

# METH USE DISORDER IN PREGNANCY

## FETAL SEQUELAE OF METHAMPHETAMINES

Fetal serum 2X that of maternal meth

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

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

## PSYCHOSIS IN PREGNANCY

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

## CODE WHITE IN LABOUR

**Dexmedetomidine.** Highly selective  $\alpha_2$  agonist promotes cardiovascular stability with sedation; minimal placental transfer with mild uterotonic effects. Reduces benzo use requirements

## JOGC - CALL TO ACTION



Paucity of data

- Maternal
- Childhood psychosocial outcomes

+ 5%  
PREGNANCIES

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

## 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

## 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 preg



## 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