Why Love Isn't Enough! Part One:
Pre-Natal Drug and/or Alcohol Exposure

This is the first in this series of posts on related challenging topics. There is an Introduction to the series. Seven topics are to follow (Part Two, Part Three, Part Four, Part Five, Part Six, Part Seven, Part Eight).

You may want to print this post or others in the series. Study them, returning to them over time. Review the resources that are embedded within the articles. Keep them handy! They will make valuable references post-adoption. As you educate yourself, ask, "What does this information mean for me as the parent?" "What will this mean for the children I already parent?" "What does this mean for the child I am adopting?"

Prenatal drug and alcohol exposure is a concern in the US as well as in many sending countries. Among the substances most commonly used inappropriately during pregnancy are tobacco, alcohol, marijuana, opiates (cocaine, heroin and methadone are opiates for example) and methamphetamines.

Studies estimate that at least 13%-45% of the children from the former Soviet bloc nations (and Romania) have full-fledged Fetal Alcohol Syndrome (FAS) and another 60% were exposed prenatally to alcohol These statistics would indicate that a very large proportion of children from these countries may eventually be diagnosed with issues which fall along the continuum of Fetal Alcohol Spectrum Disorders (FASD) (Chasnoff, Schwartz, Pratt & Neuberger, 2006.)

In the United States, FASD is the leading known preventable cause of mental retardation and birth defects, and a leading known cause of learning disabilities! (NOFAS, online.)

How many would-be adoptive parents are aware of these statistics, have educated themselves about FASD and are prepared to deal with it?

There appears to be a growing trend of heroin use by women from Asian countries and from Central and South America. Heroin use has made a resurgence in Eastern Europe and the former Soviet Countries. (Center for Adoption Medicine, online.) In addition, cocaine and marijuana use in the South American countries continues at high levels, including among women of child-bearing age (Chasnoff, Schwartz, Pratt & Neuberger, 2006.)

Certainly the US is not immune to tobacco, cocaine, heroin, or marijuana usage during pregnancy! The rates of specific drug usage in various countries are included in the blog article "Prenatal Drug Exposures." Click on the headings in the article to locate the country statistics.

How many adopting parents know about these trends and have educated themselves about the effects of pre-natal exposure to opiates, methamphetamines, and marijuana in case their children present with resulting problems?

Complicating this topic is that it may be difficult for the adoptive family to know whether or not, and if so, which specific types of substances were utilized by the birthmother of their child during her pregnancy. This is because obtaining such information is often via self-report rather than by toxicology screening upon the birth of the child. Birthparents feel shame about such use and have not been well enough counseled about the importance to their child's future health, growth and well being to rise above that shame and pass along this information to adoptive parents.

It is important for prospective parents to realize that no one substance can be associated with any one particular problem. This is because substance-abusing parents are more likely to utilize a combination of drugs and alcohol during a pregnancy. Therefore, it is difficult to sort out the effect of any individual substance.

Below are some of the known problems associated with alcohol, cocaine, marijuana and tobacco during pregnancy,

Tobacco

Tobacco is one of the most harmful substances a woman can use during pregnancy (Chasnoff, Schwartz, Pratt & Neuberger, 2006.) It produces a very high rate of babies of low birth weight (LBW), premature birth and health problems in the newborn and child. In addition, a woman who admits to using tobacco during pregnancy is more likely than a non-smoker to have used alcohol or illegal drugs as well. Premature birth is described below.

According to the Mayo Clinic, the risks of premature birth vary depending on how early a baby is born. Although survival is possible for babies born as early as 23 to 26 weeks, the risks are greatest for the youngest babies.

Complications of premature birth may include:

- Difficulty breathing
- Episodes of stopped breathing (apnea)
- Bleeding in the brain (intracranial hemorrhage)
- Fluid accumulation in the brain (hydrocephalus)
- Cerebral palsy and other neurological problems
- Vision problems
- Intestinal problems
- Developmental delays
- Learning disabilities
- Hearing problems

For some premature babies, difficulties associated with prematurity may not appear until later in childhood or even adulthood. Not performing well in school is often a prime concern. Some studies suggest that premature babies may face an increased risk of type II diabetes and cardiovascular disease in adulthood.

But not all preemies have medical or developmental problems. By 28 to 30 weeks gestation, the risk of serious complications is much lower. And for babies born between 32 and 36 weeks, most medical problems related to premature birth are short term.

Alcohol

An overview of the potential difficulties that result from pre-natal alcohol exposure is located at the Centers for Disease Control and Prevention fact sheet, Fetal Alcohol Spectrum Disorder. As this fact sheet makes clear, children exposed to alcohol prenatally may have,

- abnormal facial features
- small head size

- shorter than average height
- low body weight
- poor coordination
- hyperactive behavior
- difficulty paying attention
- poor memory
- difficulty in school, especially with math and reading
- learning disabilities
- speech and language delays
- difficulties understanding patterns (NOFAS, online)
- intellectual disability or low IQ
- poor reasoning and judgment skills; difficulty predicting “common sense” outcomes (NOFAS, online)
- sleep and sucking problems as a baby
- vision or hearing problems
- problems with the heart, kidneys or bones
- abnormalities of the limbs, hands or feet (NOFAS, online)

Children do not “outgrow” FASD and its serious consequences. They become adolescents and adults who may have difficulties with learning, attention, memory and problem solving (NOFAS, online.) FASD, then, becomes a lifelong problem for those affected and their families.

Prospective adoptive parents are encouraged to learn the terms utilized to describe the array of potential life-long problems that fall under the FASD umbrella: What is FASD? What is Fetal Alcohol Syndrome (FAS)? What is Alcohol-related Neurodevelopmental Disorder (ARND)? What is Alcohol-related Birth Defects (ARBD)?

Adoptive parents-to-be will find more than 15 books, websites, blogs and videos that cover FASD in detail in my previous post, Fetal Alcohol Spectrum Disorder: An Explosion of Information.

Opiates

Using any of the addictive opiates such as cocaine, heroin, methadone, codeine etc. during pregnancy can cause poor growth in the womb and premature labor. Infants exposed to these drugs can develop poor muscle tone and have difficulties interacting with their environment. Parents may see shaking, arching of the back, clenching of the fists, curling of the toes, trouble feeding, sleep disturbances and frequent startle reactions. For a new parent, these issues may feel rejecting or create guilt, in that the parent may be unable to console and enjoy their long-awaited child.

Prenatal cocaine/crack cocaine (the freebase form of cocaine that can be smoked) have been the subject of much debate sine the 1980’s. The current perspective is as follows:

Crack baby is a term for a child born to a mother who used crack cocaine during her pregnancy. There remains some dispute as to whether cocaine use during pregnancy poses a threat to the fetus. One complicating factor is the smoking of cigarettes, because almost all crack users also smoke cigarettes. The official opinion of the National Institute on Drug Abuse of the United States warns about health risks while cautioning against stereotyping:

Many may recall that at one time babies born to mothers who used crack cocaine while pregnant were written off by many as a lost generation. They were predicted to suffer from severe, irreversible damage, including reduced intelligence and social skills. It was later found that this was a gross exaggeration. However, the fact that most of these children appear normal should not be overinterpreted as indicating that there is no cause for concern. Using sophisticated technologies, scientists are now finding that exposure to cocaine during fetal development may lead to subtle, yet significant, later deficits in some children, including deficits in some aspects of cognitive performance, information-processing, and attention to tasks—abilities that are important for success in school.

Marijuana

Marijuana does not have a direct effect on the pregnancy, yet there is an impact on fetal brain development. Children whose mothers have used marijuana during pregnancy have a higher rate of learning and behavioral problems, especially related to planning and follow through with a task.

In conclusion, keep in mind that adoption agencies, orphanages, child welfare agencies, etc. can only tell prospective adoptive parents what they know to be true about a prospective child's background. Certainly, these agencies need to make full disclosure of all information that they have! Yet, many substance-abusing parents do not report their full history of drug and/or alcohol consumption. And the impact of prenatal drug and alcohol exposure (as with many other traumas) may only become clear as the child matures.

Love will not be enough to erase the long-term residual effects of a pregnant mother's use of tobacco, alcohol, opiates, marijuana, and other drugs. Nor will ignoring the possibility or "hoping for the best." A child won't "grow out of it" either. It will take information, therapy, special education, etc. to help the child recover to the best degree possible. Fortunately, today's adoptive family has a wealth of opportunity to investigate the needs presented by the international and domestic population of waiting children. Use the Internet and your local library. Attend trainings in your community, as well as national conferences. Connect with veteran adoptive families. Locate essential post-adoption services long before your new son or daughter arrives—perhaps even before you have been matched with a particular child. Early intervention is a key for each member of families built by adoption!