Increasing Consumption of Crystal Meth in Saxony and its Risks for Mother and Child – Experiences at a Level I Perinatal Center from a Pediatric Viewpoint

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Drug abuse during pregnancy represents a risk factor for disturbance in fetal development and subsequent child health. Besides nicotine and alcohol, opioids have been the predominant source of drug abuse in the past. Currently the use of methamphetamine represents an increasing problem in the general population and mainly among young people. Therefore, methamphetamine consumption during pregnancy represents a relevant issue for professionals involved in the care of pregnant women and newborns. The present paper reports on the initial experiences at Dresden University’s Carl Gustav Carus Hospital with the treatment of newborns whose mothers consumed methamphetamines during pregnancy, and is intended draw attention to the challenges of adequate interdisciplinary treatment of the child, mother and family. In total, 129 mothers and their newborn children with prenatal methamphetamine exposure (PME) were treated in the perinatal center between 2007 and 2015.

Women who consumed methamphetamines during pregnancy were less likely to participate in preventive examination during pregnancy; only 48% had their first pregnancy examination by the 12th week (compared to 90% of pregnant women in Saxony). At delivery, the majority of the methamphetamine consumers were identified through a focused anamnesis; often they declared that they had ceased consuming drugs when they discovered they were pregnant. 103 of 129 pregnant (80%) agreed to a urine drug-screening, and findings were positive in two thirds, which suggests methamphetamine consumption shortly prior to delivery.

After PME newborn children did not evidence neonatal abstinence syndrome as described in opioid withdrawal. Symptoms found in newborns were rather heterogeneous and seem to oscillate between regulation by the sympathetic nervous system and the parasympathetic nervous system (▶ Fig. 1), a finding that remains unclear but could be explained by co-consumption of other drugs. Besides the high risk of a preterm birth and subsequent short- and long-term problems, a variety of other problems were found in newborns with PME such as problems with the heart, urogenital system, and central nervous system.

Pregnancy and the perinatal period represent a good window in which to help mothers and their infants. Therefore, a special program was developed at Dresden University Hospital that combines obstetrical, neonatal and psychiatric expertise together with local support programs. Based on initial experiences, the “Dresdner Versorgungspfad Crystal” has been shown to be effective, and a standardized evaluation is planned. This integrated and trans-sectoral care path has several advantages. It does not interrupt contact between mother and child but instead promotes mother-child interaction and mothering; this complex treatment facilitates the sense of coherence perceived by the mother as the child’s primary caregiver. It uses the vulnerable period to provide appropriate help for mothers and it considers maternal drug addiction as a disease that requires appropriate treatment rather than punishment.

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