

Licit or Illicit Use: Nicotine, Alcohol, Caffeine, and Cannabis



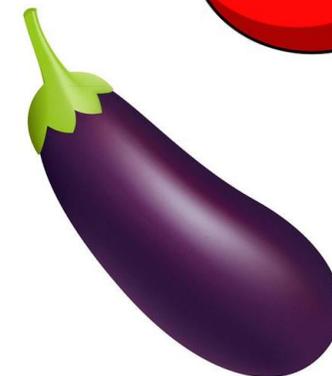
Joelle Puccio BSN RN



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Nicotine in Pregnancy

- Nicotine is a naturally occurring chemical present in large quantities in tobacco, and small quantities in many fruits.
- Most of the studies on the effects of nicotine in pregnancy are on cigarette smoking.
- Most of the health problems are from smoking, not nicotine. (7, 27)
- Cigarette smoking in pregnancy has some of the strongest evidence for harm: (1, 2, 3, 4, 5, 6)
 - Increased severity of Neonatal Opiate Withdrawal (NOW)
 - Intrauterine Growth Restriction (IUGR) and Low birth weight (LBW)
 - Placenta previa and abruption
 - Premature rupture of membranes (PROM)
 - Birth defects
 - Infant mortality (SIDS)
 - Maternal thyroid problems
 - Childhood respiratory, gastrointestinal, and metabolic disease
 - Ectopic pregnancy (fertilized egg implanting in the fallopian tube)



Harm Reduction for Nicotine in Pregnancy

- Quit smoking ANYTIME during pregnancy or parenting
- Smoke less
 - Keep a written record of how much and when you smoke
 - Designate smoke free hours each day
 - Take a day off every week
- Use chewing tobacco, snus, e-cigarettes, gum, etc.
- Get a prescription for nicotine products from your doctor



E-cigarettes:

There is not enough evidence to make a conclusion about pregnancy, but scientists have concluded that it is safer than cigarettes for the general public. (7, 8, 27)



Nicotine in Human Milk

It is better to smoke and breastfeed than to smoke and use formula. (3, 9)

Risks of smoking while lactating: (3, 10)

- Decreased milk supply
- Decreased duration of milk production
- Increased incidence of SIDS
- Increased incidence of asthma in childhood

Harm Reduction

- Smoke outside or in another room, not in the car
- Smoke only right after feeding baby
- Designate a “smoking jacket”
- Wash your hands



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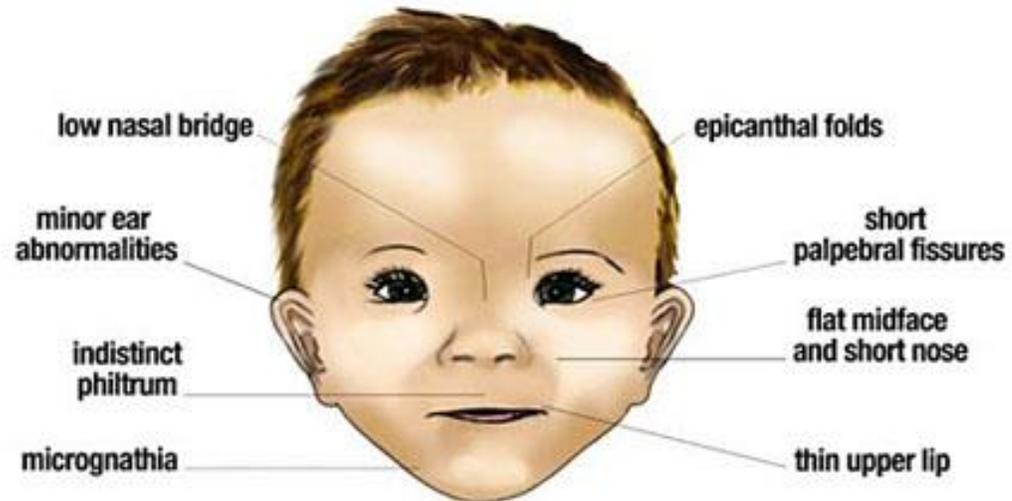
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Alcohol in Pregnancy

- BY FAR the most harmful substance in pregnancy.
- Decreased absorption of nutrients, including folic acid. (11)
- Exacerbates common problems of pregnancy: sleep, circulation, constipation, blood pressure, immune function (11)
- Increased incidence of miscarriage (12) and placenta problems (13)
- Risk of child services involvement
- Fetal Alcohol Spectrum Disorder (12)
 - Unpredictable
 - Incidence as high as 2-5%
 - Developmental delay
 - Low birth weight
 - Temporary facial anomalies
 - Preterm birth



Harm Reduction for Alcohol in Pregnancy

- There is no established safe amount or safe trimester to drink alcohol.
- Stop drinking if you are planning to become pregnant
 - 75% of people planning to become pregnant do not stop drinking
- It's healthier for **you** to drink less while pregnant, even if we don't know how it will affect your baby's odds of FASD.
- Eat healthy, take your prenatal vitamins, drink lots of water, and make safety plans for yourself and your kids if you are unable to quit.



Alcohol in Human Milk

- Does not induce let down (14)
- Associated with many of the same problems as prenatal exposure. (14, 15)

Standard drinks:

Beer- 12oz

Wine- 5oz

Liquor- 1.5oz

Harm Reduction

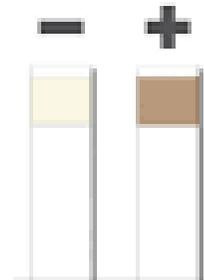
- No safe amount established
- Test strips available wherever baby products are sold
- Wait 3-4 hours after one standard drink before providing milk (14, 15)
- Plan ahead by pumping and storing milk if you are going to drink



+



or



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Caffeine in Pregnancy/Lactation



- Low birth weight (16, 18)
- There is conflicting evidence about miscarriage (18)
- No association with birth defects (18)
- Caffeine passes into breast milk (17, 18) and there have been reports of irritability in infants exposed to high doses. (18)



Harm Reduction

- Limit your intake to about a 12oz cup of coffee per day, or 200mg (18)
- Decrease or stop if you or your baby has trouble sleeping or stomach upset, or if you have high blood pressure or heart disease.

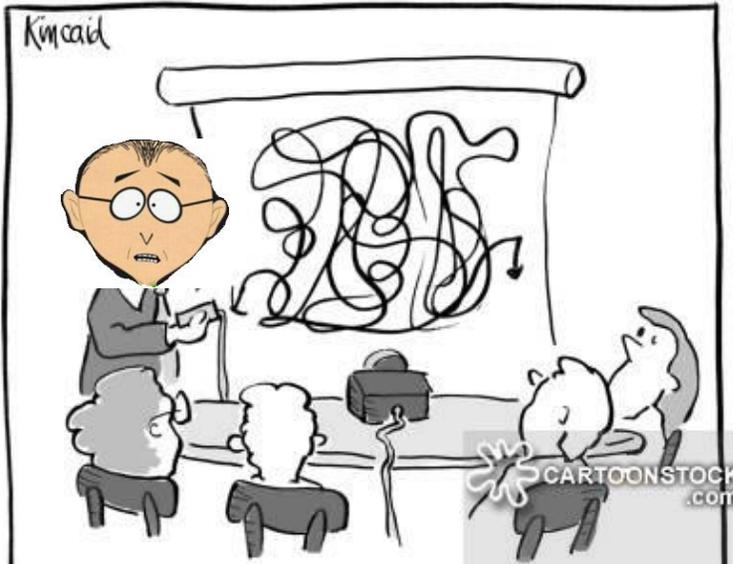
Cannabis in Pregnancy/Lactation

- Evidence about cannabis in pregnancy is very hard to interpret, due to its illegal status, widespread use, and difficulty publishing positive studies.
- Some studies report improved nausea, (19, 20) and some report worse nausea. (21, 22)
- Evidence for neurobehavioral development and birth weight is conflicting, with some studies showing impairment, some showing improvement, and some showing no differences at all. (23, 24, 25, 26)
- It is well established that there is no link to congenital anomalies, preterm birth, cancer, or feeding problems. (26)
- Smoking anything is bad for your heart, lungs, and circulation.
- Cannabis can increase heart rate and blood pressure.
- Contaminants may be present in flower or dabs.
- Emerging evidence links dabbing to rare complications. (28)

There is no good data separating the effects of cannabis in pregnancy from cannabis in breastfeeding.



Reefer Madness in Research



- This article makes no sense, yet is widely cited: *Astley, S. J., Little, R. E., (1990). Maternal marijuana use during lactation and infant development at one year. Neurotoxicology and Teratology, 12(2), 161-168.*
- **Game of telephone:** Cannabis and poor feeding.
- **Nonsense:** Pregnant people choose to use cannabis because it is cheaper than cigarettes.
- **Logical fallacy:** Cannabis users should not breastfeed because parenting is impaired by intoxication.
- Alternatives to medicinal cannabis usually have worse safety data.

Harm Reduction for Cannabis

- Most actual harms are imposed by our systems, not due to the drug.
- Blood and urine may test positive for as long as 3 weeks after exposure.
- Use any method other than smoking:
 - If eating, take very small amount and wait 2 hours before taking more.
 - There is no pregnancy data on dabbing.
 - Lotions and salves applied to skin will not cause intoxication or positive drug test.
- Decreasing or stopping use may improve morning sickness for some people.
- Stop or decrease use if you have cardiovascular disease, or feel that your mental health is worsening.



Questions?



JoellePuccio@outlook.com



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