Amphetamines

**Drug Information;**
Amphetamines belong to a group of drugs called ‘psychostimulants’. Amphetamines stimulate the central nervous system, which speeds up the messages going to and from the brain to the body. It alters moods in different ways, depending on how it is taken. Adverse effects range from mild to severe, depending on the dose of amphetamine used and other drugs being used.

Amphetamines are commonly known as ‘speed’. MDMA or ‘ecstasy’ is a designer drug related to amphetamines. Amphetamines usually appear as a whitish yellow powder, and occasionally in liquid form. Amphetamines in its smoked form is often referred to ‘ice’, ‘chalk’, ‘glass’, ‘shabu’ or ‘crystal meth’.

**Effects on Pregnancy;**
Using amphetamines during pregnancy can affect the baby's development before birth and has been linked with early labour and miscarriage. Amphetamines also cause the heart rate of mother and baby to increase. It is also known to cause poor appetite in the mother and high blood pressure, with reduced blood flow to the placenta resulting in the baby being smaller at birth.

It is difficult to determine what effect amphetamine use will have on your pregnancy. This is because different types of amphetamines vary in their make up. Some substances can be harmful to the developing pregnancy.

Amphetamine use in pregnancy may increase the risk of:
- Reduced blood flow and oxygen to the baby from the narrowing of the blood vessels
- Miscarriage
- Prematurity
- Bleeding from the site of the placenta (afterbirth)
- Reduced growth of your baby in pregnancy
- Stillbirth

Amphetamine use in pregnancy has been linked to increased risk of the following abnormalities to the foetus:
- Smaller head size
- Eye problems
- Cleft lip and palate
- Delayed motor development
- Limb Defects
- Changes to the brain which may cause bleeding
- Heart abnormalities

If you are sharing injecting equipment, there is an increased risk of contracting blood borne viruses such as Hepatitis and HIV. These infections will affect your health and your pregnancy.

**Counselling;**
Pregnancy is a good motivator to reduce or cease amphetamine use. The negative effects on ongoing amphetamine use are extreme agitation, paranoia, psychosis hallucinations and unpredictable violent/aggressive behaviour. Parental aggressiveness, unpredictable behaviour and fluctuating mood may be directly threatening on infants and children.

Children may become hyperaroused in environments when their parents are on amphetamines. Counselling can assist you in becoming aware of how the effects of your drug use impacts on yourself and infant. Counselling can assist you explore the appropriate treatment options (withdrawal, pharmacotherapy, residential and outpatient programs) and help you address underlying issues related to your drug use.
Pregnancy Care:
- Talking about your amphetamine use can be difficult, particularly when you are pregnant. If possible, talk with a health professional about your amphetamine use in early pregnancy. Getting information and advice in early pregnancy can help you have a healthy pregnancy.

- It is recommended that you seek the appropriate advice through a health professional to reduce and/or cease amphetamine use in pregnancy. When you reduce or cease, you may experience physical and psychological withdrawal symptoms. Drug and alcohol services can support you and assist you to withdraw safely. Regular pregnancy care is important to ensure you are healthy and your baby is developing and growing well.

- Amphetamine use can result in reduced appetite. This may lead to poor eating in pregnancy. A dietician can assist with these concerns. You may need to take iron, calcium and vitamin supplements during your pregnancy and after the birth of your baby. Get advice from your doctor, midwife or dietician before taking supplements.

- If there is concern about your baby's growth and wellbeing, an ultrasound and monitoring will be organised by your doctor or midwife.

- Try to reduce your use during pregnancy; you will be reducing the risks to the baby and lessen the severity of withdrawal.

- You may need dietary supplements such as iron and calcium throughout your pregnancy. All women should take folate before conceiving and for at least the first three months of their pregnancy.

- Nausea, vomiting and constipation commonly occur in pregnancy. Speak with your midwife or doctor; they may refer you to a dietitian.

- Eating well during pregnancy and whilst you are breastfeeding is important for the health of you and your baby.

Breastfeeding:
Amphetamines concentrate in breast milk and may cause poor sleep patterns and irritability in the infant. The long term effects are unknown, and it is best avoided. High doses may also reduce milk production. Not much is known about the effects of amphetamines on the mother during breastfeeding.

Your baby will be seen by the paediatrician (baby doctor) in hospital. Some babies may experience withdrawal symptoms in the first few weeks and may require a longer stay in hospital. Babies may be over-active, irritable and unsettled. Some infants have been shown to experience poor sleep patterns and less muscle tone. They may also have a high pitched cry and breathing difficulties. Some babies may need care in Special Care Nursery.

Amphetamine use can make parenting difficult for you and unsafe for your baby. You may experience uncomfortable physical symptoms, including difficulty sleeping, restlessness and irritability. Use of large amounts of amphetamines is associated with violent behaviour and can cause psychosis.

Caring for your new baby is enjoyable, but also demanding. Coming down off amphetamines can also make parenting difficult for you and unsafe for your baby. You may experience tension, mood swings, depression and exhaustion.

Infant Development:
It is not clear if amphetamine use in pregnancy has other long term effects on babies. However, studies have suggested that babies exposed to amphetamine may have impaired growth, behavioural and learning difficulties. Studies have indicated that low birth weight small babies may have issues with obesity and diabetes as older children or adults.
Care of Infant;
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Sudden Infant Death Syndrome;
SIDS is the sudden unexpected death of a baby from no known cause. It is the most common cause of death for infants in Australia between the ages of one and twelve months. The risk of SIDS is greater if you smoke or use drugs and alcohol during pregnancy or after your baby is born.

For more information, speak with your midwife or doctor or contact SIDS and Kids by phoning, for the cost of a local call, 1300 308 307 or visit the SIDS and Kids website, http://www.sidsandkids.org

Other Services;
DirectLine is part of Turning Point’s statewide telephone service network, providing 24-hour, seven day counselling, information and referral to alcohol and drug treatment and support services throughout Victoria. DirectLine is a free, anonymous and confidential service.