A Retrospective Audit of the Drugs in Pregnancy Service in Newcastle, NSW

Dr Natasha Perry, Josie Byrne, Elaine Murray, Stephen Ling, Prof. Ian Symonds, Assoc. Prof. Adrian Dunlop
Hunter New England Local Health District (HNELHD) Drug and Alcohol Clinical Services (DACS), NSW, Australia

Background

- Substance use during pregnancy affects maternal and infant health and is often associated with physical/mental health problems, psychosocial issues and child protection concerns.
- Early identification, comprehensive specialist assessment and coordinated multidisciplinary treatment is vital to outcomes for both women and infants.

Service Development

1983	Establishment of the 'high risk' antenatal clinic (weekly) for women with complex psychosocial issues at Mater Hospital.
1991	Clinic moved to John Hunter Hosp.
1995	DACS Consultation Liaison RN starts regularly attending clinic.
2000	Community DACS RN starts attending regularly
2003	DACS Staff Specialist attends the clinic regularly.
2009	The NSW Mental Health and Drug and Alcohol Office (MHDAO) reviewed public Substance Use in Pregnancy Services.
2015	Recommendations implemented: ✓ Clinical guidelines implemented ✓ Partnership with FACS

Model of Care

- Women enter treatment through a range of entry points.
- Psychosocial assessment occurs at first presentation to antenatal clinic.
- If women disclose substance use during drug and alcohol screening they are referred for a comprehensive drug and alcohol assessment with a consultant, registrar and registered nurse.
- The woman's and unborn infant's health are discussed and a treatment plan for harm minimisation and/or withdrawal management and support.
- Multidisciplinary collaboration and clinical coordination is shared between consultants in Addiction Medicine, Obstetrics and Neonatology.
- A client collaborative treatment plan is developed including: advocacy, case management and support for drug and alcohol treatment (e.g. women's health, withdrawal management, counselling, rehabilitation, pharmacology) and psychosocial needs (child protection, parenting, accommodation etc.) and infant health needs (fetal monitoring, FASD, NAS).
- A multidisciplinary meeting is held weekly to discuss progress and care planning until six weeks postnatally.

Method

Participants

- Pregnant women (*M* = 27.8 years, range 17 – 43 years) with identified substance use (in addition to tobacco).

Procedure

- A retrospective analysis of the antenatal hospital records of women who attended the 'Drugs in Pregnancy' service at the John Hunter Hospital (JHH) between 2010 – 2015 occurred.
- Data recorded included:
  - Age
  - Primary substance of concern
  - Opiate substitution therapy
  - Fetal death
  - Miscarriage

Key Findings

- Referrals have almost doubled since 2010.
- Cannabis and amphetamines have progressively increased each year.
- Assumptions of care at birth have reduced.

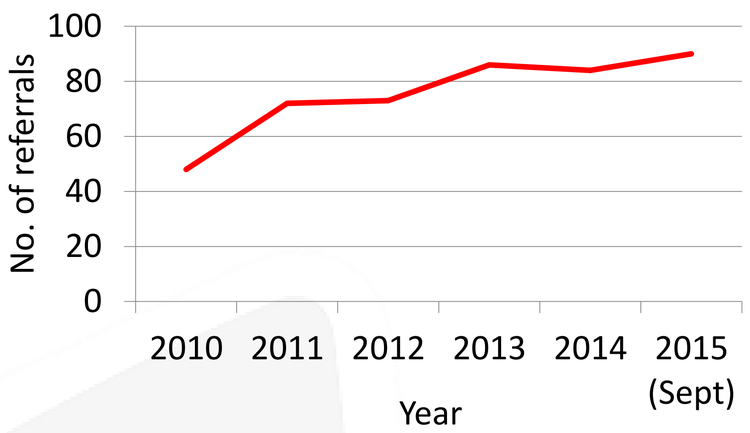

Figure 1. *Total number of referrals.*

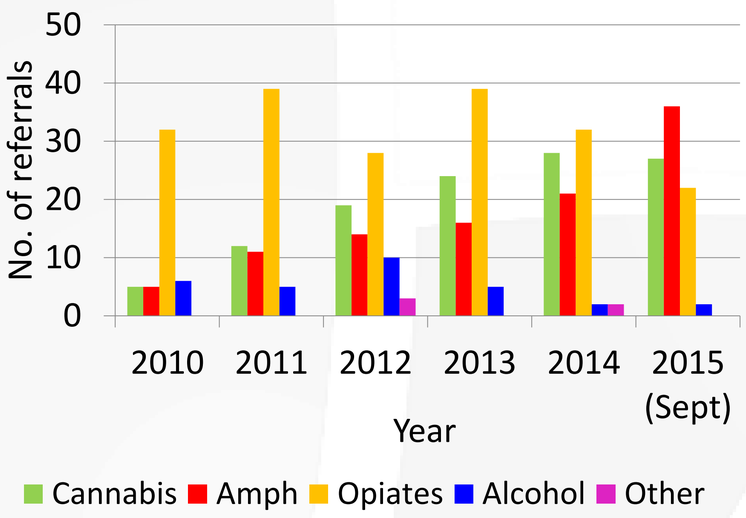

Figure 2. *Referrals by primary substance used.*

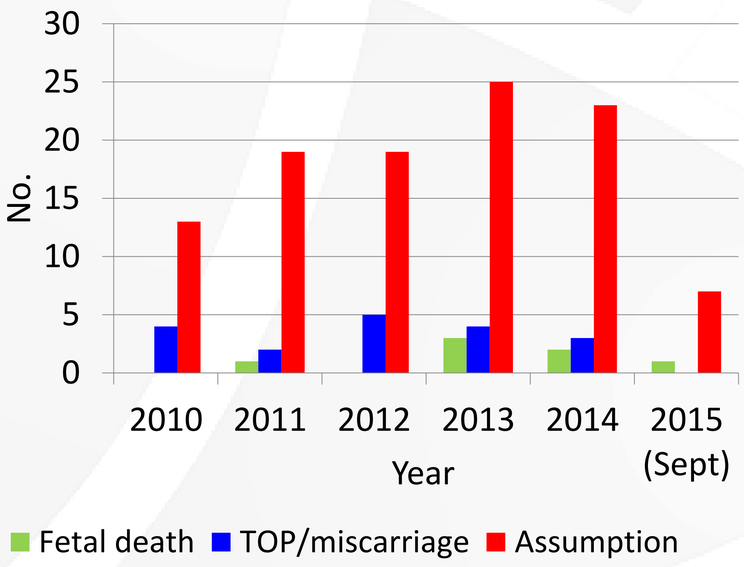

Figure 3. *Referrals to Drugs in Pregnancy Service by primary substance used.*

Discussion

- The John Hunter Hospital has a well functioning multidisciplinary team and has commenced policies and protocols.
- Increase in referrals may be due to:
  - A local DACS policy decision was made to refer all women disclosing any substance use (other than tobacco) to the Drugs in Pregnancy Service. This may also contribute to the increase in referrals.
  - Better identification of pregnant women using substances.
- Parental responsibility contracts implemented by Community Services may have impacted on referrals and lower rates of assumptions at birth. Data for assumptions of care postnatally has not been collected.

Further needs

- Training and workforce development: midwives to identify and refer pregnant women using substances.
- Standardised assessment tools.
- Improve data collection: comorbidity; gestation at time of referral; acceptance of referral.
- Research and evaluation: long-term support post delivery; engagement with services.
- Strategic planning for DACS to better support pregnant women and families: contraception; brief intervention; tobacco cessation; better detection of FASD; management of women on OST; treatment vs. maintenance; use of telehealth; population health.
- Quality improvement.
- Engagement of fathers to support their partner and unborn child.
- Increase understanding of new psychoactive substances effects, e.g. synthetic cannabis.

Acknowledgements

- Women attending JHH Antenatal clinic.
- Dedicated HNELHD staff.

Contact

For more information on +612 4016 4664
natasha.perry@hnehealth.nsw.gov.au

References

Black, K., Haber, P. & Lintzeris, N. (2012). Offering incentives to drug-using women to take up contraception: the ethical and clinical issues, Addiction, 107 (7), 1361-1362.

NSW Department of Health (2009) NSW Health Review of Substance Use in Pregnancy Service. North Sydney, NSW.

NSW Ministry of Health (2014) Clinical Guidelines for the management of substance use during pregnancy, birth and the postnatal period. North Sydney, NSW.

NSW GOVERNMENT Health
Hunter New England Local Health District