METH USE DISORDER IN PREGNANCY

FETAL SEQUELAE OF METHAMPHETAMINES

Fetal serum 2X that of maternal meth

- 5x 1 stillbirth
- 5x 1 abruption
 - placental vasoconstriction
- 2.7x 1 preeclampsia & IUGR

To date we have no literature to inform harm reduction or interventions other than abstinence

JOGC - CALL TO ACTION

PRETERM

Paucity of data

- Maternal
- Childhood

psychosocial outcomes

In the US 1:4 children in care were apprehended from families using, selling or manufacturing meth.

Gendered risks of IVDU

IV use often enmeshed in romantic relationships in which gendered etiquette = male acquisition, preparation, dose division & injection with passive female role. Relationship breakdown can lead to:

- Inaccurate dose expectations
- Hiring of Hood Doctors
- Increased violent exposure
- Increased survival sex work
- Increased HIV 4x if preq



PSYCHOSIS IN PREGNANCY

Olanzapine. Recommended when risk of prematurity (9.8%) outweighs risk of non-Use in breastfeeding 82.3% no adverse effects - 4% somnolent, 2% irritable. Psychosis is associated with infanticide.

CODE WHITE IN LABOUR

Dexmedetomadine. Highly selective az agonist promotes cardiovascular stability with sedation; minimal placental transfer with mild uterotonic effects. Reduces benzo use requirements

ABCs of Rapport Building

ACCEPTANCE: Welcome regardless of use

• Deserving of care, deserving of dignity

BELIEVABILITY: Transparency at all times

• No surprise UDS, CFS

CHOICE: Champion agency

- Patient definition of goals/health
- Timing and conditions of exams
- Harm reduction strategies

MATERNAL COMPLICATIONS OF MUD:

- Cardiomyopathy > non-preg
 - 15% mortality in 2yrs
 - Only 1/3 reversible
- Pulmonary Htn > males
 - 50% maternal mortality
- 2x rate of suicide
- 3x rate of sepsis w IVDU
 - 40% non-white mothers

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