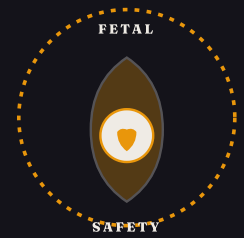


◆ NCLEX 2026 • CLINICAL JUDGMENT MEASUREMENT MODEL

Substance Use & Smoking in Pregnancy

● System: Maternal / Newborn Health ● High-Yield NGN Content ● Priority: Fetal Safety



01

◆ OVERVIEW

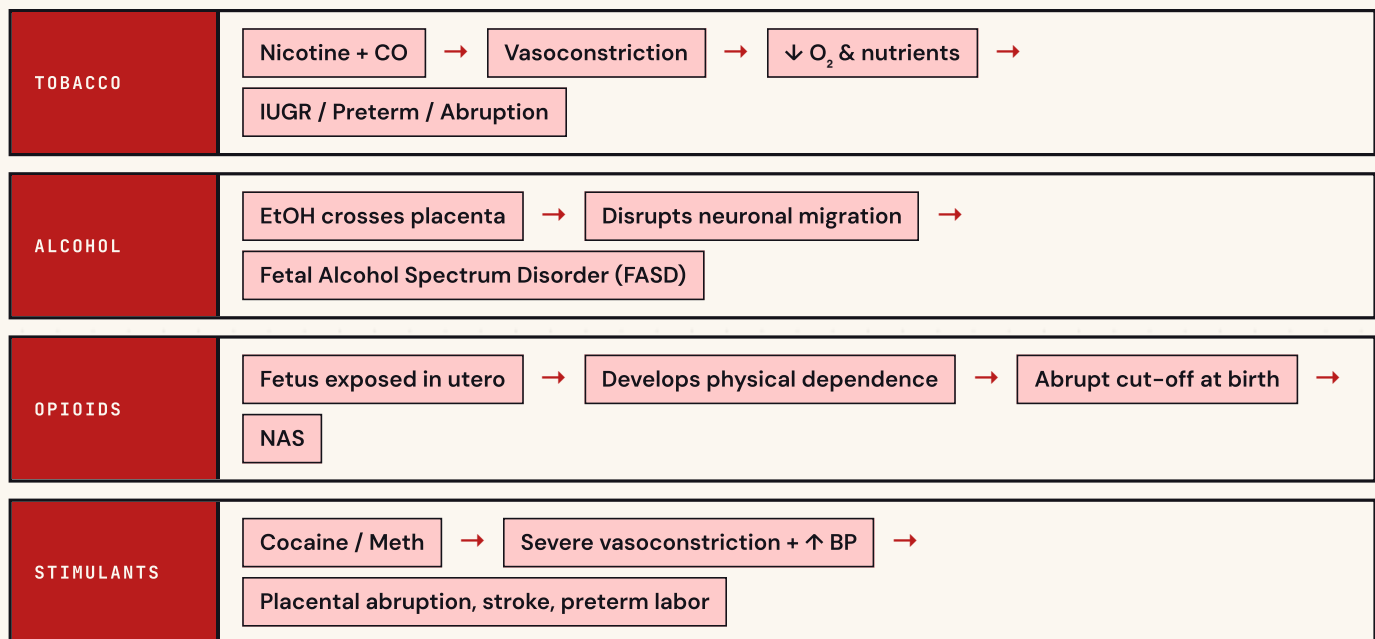
Definition & Why It Matters

- ◆ **Substance use in pregnancy** = maternal consumption of tobacco, alcohol, opioids, stimulants (cocaine, methamphetamine), or marijuana while pregnant.
- ◆ All substances cross the **placenta** — what the mother uses, the fetus uses. Effects are **teratogenic, hypoxic, or addictive**.
- ◆ Leading **preventable cause** of low birth weight, preterm birth, birth defects, and Neonatal Abstinence Syndrome (NAS).

02

◆ MECHANISM

Pathophysiology — Simplified



03

◆ ASSESSMENT

Signs & Symptoms by Substance

Tobacco / Nicotine

- ▶ Low birth weight (LBW)
- ▶ Preterm birth
- ▶ **Placental abruption & previa**
- ▶ Ectopic pregnancy risk ↑
- ▶ ↑ SIDS risk in infant
- ▶ Respiratory issues in newborn

Alcohol (EtOH)

- ▶ **FAS facial features:** smooth philtrum, thin upper lip, short palpebral fissures
- ▶ Microcephaly · IUGR
- ▶ Intellectual disability
- ▶ **CNS dysfunction & seizures**
- ▶ Cardiac & skeletal defects

Opioids (NAS)

- ▶ High-pitched cry · irritability
- ▶ Tremors · hypertonia · hyperreflexia
- ▶ Poor feeding · uncoordinated suck
- ▶ Diarrhea · vomiting · diaphoresis
- ▶ **Seizures · respiratory distress**
- ▶ Onset: heroin 24–72 h · methadone 5–10 d

Cocaine / Meth

- ▶ **Placental abruption (hallmark)**
- ▶ Preterm labor · PROM
- ▶ IUGR · microcephaly
- ▶ Maternal HTN crisis, stroke, MI
- ▶ Irritable jittery newborn

Marijuana / Cannabis

- ▶ Low birth weight · stillbirth risk ↑
- ▶ Long-term neurodevelopmental & attention deficits
- ▶ Passes into breast milk — **breastfeeding contraindicated while using**

04

♦ TAKE ACTION

Priority Nursing Interventions

A

Airway / Breathing — Mother & Newborn

ASSESS maternal respiratory rate (opioid OD → <12/min). **MONITOR** newborn for apnea & respiratory distress.
ADMINISTER naloxone *only* for maternal overdose.

C

Circulation — Fetal Perfusion

MONITOR continuous FHR. **ASSESS** for vaginal bleeding & rigid, board-like uterus (abruption). **CHECK** maternal BP trends (stimulants → HTN crisis).

S

Safety — Screen, Score, Support

SCREEN every prenatal visit using **5 P's** (nonjudgmental). **OBTAIN** urine toxicology with consent. **USE** **Finnegan Neonatal Abstinence Scoring Tool** q3–4 h for exposed newborns. **IMPLEMENT** seizure precautions.

P

Priority Care — NAS Newborn Bundle

SWADDLE snugly & hold skin-to-skin. **DIM** lights, minimize stimulation, cluster care. **OFFER** small frequent feeds with high-calorie formula. **REFER** mother to **methadone/buprenorphine program** — *never stop opioids abruptly* (fetal death risk).

05

♦ MEDS

Pharmacology

DRUG	MECHANISM	KEY SIDE EFFECTS	NURSING CONSIDERATIONS
Methadone OPIOID AGONIST	Long-acting full opioid agonist; prevents maternal withdrawal & fetal stress	Sedation · constipation · QT prolongation · NAS (delayed, prolonged)	Gold standard in pregnancy. Breastfeeding usually safe. Daily supervised dosing.
Buprenorphine PARTIAL OPIOID AGONIST	Partial μ -agonist → reduces cravings with ceiling effect	Milder NAS than methadone · headache · nausea	Preferred for milder NAS outcomes. Mono-product (Subutex) in pregnancy.
Naloxone (Narcan) OPIOID ANTAGONIST	Competitive μ -receptor blocker	Acute withdrawal · $\uparrow$ BP · fetal distress	⚠️ Only for overdose. Can precipitate preterm labor & fetal death.
Morphine (oral) OPIOID — NAS TX	Treats severe neonatal withdrawal symptoms	Respiratory depression · constipation	Wean slowly. Continue Finnegan scoring. Monitor RR & O ₂ sat.
Nicotine Replacement PARTIAL AGONIST	Delivers nicotine without combustion toxins	Skin irritation · palpitations · nausea	Case-by-case; behavioral counseling is first line in pregnancy.

06

♦ DON'T FALL FOR IT

NCLEX Test Traps



"Moderate wine is fine in the 3rd trimester."

✓ NO safe amount of alcohol exists at ANY point in pregnancy.



"Give naloxone to every opioid-exposed newborn."

✓ Only in overdose. In an exposed neonate it triggers severe withdrawal & seizures.



"NAS always appears right at birth."

✓ Heroin: 24–72 h. Methadone: 5–10 days — discharge teaching is critical.



"Detox the pregnant patient off opioids fast."

✓ Abrupt withdrawal → fetal distress & demise. Use methadone/buprenorphine maintenance.



"Mom on methadone shouldn't breastfeed."

✓ Breastfeeding is encouraged on methadone/buprenorphine (if no HIV / illicit use).



"Priority is odor of alcohol on breath."

✓ Priority = fetal oxygenation & safety. Assess FHR, bleeding, BP first.

07

♦ TEACH BACK

Patient Education

1

Abstinence is safest. No known safe level of tobacco, alcohol, or illicit drugs in pregnancy.

2

Secondhand smoke harms too — raises SIDS, LBW, & preterm risk. Keep home/car smoke-free.

3

Attend all prenatal visits. Early entry to care improves outcomes dramatically.

4

Safe sleep for infants: back to sleep, own crib, no co-sleeping — especially if mother smokes.

5

Treatment, not shame. Methadone or buprenorphine programs + AA/NA/SMART Recovery.

6

Calm the NAS newborn: swaddle, low lights, soft voices, small frequent feeds, skin-to-skin.

08

◆ LOCK IT IN

Memory Boosters

WITHDRAWAL — Neonatal Abstinence Syndrome

W Wakefulness (poor sleep)

I Irritability

T Tremors / Temp instability

H Hyperactivity / High-pitched cry

D Diarrhea / Diaphoresis

R Rhinorrhea / Respiratory distress

A Apnea / Autonomic dysfunction

W Weight loss / poor feeding

A Alkalosis (respiratory)

L Lacrimation (tearing)

FAS Face: 3 S's — Smooth philtrum • Short fissures • Slim upper lip

5 P's Screen: Parents • Peers • Partner • Past • Pregnancy

Abruption triad: pain + bleeding + rigid uterus

Cocaine ≠ Calm — think HTN, stroke, abruption

Methadone = Maintenance, NOT detox

Naloxone = Never (unless OD)