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Prenatal hazardous substance use and adverse birth outcomes

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Objective: Assess the relative effects of a variety of illicit and licit drugs on risk for adverse birth outcomes.

Methods: We used data from two large prospective investigations and recursive partitioning class analysis to identify relevant subgroups with differing risk levels. Available data included information on substance use as well as established risk factors for adverse birth outcomes.

Results: Compared to non-users aged 28-33, cocaine users were 5 times more likely than non-users to deliver preterm (95% CI: 2.32-13.29; p=0.0001). The odds for delivery of a small for gestational age infant for women who smoked more than two cigarettes daily, was 3.74 (95% CI: 2.47-5.65; p<0.0001) as compared to non-smokers. Similarly, less educated, nulliparous women who smoked 2 or fewer cigarettes daily were 4.12 times as likely (95% CI: 2.04-8.34; p<0.0001) to have a small for gestational age infant. Number of hazardous substances used was not a significant factor for either birth outcome.

Conclusions: Among our covariates, prenatal cocaine use is the predominant risk factor for preterm birth; while tobacco use was the primary risk factor predicting small for gestational age at delivery. Multi-substance use did not substantially increase risk of adverse birth outcomes over these risk factors.

Biography

Odayme Quesada completed her BS in University of Florida and is in her last year of medical school at Yale University School of Medicine. Odayme Quesada received the Doris Duke Fellowship for her work in prenatal hazardous substance use and adverse birth outcomes.