

NEWS • CORONAVIRUS NEWS

Substance Abuse among Pregnant Women on the Rise During COVID-19

By [Amanda Krupa, MSc](#) | Updated on March 17, 2021

Fact checked by [Nick Blackmer](#)



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Key Takeaways

- Many pregnant and postpartum women are engaging in unhealthy behaviors to cope with the stress of the pandemic—including drugs and alcohol.
- Right now, marijuana is the number one substance for which women seek treatment during pregnancy.
- The rise of telemedicine has created additional touchpoints for substance use treatment and prenatal care.

The number of people struggling with substance use disorders has gone up during COVID-19, and a new study out of Washington State University COVID-19 Infant, Maternal, and Family Health Research Collaborative suggests pregnant women are included in this group.^[1]

“Mental health issues have greatly increased across all demographics of people during the pandemic, but pregnant and postpartum women were a group already vulnerable and at-risk for health and well-being issues before COVID-19,” lead author of the study [Celestina Barbosa-Leiker, PhD](#), associate dean for research and an associate professor in the College of Nursing at Washington State University, tells Verywell. “Taken together, the added stressors caused by the pandemic are key predictors for substance use and I think it’s safe to say we’ll see more pregnant women struggling to cope and needing treatment in the months and years ahead.”

Over the past year, [Crystal Smith, PhD](#), an assistant research professor at Washington State University Elson S. Floyd College of Medicine, has been researching substance use in pregnant women and gathering insights directly from the women themselves about their experiences. Her preliminary findings illustrate that pregnant women didn’t suddenly become substance users to cope with a crisis—there’s more to it, often dating back to their pre-pregnancy mental state.

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“We found pre-COVID-19 reports of poorer mental health were significantly associated with the number of substances these women used to cope with the pandemic,” Smith tells Verywell. “Not surprisingly, elevated levels of stress and depressive symptoms and poorer mental health at the first time point during the COVID-19 pandemic were also significantly related to higher numbers of substances used at the second time point during the COVID-19 pandemic.”

Substance Use Disorders in Pregnancy

A [substance use disorder](#), also known as drug addiction, is persistent drug use that leads to health problems and affects relationships at work, school or home. If a woman is pregnant, drug use can also affect her developing fetus.

The rate of substance use in pregnancy has increased significantly in the past decade—coinciding with the opioid epidemic.^[2]

According to [Alta DeRoo, MD, FACOG, FASAM](#), an OBGYN and addiction medicine physician who is medical director of the three Better Ford Centers in California, the most common drugs pregnant women receive treatment for include alcohol, marijuana, methamphetamine, and

opioids. “People are often self-medicating for their untreated mental illness,” she tells Verywell. “It’s a good thing to keep in mind when we think of the things that contribute to substance use.”

Alcohol

Most of the pregnant women DeRoo sees are struggling with alcohol addiction; most are young, white, and single with high school education. “We know 18–25-year-old women have the highest alcohol intake,” DeRoo says in reference to 2019 data from the Substance Abuse and Mental Health Services Administration (SAMHSA).^[3] “This is ripe childbearing age.”

Alcohol exposure in pregnancy puts a baby at risk for a range of deficits known as [fetal alcohol syndrome \(FAS\)](#), a lifelong condition that causes many physical and mental disabilities, including abnormal facial features, growth deficiencies, and central nervous system problems.

Related: [Study: Who Is Drinking More Alcohol During COVID-19?](#)

About 6–9% of babies born in the U.S. have FAS, according to the Centers for Disease Control and Prevention (CDC)—similar in prevalence to Trisomy 21 or Down Syndrome.^[4]

“There is no safe amount of alcohol during pregnancy,” DeRoo says. “If we can stop women from drinking in pregnancy, it is the number one way we can prevent a known physical and mental deficit to the baby.”

Marijuana

Right now, marijuana is the number one substance for which women seek treatment during pregnancy.^[5] DeRoo says this is likely due to its “perceived safety in pregnancy and the recent legalization trends of recreational use across many states.” A study published in *Morbidity and Mortality Weekly Report* found that more than 40% of women who were marijuana users before pregnancy continued to during pregnancy.^[6]

In 2019, the U.S. Food and Drug Administration issued a statement “strongly” advising women not to use cannabis in any form—including CBD—when pregnant or breastfeeding, because it may pose “serious risks.”^[7] For example, THC, the main psychoactive component of cannabis, crosses the placenta and can affect fetal brain development in the prefrontal cortex—resulting in problems with executive functioning as a child ages.^[8] There’s also evidence it can be passed through breast milk.

Research from the University of Colorado Anschutz Medical Campus also showed pregnant women who use cannabis are 50% more likely to have babies who weigh less at birth—regardless of maternal age, race, level of education, and tobacco use during pregnancy.^[9]

Unfortunately, many marijuana dispensaries continue to market their products to treat morning sickness and nausea in the first trimester. In fact, a researcher posing as a pregnant woman called 400 Colorado dispensaries asking about products for morning sickness; almost 70% recommended marijuana.^[10]

“In our past research on cannabis, we heard moms are getting their medical advice from budtenders at marijuana dispensaries instead of their healthcare provider,” Barbosa-Leiker says. “They see it as a safer alternative to smoking tobacco or drinking alcohol. Many also see it as the best form of medical management to work through trauma, stress, depression, bipolar disorder, or an unsafe relationship; it isn’t just for fun or out of boredom.”

Both the American Academy of Pediatrics (AAP)^[11] and the American College of Obstetricians and Gynecologists (ACOG)^[12] recommend women avoid using marijuana while trying to get pregnant, during pregnancy, and while they are breastfeeding.

Opioids

Since the start of the pandemic, the opioid epidemic has taken an increasing toll on pregnant women and infants nationwide—especially in parts of the Northwest.^[13] In West Virginia, 5% of infants born in the state were diagnosed with neonatal abstinence syndrome (NAS)/neonatal opioid withdrawal syndrome (NOWS) in 2017 and the percentage is expected to climb.^[14]

NAS/NOWS is a condition caused by a mother’s use of opioids like heroin and prescribed medicines such as codeine and oxycodone during pregnancy. “If you can think of an adult withdrawing from opioids, the same thing happens to babies three to five days after birth,” DeRoo says. “Some babies have diarrhea, they’re jittery, difficult to console, sensitive to light, and they don’t want to eat.” These symptoms can result in serious illness if left untreated, including death.

On March 3, 2021, the American Medical Association issued a brief reporting increases in opioid- and other drug-related overdoses during COVID-19.^[15] It says, “More than 40 states have reported increases in opioid-related mortality as well as ongoing concerns for those with a mental illness or substance use disorder.”

Related: [Dual Services Needed for Domestic Violence and Opioid Use, Researchers Say](#)

Barbosa-Leiker says every pregnant woman with a substance use disorder her team has spoken with was using before pregnancy. “One woman told us she was taking ten ibuprofen a day to manage chronic pain after a car accident and then unexpectedly found out she was pregnant,” Barbosa-Leiker says.

DeRoo says it is possible for pregnant women to safely detox cold turkey from opioids if they wanted to without any risk to the fetus but calls this a “short-term fix” risking relapse and further harm to the baby.

What This Means For You

If you or a loved one is pregnant or postpartum and struggling with substance use or addiction, help is available. Contact the [Substance Abuse and Mental Health Services Administration \(SAMHSA\) National Helpline](#) at 1-800-662-4357 for information on support and treatment facilities in your area.

Rise in Telemedicine Creates Improved Access to Care

At Boston Medical Center's RESPECT clinic, the majority of pregnant women receiving prenatal care have primary [opioid use disorder \(OUD\)](#) treated with medication, as recommended by ACOG.^[16] In the era of COVID-19, this means they receive:

- Six to eight telemedicine visits per month (weekly nurse call, and every other week OBGYN, psychiatry, and social work calls)
- Biweekly to weekly in-person visits

According to a recent study in the *Journal of Substance Abuse Treatment*, this new care delivery model may be another silver lining to come out of the pandemic as it's provided the flexibility to have many more patient touchpoints.^[17]

Related: [A Phone Call a Day Can Reduce COVID-19 Loneliness](#)

Future Interventions to Break the Cycle of Addiction

During the pandemic, DeRoo says many former Betty Ford Center patients have relapsed. "COVID provided a perfect environment of isolation and prevented the human connection that others need in recovery, however, we were able to keep our doors open to welcome back those in recovery," DeRoo says. This cycle of addiction, she adds, can be broken for a new generation with education and outreach to children and parents—especially those who are at a higher risk. For the substance use disorder to develop, one needs exposure to that substance.

With 80% of teens saying their parents are the biggest influence on their decision to drink, according to the AAP, communication early and often about the dangers of substance use is essential.^[18] AAP recommends parents:

- Bring up the topic casually in a non-threatening way
- Share real stories of their life or when they have seen alcohol hurt people
- Be clear about their expectations regarding drinking
- Be honest

Whenever a healthcare provider is screening for substance use, Barbosa-Leiker stresses the importance of maintaining a caring and nonjudgmental attitude. "If a pregnant mother feels judged, she is more likely to avoid prenatal care altogether," she says.

Smith recommends improved mental health programs during pregnancy and postpartum. "If we could tailor interventions to address increased stress and depression, we may also mitigate the emergence of greater substance use among pregnant women during a pandemic," Smith says.

The information in this article is current as of the date listed, which means newer information may be available when you read this. For the most recent updates on COVID-19, visit our [coronavirus news page](#).

18 Sources

By [Amanda Krupa, MSc](#)

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