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## **Methamphetamine/Dextroamphetamine and Pregnancy**

This sheet talks about the risks that exposure to methamphetamine or dextroamphetamine can have during pregnancy. With each pregnancy, all women have a 3% to 5% chance of having a baby with a birth defect. 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, 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 chronic 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 risk for birth defects. However, there are very few studies on prescription use and potential pregnancy complications or intellectual/behavioral problems in the exposed infants. You should speak with your doctor about whether your condition requires the use of dextroamphetamine during pregnancy. In some cases, women are able to taper off the drug and then restart the medication after the pregnancy is over.

Illegal (high dose) dextroamphetamine and methamphetamine should not be used in pregnancy. They can cause miscarriage, 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?***

You should take dextroamphetamine in the dose prescribed by your physician. Your doctor will try to keep the dose as low as possible while still appropriately 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. In addition, your baby’s organs develop at different times, and your baby’s brain is developing during your whole pregnancy. Therefore, use at any time in pregnancy could cause problems.

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

The most frequently seen problem in babies prenatally exposed to methamphetamine is 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 evidence to suggest methamphetamine can increase the chance for sudden infant death syndrome (SIDS), even in babies not born early.

There is conflicting evidence on whether methamphetamine increases the chance of birth defects. However, most studies do not find an increased risk for birth defects.

It is not known whether prenatal exposure to methamphetamine can cause behavioral or intellectual abnormalities in older children. 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 could 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, difficulty sleeping or sleeping too much, being very floppy or very tight, 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 remain in the hospital for a longer period of time. Some babies show abnormal neurological signs, including tremors and too much or too little muscle tone, for many months. In many cases these symptoms go away on their own, but these babies can benefit from school-based 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 risk to have a baby with problems is higher when methamphetamine is used with other drugs, cigarettes and/or alcohol. These drugs individually can also cause miscarriage, prematurity, small size, and sometimes 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, and to tell your doctor about what you have taken during your pregnancy. Your doctor can offer you a detailed ultrasound to look for birth defects. Your doctor can also help you find treatment or help. There is no pregnancy test that can look for learning problems, and ultrasound exams cannot see all birth defects. 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 get your baby extra help if needed.

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

Dextroamphetamine and methamphetamine get 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 the American Academy

of Pediatrics recommends that amphetamines not be used while breastfeeding.

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. The authors commented that should a mother breastfeed while taking a prescription dose of dextroamphetamine, the baby's pediatrician should monitor the baby carefully.

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

There is no evidence to suggest that amphetamines in the semen increase the risk 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 about a father's exposures and pregnancy, please see the OTIS fact sheet [Paternal Exposures and Pregnancy](#).

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*If you have questions about the information on this fact sheet or other exposures during pregnancy, call **OTIS** at **1-866-626-6847**.*