohol team and Public Involvement staff from Gateshead Primary Care Trust.

- Scared ●
- Confused ●
- Unsure ●
- Worried ●
- Need help ●
- Determined to stop ●

My Story...

Before I went into hospital, there were lots of things worrying me. My biggest fear was that my baby would be taken away, or that she would suffer withdrawal symptoms. I already knew that she would be small, and I was worried that there might be something wrong with her.

The labour ward staff and the staff in the Special Care Baby Unit were excellent, and I didn't feel they judged me at all. They talked to me and involved me in everything that was going on, and made me feel confident that I was being a good mum. It was a better experience than I'd imagined.

By Leanne, daughter aged 13 months

Questions ●

1 I thought I couldn't get pregnant if I use drugs and / or methadone?

Some women find that their periods may become irregular or stop, but you can still become pregnant. Using illicit drugs or methadone will not prevent you from becoming pregnant.

2 Do I need to stop taking all drugs including methadone and alcohol as soon as I find out I am pregnant, what happens if I don't stop?

If you are taking drugs we can discuss a treatment programme suitable for you, which will be safe for you and your unborn baby. Depending on how much alcohol you drink we would look to do the same. If you aren't dependent on any drugs or alcohol, but still use small amounts of either then we would advise you to stop.

3 What happens with my drug treatment now I am pregnant?

When your pregnancy is confirmed we can arrange to meet with you to discuss your future treatment. You may be offered the opportunity to come into hospital for a while so that we can begin methadone treatment or stabilise your current dose. At home your treatment will be regularly monitored and adjusted as necessary. You should feel fine but some women vomit their medication back particularly in early pregnancy. Changing the times or splitting the dose usually helps, also taking anti sickness medication will help. Detox is also an option however this can be difficult during pregnancy. Your Pregnant Drug Users Liaison Nurse, Midwife or Obstetrician will be happy to discuss these options with you.

4 Are Social Services involved automatically because I am in drug treatment?

No. Women in treatment are less likely to be involved in Social Services. If there are concerns about you or your unborn baby, the staff involved in your care will discuss this with you before any referral is made to Social Services.

5 Will the ward staff treat me any differently because I am on methadone?

No, but if you experience any problems, talk to your drug worker, midwife or obstetrician

6 Will I be drug tested regularly when I'm pregnant?

We will request regular urine samples from you throughout the pregnancy. In this way you are demonstrating clear evidence of your progress during your pregnancy. The need and level of testing will be agreed on a regular basis.

7 Can I breast feed?

Yes. Methadone does not stop you breast feeding. It can be beneficial. Your midwife will provide advice and support.