

Pregnancy and Skydiving

Becoming a skydiver is a life changing event, and a wonderful life experience. So is having a baby.

Although the two are not mutually exclusive, the decision to have a baby creates the need for some complex decision making for the skydiving parents-to-be.

This is a huge and under researched topic. There is plenty of information out there for expectant mothers. There is very little specific to the expectant skydiver. So here are some of the facts, some things to think about, some experiences of other women. Then it is up to each individual to make decisions according to what is right for her, her partner and her baby.

Preconception

If you are planning to start a pregnancy, there are some things to think about now that can make a difference later. This stuff applies to everyone, not just skydivers.

General Health

Makes sense to be healthy before you start. Good diet, healthy weight range, exercise, start to lighten up on the partying. Have a dental check up. Vitamin supplement including folic acid is a good idea, having been shown to reduce the incidence of some birth defects. Avoid supplemental vitamin A if you are pregnant. If you smoke, give up now. The research has long proven multiple detriments to the baby whose mother smoked during pregnancy. Be in as good a physical shape as you can. It makes things easier.

Selecting Health Care

The government of this country promotes the use of private medical care and has largely degraded the public system over a number of years. Good pregnancy and childbirth care is still available in public hospitals but your choices will be limited in regards which doctor provides your care, and how much flexibility you will have in your plans for labour.

Private health care will allow you to find an obstetrician sympathetic to your needs as a sportswoman, who can offer you some broad guidance about risks involved. You will have to consider any advice you are given will be from someone who has no real

understanding of what it is, as a skydiver, that you do, and will largely be guessing about the level of risk. Expect them to tell you to stop skydiving, as in these litigious times; to do anything else would be almost professional suicide. Do your research and find a doctor who is prepared to give your situation some thought, and who will monitor your health with an open mind. Private cover is expensive and there are rules about how long you have been paying premiums before you are covered. So plan ahead.

A good family GP who will share-care with the public hospital is a great alternative if you find yourself pregnant unexpectedly or if you can't afford private health cover. You will need a good GP with your new family in the future as well, so find one now that you can relate to and trust and stick with them.

Financial Planning

Don't underestimate the cost of having a family, plan for it now and get used to the idea. Reduction in wages is a huge one unless you are lucky enough to have paid maternity leave. Postnatally the expense of childcare amongst other things will have an impact on the funds you have available to jump with.

Issues During Pregnancy

These issues are more specifically related to skydiving. There is a lot to consider, in no specific order.

Risk of Miscarriage

One in every three pregnancies ends in a miscarriage, which is defined as spontaneous loss of a pregnancy before 20 weeks gestation. This is usually nature's way of discontinuing a pregnancy that is unlikely to produce a healthy baby. Miscarriage is rarely caused by minor falls or injuries, muscular strain, extreme physical activity or emotional trauma. At 12 weeks the growing foetus is about the size of your little finger, and at 16 weeks, the size of your palm and is extremely well protected in the uterus. While miscarriage can be blamed on many things the truth is that it is usually impossible to pinpoint the actual cause. A history of previous miscarriages would probably make skydiving unwise, if for no other reason than you won't be able to blame yourself if it occurs again. Otherwise, if miscarriage happens in an otherwise healthy pregnancy, it probably would have happened whether you had been skydiving or not.

Morning Sickness

Can happen any time of the day, and any time during pregnancy, more commonly in the first 12 weeks. The severity can be extreme in some cases. With reference to skydiving, the onset can be sudden so it may be a good idea to have a little sick bag in your jumpsuit pocket somewhere. If you suffer from morning sickness you will probably not feel like jumping while it is acute anyway. Keep your fluids up.

Centre of Gravity

This changes during pregnancy, so that the expectant mum's centre of gravity lowers and moves forward as the pregnancy grows. This can create issues of balance and stability, with some mother's experiencing an increase in general clumsiness. Worth considering when planning your landings. Probably not the time to downsize to your new ultra high performance canopy.

Blood Pressure

Pregnancy usually results in a substantially lower blood pressure as hormonal changes relax the walls of the blood vessels throughout the body, sometimes resulting in dizziness or fainting. It is usually mild and transient and does not cause a lot of problems. In the other extreme, a complication of pregnancy known as pre-eclampsia, results in severe high blood pressure which can cause medical emergencies for both mother and baby. Skydiving is definitely out of the question for anyone experiencing elevated blood pressure which often requires hospitalization and bedrest.

Emotional Changes and Fatigue

These vary in intensity and nature in each individual, and it can be surprising how affected even the most rational thinker can be. Some women experience an improvement in general emotional well being, the opposite is also true. Although generalizations are impossible it is probably enough to be aware that these changes can happen. Try to be objective about whether this represents any threat to sound judgment when choosing to get on board a jump plane, particularly when tired, as is often the case in pregnancy. Increased sensitivity to the opinions of your fellow jumpers in relation to your decision to jump or to sit it out, is something that has been mentioned to me by more than one person. Justify your reasons to yourself as there will always be vocal and conflicting opinions.

Pelvic Floor Changes

The pelvic floor during pregnancy suspends an increasing load which can lead urinary incontinence when stressed. This may be significant anywhere that G-forces are applied, for example: in the aircraft, under a spiraling or mal-functioning canopy, "snatch" force (my apologies) on a hard opening. In the case of an extremely hard opening, the high pressure applied to a ripe cervix in late pregnancy could logically cause risk of inducing labour. I have been able to find no evidence that this has happened, but it seems worthy of consideration to anyone still jumping in the last three months of pregnancy. Pelvic floor exercises are a must for everyone, but in particular they are important for skydivers.

Hypoxia

This seems to be an issue of particular focus; however the risks would appear to be low. Blood oxygen saturation is only marginally reduced for the short periods of high altitude in a jump plane, and babies in utero are polycythaemic (the opposite to anaemia) to enable them to transport enough oxygen second hand from their mother's blood stream. Thus they are already adapted to a low oxygen environment. The reduction in oxygen to the baby on the ride to height would be much less than the reduction in oxygen they would experience if their mother smoked a cigarette. Which leads us to ...

Substance Use

There is no point tippy toeing around this one. The social side of our sport includes a lifestyle of having fun. Substance use, both legal and illegal have huge implications on pregnancies. Inform yourself about the dangers and make your choices accordingly. Be aware that even moderate use of alcohol in pregnancy can have permanent implications on your child's future.

Overheating

Sustained periods of overheating can have implications on the baby, particularly early in pregnancy during the growth and development of the brain and major organs. Consider this if jumping or packing strenuously in the mid summer heat. Avoid dehydration, drink plenty of water before you get thirsty and remember that your daily energy needs will go up as well.

Changes in physical shape and dimensions

The standard rule of thumb is that a healthy pregnancy should include 12kgs of weight gain. In reality this varies and gains of 20kgs are not uncommon.

Therefore:

- Your wing loading is going up, possibly by up to 25%
- Your fall rate will increase, particularly with the aerodynamics of your belly
- The fit of your harness may change
- You may not be able to wear your jumpsuit/freelysuit

Breast enlargement, while fun, includes persistent tenderness, so the location of your chest strap will become important. In later pregnancy movement in the plane will become more difficult with exit order and climbout order becoming significant.

Injury Risks

If you are already an experienced jumper, you will be aware of the limits of your own skill. Pregnancy is probably not the time to be testing these limits. It is not the time to be doing your AFF course, or learning to freefly or to radically size down your canopy. The risk of injury to your baby does exist. The risk of injury to yourself is increased. However this is true of many daily activities such as driving a car or swimming in the surf, and many of these risks can be managed so that they are calculated.

Although it is contentious, the medical profession generally accepts that a hormone called "relaxin" softens the joints, particularly in the pelvis, during pregnancy to facilitate the passage of the baby during birth. Unfortunately, there is increased softening and flexibility in all the joints which increases vulnerability to injury and sprains. Choose jumping conditions wisely to assist good landings. Pregnancy is not a good time to find yourself in a cast.

Any type of jump which could lead to a contact injury, particularly a blow to the stomach should be avoided. For example; freefly collisions are dangerous at any time, but in spite

of being well protected, a kick to the abdomen can cause a placental abruption, where the placenta shears away from the wall of the uterus, resulting in a medical emergency for mother and baby. The consequence of this injury can be fatal to both, and the risks increase as the pregnancy advances. This risk can be managed by controlling the type of jump and who you are with. Avoid potential funnels, the novice freeflyer, the combat starcrest. Stay within the limits of your own skills. Use common sense.

Postnatal Issues

The biggest changes for skydivers who have babies come postnatally, when fitting a baby into the dropzone routine can become a real challenge.

Returning to Jumping

Not everyone feels comfortable with jumping once they have started a family and priorities change. When to jump again is a personal choice based on physical and emotional issues, and can be a surprisingly difficult decision for many women. Physically, much depends on the type of delivery you have had. Post caesarian will require a substantially longer recovery time. Rule of thumb professionally is 6 weeks post caesarian for any strenuous activity or exercise. Much will depend on wound healing, your own comfort and readiness. Expect to be tired. Very tired. Don't push yourself to jump if you are. Fatigue contributes to accidents.

Breastfeeding

Breast tenderness is likely to continue for the duration that you feed your baby and chest strap and jumpsuit fit and accessibility need to be thought about. Having a bottle of expressed breast milk available for your baby while you are in the air is a good idea in the early days, if you want to exclusively breastfeed.

Childcare

You will have to make the choice of on or off dropzone and be organized. If you are keen to jump, organize someone to look after the baby before you get to the dropzone. If your partner jumps then you share the responsibilities in whatever way works for you both. This still doesn't solve the problem for when you want to jump together. It will be some years before the kids are old enough to entertain themselves safely between loads.

Educate kids early about dropzone rules. They need to know where they are allowed to be and absolutely where not to be. Teach them proper respect for the gear and for other jumpers, educate them about how to behave in areas where people are packing and involve them in simple tasks that include them in the dropzone lifestyle.

Conclusions

There is little research and no clear guidelines about jumping while pregnant. Advice from members of the general public will simply always be “don’t”. Inform yourself as well as you can, think about the risks, listen to your body, talk to your partner.

Take care of yourself as well as you can. Be realistic, jumping is out of the question if any complications or additional risks exist in your pregnancy. This includes: any spotting or bleeding, multiple pregnancy, history of miscarriages, premature labour or stillbirths, high blood pressure, headaches, fainting spells. Get good medical care as early as possible and be guided by your doctors and midwives as to the progress of your pregnancy and any problems. Speak to as many skydivers as you can find who have been through the experience. Everyone will have an opinion, but do what is right for you.

Blue skies and happy babies!

Leanne Critchley
RN, RM, Bachelor of Nursing, Cert NNIC.



Skydiving Mums...their stories

some local stories, and some from dropzone.com.....

I had about 950 jumps when I got pregnant many moons ago. My first advice is to make sure your obstetrician honestly understands the risks, and honestly understands you. Because, if his reaction is just NO, then she's pretty useless as a resource unless you're actually going to quit jumping. But if you just ignore your OB, then you lose the advantage of his expertise if there are special situations with your pregnancy. And that's why you're paying her all that money besides catching the baby on the way out).

If your doctor tells you that in YOUR CASE, because of (xxx -- whatever might apply), you should not jump, then it's time to listen. Because there ARE times when people shouldn't. But that's why you need an OB who doesn't have a knee-jerk reaction.

I jumped until about 5 months; my OB (experienced with jumpers) said I should probably quit at 5 1/2, but I really felt like quitting at about 5 (it's HOT in Texas in the summer). She also advised me to take down whatever I was doing one notch; don't try anything new, and don't be embarrassed to sit out a jump. As your pregnancy progresses, it can do things to your coordination -- this is an individual thing, so it's just a CAN, not a WILL.

If your coordination is affected, you REALLY want to listen to your body. Because you will be heavier than you are used to being, and your centre of gravity will be different from the usual. You'll probably feel more debilitated by the heat. You'll need to eat and drink more regularly. I went into labour while I was helping teach an ICC, and had a healthy 9 1/2 lb boy from an unexpected C-section. I was jumping again 6 weeks later, and went on a ski vacation a month after that. So it worked. My son is healthy, and extremely good-looking and intelligent

Wendy W.

I am due on the 25th of this month and cant wait for this little sprog to be out of my uterus! I am sure you would have heard that heaps being a midwife!

Ok I didnt find out I was preggers till the four and a half month mark so I was still jumping when I was pregnant...the reason I stopped was because of the wing loading!! I thought I was putting on weight despite doing more exercise, then the periods stopped...that gave it away!! I have had an excellent pregnancy as I quit smoking and drinking and anything bad and kept up the exercise and everything is normal including very normal blood pressure with no swelling.

I haven't been jumping for a while now so stagnated at 174 jumps as of last time I jumped I have my own gear now finally! (Ah the joys of having a job!!)

My partner knew I was a jumper before we hooked up and is very supportive in getting me back into the sky as soon as I can after this is born. I will be out the DZ before that as I obviously need to get current again and he has helped by starting a little savings account for me for jumping...yeah he's a keeper!! He wants to do a tandem but on the condition I stay on the ground which is fair enough...

Andrea

At the time of falling pregnant I was 23 and in the 'honeymoon' stage of my skydiving love affair. I'd been jumping for two years, had my own set of gear, a couple of new jumpsuits, a cabin at the drop zone, a skydiving boyfriend, the whole shebang. I spent every weekend from Friday arvo to Sunday evening at the DZ jumping my arse off, laughing at whuffos and wondering what I ever did with my weekends before I jumped.

Pregnancy was simply not part of the plan.

My own fears for the future were tough enough. The disappointing reaction from some people didn't help. But the decision of whether or not to continue to jump was heartbreaking.

At first I opted for denial - I won't think about it and whatever will be will be. I did a couple of jumps with that mindset, but after a nasty fall on landing (I was also overcoming a recent knee injury) my conscience started to wear on me. What were the risks?

Hard landings were an obvious danger. But even without a major frap in, the body undergoes considerable physiological stresses with plane flight, freefall and canopy deployment. What were the implications for a developing foetus?

My GP pleaded ignorance. The APF had no guidelines. And information from other jumpers was purely anecdotal and conflicting - I heard of one girl who jumped until her third trimester without any problems. Another story of how sustained time above 10,000' could bring on labour and/or induce haemorrhaging.

Working on a hospital campus afforded me access to medical libraries, but (surprise surprise!) little information was available on skydiving during pregnancy. The closest I could find was information on the effects of hypoxia on pregnant mice, and after reading a bit about brain damage and neural tube defects I was sufficiently freaked out to put jumping on hold for a while. The idea of a complete miscarriage brought on by skydiving was bad enough, but what about non-lethal complications? Especially those that could not be clinically detected. If by chance life had dealt me a disabled child I could have coped with that. But to think that in some way I had contributed to it..? I don't think I could have handled the guilt. And I just didn't have enough information to weigh up the risks and make an informed choice.

Ultimately the decision to jump during pregnancy came down to this: - if something happened to my unborn child as a result of my choice to jump, could I live with myself knowing that it was my fault? As skydivers we evaluate and take risks all the time. But with our own lives, not with others. In the big scheme of things, nine months is not an eternity. Disability is for a lifetime.

Eight years down the track I now have two children but I'm still jumping, albeit with different priorities, different goals, and a renewed appreciation for what makes this sport great. It still rocks! Looking back it's hard to remember why a few months not jumping was such a big deal. If you stay in the sport long enough there will always be another load, another carton-worthy event, another 'unmissable' boogie. Sure, some opportunities will be missed but new ones will present themselves. And watching my two little wannabe-skydivers run around happily more than compensates for anything I missed out on.

Paula

Hi! My first child has 45 jumps in utero... However, this is after 18 years and 4500 jumps completely solo. I quit at 20 weeks, mostly because it was August in Arizona (canopy landings suck) and I went on light duty at work. Hard to justify not being able to do my firefighter/paramedic job but still skydive.

I was very careful about the conditions that I would jump in and opted to borrow a larger canopy for a few jumps as well. I also did not make as many in a day... definitely a listen to your body thing.

I did not tell my mid-wife that I was skydiving. I did ask about doing "adventure sports" if I'd already been doing them for a while. She didn't recommend water skiing or horseback riding. (I guess skydiving never occurred to her).

I'm now pregnant with my second child. First is 15mos old. I'm 15 weeks now. This one only has two jumps- due to various reasons, difficulty in finding a babysitter for the dropzone, schedule conflicts, and I was very fatigued and sick with morning sickness (all day) my first trimester. When I had the opportunity to jump, I didn't always feel well enough. Another factor is that I'm heavier than I want to be from my first pregnancy. So I'm already maxing out my 135. I'm cool with that in a non-pregnant state, but am now much more protective. The good news is that I will have new gear when this child is born and will be able to jump sooner!

The main thing is, you must listen to your body. I don't know that I'd go against what my ob said (which is why I didn't tell her in the first place), but if she changes her mind, listen to what your body tells you. Gauge the conditions and don't jump in anything but the perfect conditions. I organized the Montana Women's state records when I was carrying Sierra. I didn't make too many a day, and I didn't jump in the winds that I otherwise would have. You have to dive within your comfort level.

L

I have 4 kids. With all of my pregnancies I continued to skydive until between the 5th or 7th month. My Dr., who was a pilot and didn't agree with skydiving, always told me to "do what I normally did" which meant that he didn't want to hear what I did but if that is what I normally did go ahead. I was always cautious about the loads I went on and the conditions of the weather. I used my husband's larger canopy for softer landings. I'd been skydiving for 4 years before I had my first baby and I was very comfortable with it. At the stage where the baby got so big that I felt its weight upon parachute opening was the determined last jump in all pregnancies. It wasn't that the weight of the baby was painful, it just felt weird and I felt at that time I should give it a rest for my own peace of mind. I would take a couple months off then and go back as soon as 5 days afterward depending on how hard the delivery was. My first baby is now 15 years old and she is fine as are all the others so I really do not think that jumping while pregnant is a bad thing as long as you take precautions and do everything safely. Which I can't imagine that you wouldn't since you is asking about it. Use your own good judgment and I think you'll be fine. Feel free to email me if you have any questions.

At this point my kids aren't able to skydive yet although my first is getting close (next year) but they are great packers which makes the skydiving easier at this point for me. Plus makes their bank accounts grow rapidly for college! It's hard to skydive at first with a baby but keep it up, it gets easier.

Vi

I quit skydiving my 4th month of pregnancy. It is a personal choice. Frankly, after about 4 months I would have had to start rolling out of the Cesna. I felt comfortable with my decision.

I know women who packed tandems well into their 8th month of pregnancy. So I felt somewhat wimpy in comparison.

You definitely need to take everything into consideration that you normally do when you skydive and multiply that by two. What I mean by that is that you need to be a little more careful. Don't jump out of your comfort zone. Remember, if you have a bad landing, so does your baby.

If this is your first child and you continue to jump after you have your baby, you will be faced with the same predicament. To continue or not to continue to jump? I have seen many people continue and others leave the sport after they had children.

I think I hit my prime in the sport when my daughter was a year old. (Well, I hope I am still in my prime and stay there for a while) but what I mean is that I chose to continue and grow in the sport.

Trust me in that your baby will change everything especially your outlook on life. You will always have at least 2 people to consider from here on out.

Personally, I am just waiting for mine to turn 5 so I can teach her to pack.
Lori.

I am a nurse, massage therapist and skydiver. I got pregnant about 2 years ago with my first girl. I didn't know I was pregnant at first and had about 5 jumps. Once I found out, I kept jumping, and told everyone who packed my rig to make it nice and slow on opening. My non-jumping family and friends were beside themselves. I went to a birth centre which employed only midwives, who encouraged education and personal responsibility. They did not tell me whether I should jump or not. They advised me to ask others and listen to my body. That's what I did. It was summertime and at 4 months, I started to feel hypoxic at 13,500, and the heat began to make me feel queasy. But I jumped a few more times until I had that damned hard opening. I quit jumping at 4 months. It was torture to get my Parachutist every month and have to stay on the ground while my husband got to go play. I was back in the air 8 weeks after she was born. I had no complications at any time. Just a great pregnancy and sweet happy girl.

Now, I am recently pregnant again, 6 weeks along. I am still jumping, listening to my body, and hoping for soft openings. When I start to get anxious, uncomfortable, or dizzy, I will quit. You can ask me any questions. I have such a wonderful little girl, I am going to do everything as close to the same as I can...

Party Animal's Guide to: Mums, Babies and Drugs

The first twelve weeks of interuterine life is the most important in the life time of a human being. It is during this embryonic period that all of the body's significant structures and organs are being formed. This is when the embryo is most vulnerable to the effects of drugs that are known to cause birth defects. The baby's brain cells and central nervous system continue to grow and develop even after birth. Hence these organ systems may continue to be affected by the drugs taken for the duration of pregnancy. Drugs like tobacco, though not linked with birth defects can affect the baby's weigh, size and breathing systems.

Whilst not all drugs are known to cause physical abnormalities, other types of effects may occur. After the baby's organs have developed, drugs may impact on the baby's health the same way as they affect adults. For example, a dependency may form on drugs like valium, alcohol and heroin to the extent that he or she will experience withdrawal signs and symptoms when the supply of the drug is stopped.

Alcohol

Drinking more than 2 standard drinks per day during pregnancy has been associated with a higher risk of

- Miscarriage
- Stillbirth
- Premature birth
- Intellectual disability or Foetal Alcohol Syndrome (FAS)
- Physical abnormalities
- Growth retardation
- Withdrawal symptoms from the baby after birth

Alcohol dependency can create situations of great risk for both mother and baby if detoxification is attempted. This should only be done under medical supervision as a symptom of withdrawal can be seizures which can result in decreased oxygen to the brain of the mother and to the baby via the placenta. Dependency to the level of getting the morning shakes is serious enough to advise not to abstain from drinking suddenly.

Marijuana

To date all studies and research on the short and long term effects of marijuana usage in pregnancy have proved inconclusive or are still being assessed.

It is thought that marijuana leads to a higher risk of

- Growth retardation
- Longer labours
- Possible congenital defects
- Disturbed sleeping patterns in newborns.

Later on, some children of women who used marijuana heavily in pregnancy have shown evidence of reduced short term memory and concentration.

Tobacco

There is no recommended safe level of smoking during pregnancy or any other time. The more cigarettes smoked the more likely complications may occur. The carbon monoxide inhaled in tobacco smokes competes with oxygen being delivered to the baby, leading to a higher risk of

- Miscarriage
- Stillbirth
- Placental problems
- Premature birth
- Growth retardation
- Impaired rehearsal breathing
- Breathing illnesses and infections
- Sudden Infant Death Syndrome (SIDS or cot death)

Nicotine is a stimulant drug that may cause miscarriage, so tobacco replacement therapy ie; patches, should only be used after you've talked to your doctor. In addition, passive smoking of any kind increases the risk of cot death, breathing illnesses and infection.

Caffeine

There is some uncertainty about what constitutes a safe dose of caffeine in pregnancy, but it is generally recommended to restrict daily intake to under 200mgs. Consuming more than this can interfere with interuterine resting periods before birth, and can produce withdrawal symptoms in the baby after birth. The amount of caffeine found in drinks varies a lot but here are some approximate values:

- Expresso coffee..... up to 150mg a cup
- Instant coffee.....up to 60mg a cup
- Cola drinks.....40mg per can
- Tea30mg..... per cup
- Chocolate drinks.....up to 40mgs per cup

When consumed in large amounts during pregnancy, (600mgs or more per day), caffeine has been linked with

- Miscarriage
- Stillbirth
- Low birth weight in the baby







Benzodiazepines

Research into drugs such as valium, rohypnol, serepax and normison and their use in pregnancy is inconsistent. Some studies suggest that there is a higher incidence of facial abnormalities such as cleft lip and palate, although the incidence is still low. These drugs must be weaned slowly as sudden withdrawal causes distressing symptoms which can include seizures, for the mother and baby.

Cocaine, MDMA, LSD and Amphetamines

These drugs are stimulants, and hallucinogenics and have similar effects on pregnancies, causing increased heart rates in mother and baby. Blood vessels constrict and the supply of oxygen and nutrients to the baby is reduced, causing interference to growth. Some research suggests that higher rates of malformations of the heart, limbs face and genito-urinary tract may occur in babies exposed to these substances in pregnancy. Coke and speed also increase the risk of placental abruption (where the placenta breaks away from the wall of the uterus) which is a medical emergency for mother and baby.

Use of stimulants in pregnancy is also associated with a higher risk of









-  Miscarriage
-  Premature birth
-  Growth retardation
-  Stroke or heart failure in the baby
-  Placental complications
-  Withdrawal Symptoms in babies

Heroin

Heroin itself is not linked with any deformities or malformations in the developing baby, the lifestyle associated with dependent use can have harmful effects. The fact that heroin is often mixed or cut with other drugs and substances that may be harmful should also be taken into account.

The effect of heroin withdrawal on the developing baby can be severe. Heroin can also interfere with the ability to maintain the pregnancy.

Heroin use during pregnancy has been associated with a higher risk of:

-  Miscarriage
-  Stillbirth
-  Premature birth
-  Risks associated with injecting
-  Growth retardation
-  Withdrawal in the newborn
-  Miscarriage or stillbirth if stopped suddenly
-  Higher incidence of SIDS

Adapted from:

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