

PREGNANT DRUG USERS: SERVICE PROVISION IN THE LANCASTER AND MORECAMBE AREAS

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INTRODUCTION

Illicit drug use in pregnancy is a growing problem, which may be difficult to identify if women are not known to the drug services. A collaborative team-based approach is needed in order to gain women's trust and encourage them to engage with services.

HISTORY

Over the last ten years in this area there has been an increase in the number of babies born to women reporting drug use, particularly women who use opiate-based substances such as methadone and heroin. This has led to the development of a specialist service for these women throughout their pregnancy and beyond.

SERVICE PROVISION

The service provides a multi-disciplinary approach and includes:

- a named drug liaison midwife
- a named community drug team (CDT) social worker/key worker
- a named drug liaison link nurse from the neonatal unit (NNU)
- a drug liaison health visitor
- an obstetrician with an interest in drug/alcohol problems.

These professionals, along with a representative from the children's and family's team at social services, meet every two months to discuss the antenatal management of current clients.

Referrals come from a variety of sources – community drug team, drug liaison midwife, GPs, health visitors and the women themselves. The women are invited to attend these meetings, but unfortunately their attendance to date has been poor. Any problems are identified at these meetings and then actioned; eg social service referrals are made by the group as required.

In the last 18 months, 21 women have been referred to the service, the majority of whom are using methadone or heroin.

Service provision for these women and their infants also includes:

Maternity service

- antenatal screening and testing for HIV, Hep B, Hep C
- monitoring of maternal and fetal health

- advice and support
- sexual health advice
- parentcraft education on a one-to-one basis
- multi-agency working
- opportunity to tour NNU
- recognition and treatment of withdrawal
- support with caring for newborn.

Community drug/alcohol team

- consultant-led service
- fast-track referrals for pregnant women and their partners
- detox advice, in/out patient treatment
- substitute prescribing and stabilisation
- harm minimisation and relapse prevention
- post-birth package of care – home visits from CDT social worker/key worker and health visitor
- all mothers are offered social care interventions, eg advice on housing/social welfare, family interventions and accessing support.

CARE OF THE INFANT POST-DELIVERY

A protocol is in place to guide the care of the infant following delivery. Women are required to stay in hospital for a minimum period of 72 hours, in order to observe the infant for signs of withdrawal. Withdrawal symptoms usually present within 72 hours of delivery, although it should be noted that late withdrawal up to 14 days post-delivery has been reported. Infants are looked after by their mothers on the post-natal ward and only require admission to NNU if drug treatment for withdrawal is required, or other medical problems are evident. A booklet is also available, offering advice to parents on how to deal with withdrawal symptoms in their infants.

Of the 21 women seen in the last 18 months, seven of their infants required admission to NNU, but only two for the treatment of withdrawal symptoms.

CHILD PROTECTION

Parental problem drug use can cause serious harm to children at every age from conception to adulthood. Research indicates that there is an increased risk of child abuse and parental violence in drug-using families. However, drug users do not necessarily make bad parents and are therefore not routinely referred to social services. Each case is assessed on an individual basis.

Of the 21 women seen in the last 18 months, ten were referred to social services for advice and support, seven had no referral made and three had social services involvement which led to their infants being removed at birth.

This service continues to evolve in order to meet the needs of this specialist client group.

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- *Paula Lees is the named CDT social worker/key worker. She can be contacted on 01524 846106*

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Drug using parents, policy guidelines for inter agency Working. 1997

Hidden Harm. Responding to the needs of children of problem drug users. A CMD Report. 2004