

# Methamphetamine

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This sheet is about exposure to methamphetamine in pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

## ***What is methamphetamine?***

Methamphetamine is also known as metamfetamine, methylamphetamine, and desoxyephedrine. Methamphetamine is sometimes prescribed by a healthcare provider for attention deficit hyperactivity disorder (ADHD). A brand name for this use is Desoxyn®. However, methamphetamine is highly addictive and is more commonly used illegally for recreation. Methamphetamine has also been called “meth,” “crystal meth,” “crank,” “speed” or “ice.”

Methamphetamine has been smoked, snorted, swallowed, injected, inhaled, taken rectally, or dissolved under the tongue.

## ***I take methamphetamine. Can it make it harder for me to get pregnant?***

Methamphetamine has not been studied to see if using it could make it harder to get pregnant.

## ***I just found out that I am pregnant, should I stop taking methamphetamine?***

If you are taking methamphetamine as prescribed by your healthcare provider, talk with your healthcare provider before stopping this medication. If you are going to stop using this medication, your healthcare provider might talk with you about slowly reducing your dose over time. Stopping this medication suddenly or “cold turkey” can cause withdrawal in some people.

If you are using methamphetamine at higher doses or longer than prescribed healthcare providers or using without a prescription (i.e. misuse or “abuse” of methamphetamine), treatment is available to help you stop. Talk to your healthcare provider as soon as possible so that you can start treatment. If you do not have a healthcare provider, call the national number for drug treatment referral at 800-662-4357. When you call, let them know that you are pregnant so that you can get routed to the best facility to meet your needs.

## ***Does taking methamphetamine increase the chance of miscarriage?***

Miscarriage can occur in any pregnancy. Some studies have suggested that methamphetamine use could increase the chance for pregnancy loss.

## ***Does taking methamphetamine increase the chance of birth defects?***

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. Overall, the studies of methamphetamine use do not show an increased chance of birth defects, especially when used as prescribed. However, there is mixed information on whether methamphetamine increases the chance of birth defects in the pregnancy of people who misuse methamphetamines. Some people who misuse methamphetamine have also used other drugs or alcohol. This makes it difficult to know the actual risks for each person who uses methamphetamine.

## ***Does taking methamphetamine in pregnancy increase the chance of other pregnancy related problems?***

Methamphetamine misuse has been associated with a greater chance for preterm delivery (delivery before 37 weeks of pregnancy), poor growth (babies born too small and/or with a small head size), and low birth weight (weighing less than 5 pounds, 8 ounces (2500 grams) at birth). Some, but not all studies, have also suggested that methamphetamine misuse in pregnancy can increase the chance for high blood pressure, placental abruption (the placenta pulls away from the uterus) and for sudden infant death syndrome (SIDS). Some studies also show an association between methamphetamine misuse and a higher chance of postpartum mood disorders. Pregnancy complications are more likely to happen when methamphetamine is misused throughout the whole pregnancy or when taken at high doses.

Some people who misuse methamphetamine may have other habits that can result in health problems that could be harmful for both the person who is pregnant and the pregnancy. For example, a poor diet can lead to not having enough nutrients to support a healthy pregnancy. Sharing needles to inject methamphetamine increases the risk of

getting diseases like hepatitis C and/or HIV, which can cross the placenta and infect the baby.

***Will my baby have withdrawal if I continue to take methamphetamine?***

When people who are pregnant use methamphetamines near the end of their pregnancy, babies could show signs of withdrawal after they are born. Symptoms for the newborn can include trouble eating, sleeping too little or sleeping too much, having floppy (poor) muscle control or tight muscles, being jittery, and / or having a hard time breathing. Withdrawal symptoms usually go away within a few weeks but can last for a few months. The baby might need to be admitted to the special care nursery (NICU).

***Does taking methamphetamine in pregnancy affect future behavior or learning for the child?***

Studies have suggested that children who were exposed to methamphetamine during pregnancy could have a higher chance for changes in their brain development, as well as learning difficulties and behavior problems later in life. People who misuse methamphetamine might also use other drugs, alcohol, and / or cigarettes, which can increase the chance of having a baby with learning and behavioral problems.

***What can I do to find out if the baby has a birth defect or other problems?***

It is important to tell your healthcare provider what you have taken during your pregnancy. They can offer you a detailed ultrasound to screen for some birth defects and can also help you find treatment or support. There is no test in pregnancy that can look for learning problems. Once your baby is born, you should also tell your child's doctor who can look for early warning signs of problems and give your child extra help, if needed.

***Breastfeeding while taking methamphetamine:***

Methamphetamine can pass into breast milk and has been detected in the blood and urine of breastfeeding babies. Prescription methamphetamine use has not been studied in nursing infants and it is not known how it may affect the baby. Methamphetamine should not be misused / used as a recreational drug while breastfeeding. If methamphetamine has already been used, it has been recommended to not breastfeed for 48 hours. During this time breast milk should be expressed and discarded. Be sure to discuss your breastfeeding questions with your healthcare provider.

***If a male takes methamphetamine, could it affect fertility (ability to get partner pregnant) or increase the chance of birth defects?***

Methamphetamine misuse might affect the sperm, making it harder to become pregnant. In general, exposures that fathers or sperm donors have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at <https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/>,

**Please click here to view references.**

**Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://mothertobaby.org).**

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