

# LOCAL AIDS

INFORMATION FOR GENERAL PRACTITIONERS IN LOTHIAN

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## Pregnancy and drug misuse

Lothian has introduced a number of initiatives to improve the care of pregnant women with drug related problems and their newborn infants.

A comprehensive resource pack for professionals: '*Substance Misuse in Pregnancy*' has been produced. This document includes: guidelines on good practice; assessment and drug management advice; detailed information on maternity and neonate care. All GPs will be sent a copy of the pack in November and it will be accessible on the Intranet.

The new '*Managing Drug Users in General Practice*' handbook (4th Edition, 2003) also includes a concise section on the management of pregnant women with drug related problems, for easy reference.

A system of '**Link Midwives**' and '**Link Health Visitors**' for **substance misuse** has been established. Their role is to be a source of information, advice and support for local professionals. GPs are encouraged to make contact in order to foster closer working relationships and to establish effective local care management arrangements.

All pregnant women (and their substance-misusing partners) are given **priority access to drug treatment** by the CDPS and other drug services. Please refer in early pregnancy.

### Approach to care

Better pregnancy and infant outcomes are achieved when women receive good antenatal and postnatal care and care of their drug problems, even if they continue to use illicit drugs. A well co-ordinated **multi-disciplinary** approach is essential, with GPs playing a key role. Management should be **pragmatic**, with an emphasis on **harm reduction**. Care should be **non-judgemental** and tailored to the needs of the family, focusing on safety for both mother and baby.

### Effects of drug use on developing baby

Tobacco, alcohol and drug use are all associated with moderately increased rates of obstetric and paediatric mortality and morbidity. Impaired placental function and fetal growth can result in IUGR and a low birth weight baby. Injecting and chaotic drug use can increase the risk of pre-term labour. The risk of Sudden Infant Death Syndrome (SIDS) is increased and Neonatal Abstinence Syndrome (NAS) is common in babies born to women dependent on opioids and/or benzodiazepines.

### Pre-conceptual care

- Discuss effects of drug use on reproductive health (e.g. amenorrhoea, anovulation). Provide advice on how to prevent unwanted pregnancy.
- Sensitively enquire whether drug-using women plan to have children. Offer pre-conceptual care where appropriate (see resource pack for details).
- Offer Hep B immunisation, testing for HIV and HCV.

### Managing drug use during pregnancy

- Most substances are safe to stop immediately: tobacco, cannabis, stimulants, hallucinogens, volatile substances, 'designer' drugs and non-dependent alcohol use.
- Pregnant women who are opiate and/or benzodiazepine dependent should be warned *not* to suddenly stop taking these drugs.
- Encourage opiate dependent women to stabilise. This may mean increasing dose of methadone or converting from dihydrocodeine to methadone.
- If woman is injecting, discuss available support to help.
- Encourage benzodiazepine dependent women to consider a slow reduction.
- If woman wants to detox refer to CDPS and discuss with obstetrician/midwife.
- Discourage stimulant use (i.e. cocaine, 'crack', amphetamines). Heavy/dependent users should be referred to CDPS and a consultant obstetrician.

### Antenatal care

- Discuss importance of antenatal care when pregnancy is confirmed.
- Refer as usual to midwife with details of woman's drug/alcohol use and prescribed drugs.
- Discuss effects of tobacco, alcohol and drug use on baby. Give woman information booklet '*Pregnant... and using alcohol or drugs?*' (see resource pack).
- Reassess drug use and consider referral to CDPS.
- Consider daily dispensing to encourage stability.
- Consider issuing prescriptions at antenatal appointments.
- Agree multi-disciplinary care plan following booking appointment.
- Assess child care risk – refer to Social Work if concerns are identified.
- At 32 weeks discuss likelihood of NAS. Give parents information leaflet '*Caring for a baby with drug withdrawal symptoms*' (see resource pack).

### Intrapartum care

- Reassure women that adequate pain relief will be given in addition to prescribed drugs.
- Advise women not to 'self medicate' with non-prescribed drug use before labour ward admission.

### Postnatal care

- Breastfeeding should be encouraged.
- All babies born to drug dependent women should be observed in hospital for 72 hours. Babies with severe NAS will be transferred to Neonatal Unit/SCBU.
- Relapse in postnatal period is common. Reassess drug use and drug management. Assess impact on child care. Ensure Health Visitor has details of woman's drug use.