Cocaine and Pregnancy

This sheet talks about the risks that exposure to cocaine 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 is cocaine?
Cocaine is a local anesthetic and a powerful stimulant of the central nervous system. Recreational cocaine use is by inhalation, or by smoking crack, a cocaine derivative.

Is there any safe amount of cocaine I can use during pregnancy?
No. Researchers have not determined just how much cocaine it takes to cause birth defects and other adverse outcomes for an exposed baby. It is recommended that cocaine, in any amount or any form, be avoided during pregnancy.

How long does cocaine stay in my body after use?
Cocaine by-products can be found in the urine of the pregnant woman, and for 2 to 7 days in the newborn after the drug is used.

When I use cocaine, does it get into my baby’s body too?
Yes. Cocaine crosses the placenta and enters the baby’s circulation. Cocaine can be found in both the urine and the hair of an exposed newborn. Cocaine is cleared more slowly in the fetus and newborn than in an adult. Therefore, the cocaine remains in the baby’s body for a longer period of time.

I have heard that cocaine can cause a miscarriage. Is this true?
Yes. During the early months of pregnancy, cocaine exposure may increase the risk for miscarriage. Later in pregnancy, cocaine use can cause the placenta to separate from the wall of the uterus before labor begins. This condition, called placental abruption, can lead to extensive bleeding and can be fatal for both the mother and baby. Cocaine may also increase the risk for premature delivery.

What types of birth defects can cocaine cause?
Most babies exposed to cocaine during pregnancy do not have a birth defect. The risk for a birth defect appears to be greater when the mother has used cocaine frequently during the pregnancy. Birth defects that have been reported with maternal cocaine use include abnormalities of the brain, skull, face, eyes, heart, limbs, intestines, genitals, and urinary tract.

Can cocaine cause other problems besides miscarriage and birth defects?
Yes. Cocaine-exposed infants, especially those exposed near birth, have been found to be more irritable, jittery, and have interrupted sleep patterns, visual disturbances, and problems with sensory stimulation. Some of these complications may last 8 to 10 weeks after birth or even longer. Cocaine can cause significant central nervous system problems that may not be seen until the child is older. These effects may include delays in learning and behavioral changes. Abnormal muscle tone, slower growth rate, language difficulties and an increased need for special education in school-aged children have been reported.

What if my baby is born too early or too small? What will this mean?
Babies of mothers who use cocaine during pregnancy tend to weigh less, be shorter in length, and have smaller heads than babies born without exposure to cocaine. Babies with low birth weight are more likely to die in their first month than normal weight babies are. They are also more likely to have life-long disabilities, including learning, visual, and hearing problems. Since cocaine can reduce the supply of nutrients and oxygen to the baby, even full-term newborns may have low birth weight.
Cocaine may increase the risk for preterm delivery. Babies who are born prematurely often start life with serious health problems, especially breathing difficulties. These babies may also have an intracranial hemorrhage (stroke) before or soon after birth, and this can cause permanent brain damage and other disabilities.

**If I can’t stop using cocaine during my pregnancy, will my baby be born addicted?**

Withdrawal symptoms have been reported in the newborns of mothers who have used cocaine during pregnancy. These may include increased irritability, tremulousness, muscular rigidity, poor sucking ability that hampers feeding, sleeplessness, and hyperactivity or, in some cases, tiredness. Less frequently observed symptoms have been vomiting, diarrhea, and seizures. These symptoms usually start at 1 to 2 days after birth and symptoms are most severe on days 2 and 3. Even though it may be difficult, you should seek prenatal care immediately and let your obstetrician know about your cocaine use so that he/she can prepare for the best care for you and your baby after delivery.

**What about using cocaine and other drugs at the same time?**

Using other drugs, including alcohol or cigarettes, can also harm the baby and has been shown to intensify the effects of cocaine on the baby. The combined effect of cocaine and other drugs may be worse than cocaine alone.

**Is it a problem if the baby’s father is using cocaine when I get pregnant?**

Cocaine appears in the semen and may reduce the number of sperm or increase the number of abnormal sperm. This can result in fertility problems. Cocaine binds to sperm. Authors of one study suggested that delivery of cocaine by the sperm to the egg might be associated with developmental problems. No birth defects have been identified as a direct result of paternal exposure to cocaine. However, the safest approach is for a man to avoid cocaine use three months prior to conception when sperm are developing.

**Is there any way to know if my baby has been harmed before delivery?**

If you are concerned that your baby may have a birth defect or other problem due to cocaine use, you should speak to your health care provider. He/she can evaluate your situation and recommend any available tests. A level II ultrasound may be able to identify major malformations caused by prenatal exposure to cocaine. However, there are no tests available that can be done prenatally to determine whether a developmental disability will be present. The pediatrician who will care for your baby should also be informed of any concerns you have.

**What about cocaine use while I breastfeed?**

Cocaine has been found in breast milk. Some infants show signs of cocaine intoxication following nursing. Based on these reports, an infant should not be given breast milk following cocaine use by the mother. You should never apply the cocaine to your nipples to treat soreness. This is extremely dangerous for the baby and is known to cause seizures in the infant. The American Academy of Pediatrics strongly recommends that cocaine not be used during breastfeeding.

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**Selected References:**


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