

Changes in Assumption of Care and Primary Drug Use in Substance Use in Pregnancy Service.

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Introduction

- Substance Use in Pregnancy Services (SUPS) aim to improve antenatal care for pregnant women with substance use problems.
- A SUPS is located in John Hunter Hospital (JHH), a Level 6 tertiary referral hospital in Newcastle, NSW, with ~4000 births/yr.
- SUPS are staffed by addiction medicine specialists, obstetricians, midwives, social workers, drug and alcohol (D&A) hospital consultation liaison and community based clinicians.
- Pregnant women referred receive a comprehensive multidisciplinary assessment and collaborative treatment plan developed that includes:
 - **Drug and alcohol treatment:** counselling, withdrawal, pharmacological treatment, case management.
 - **Case management:** women's health, mental health, psychosocial (domestic violence and homelessness), child safety, parenting, accommodation.
 - **Infant health needs:** fetal monitoring, screening and treatment for neonatal abstinence syndrome and/or fetal alcohol spectrum disorder (FASD).

Aim

- Examine changes in Assumption of Care (AoC) and primary substance use for women referred to the SUPS at JHH.

Method

Participants

- Pregnant women attending SUPS at JHH.

Procedure

- A retrospective clinical audit of electronic medical records (Jan 1, 2010 - Jun 30, 2016).
- Data collected included:
 - No. of referrals.
 - Age.
 - AoC (at birth).
 - Primary substance.
 - Fetal death, miscarriage, termination.

Key Findings

Age

- The mean age 27.7 years, range 16-43.

Referrals

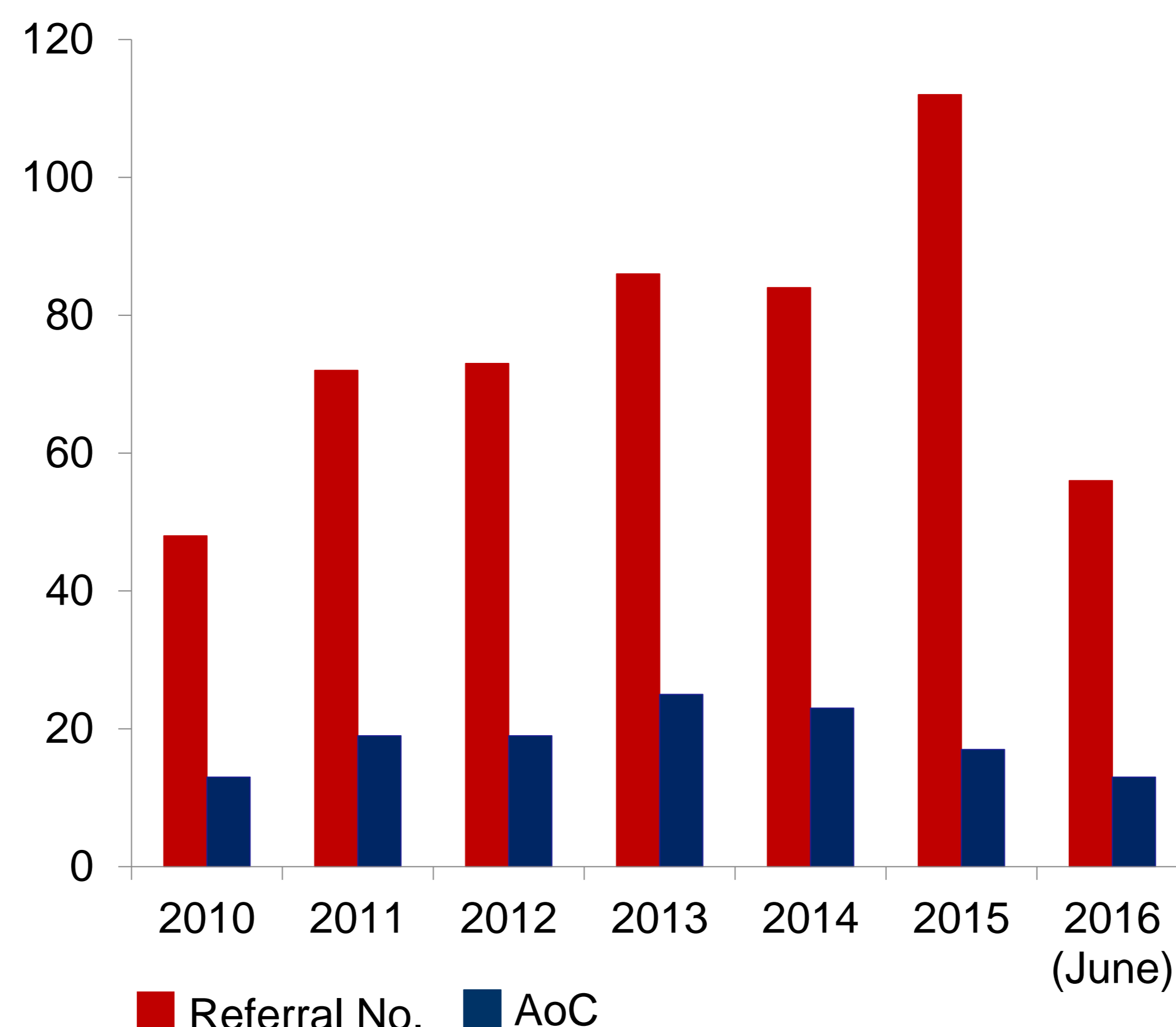
- 522 referrals received.
- 2.3 fold increase, from 48 in 2010 to 112 in 2015. With similar numbers projected for 2016.

Infant mortality

- Fetal death: 7/522, 1.3%.
- Miscarriage/termination: 21/522, 4%.

Key Findings Cont.

Figure 1. No. of Referrals vs. AoC



Assumptions of care

- A total of 127 infants removed from parental care at birth.
- AoC rate remained consistent (26.0-29.1%) for period 2010-2014.
- AoC decreased to 15.2% in 2015, $p < 0.001$.
- Of note, this has increased to 21.6% (11/51, June 2016).

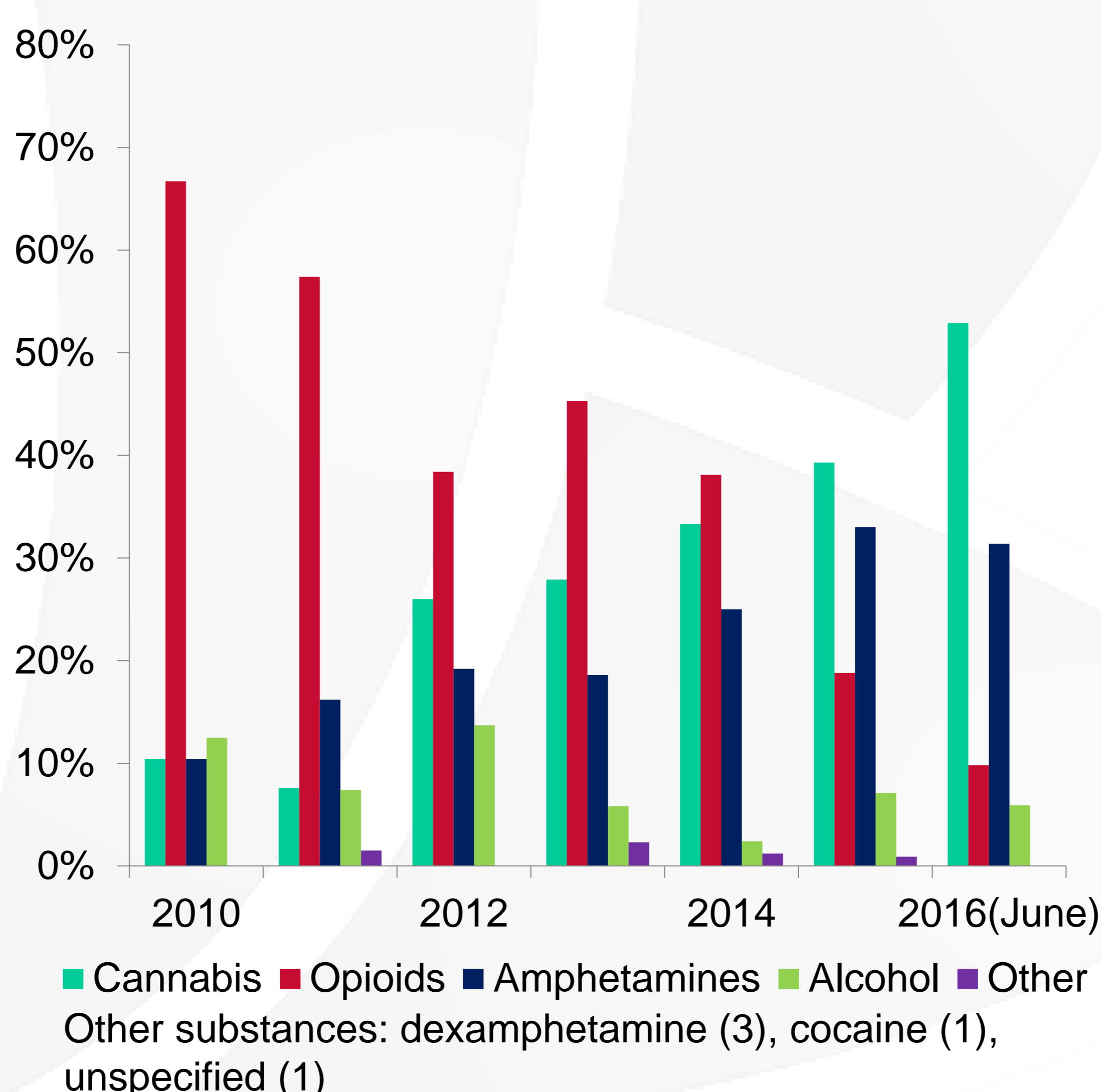
Primary substance

- Patterns of primary drug changed over time.

Table 1. Number of referrals (% of all referrals).

	2010	Mid-2016
Opioid	66.7% (32/48)	9.8% (5/51)
Cannabis	10.4% (5/48)	52.9% (27/51)
Amphetamine	10.4% (5/48)	31.4% (16/51)
Alcohol	12.5% (6/48)	5.9% (3/51)

Figure 2. Primary Substance by Year



Discussion

Assumption of Care

- Increased referral numbers may reflect SUPS integration into standard of care at JHH.
- The AoC decreases observed coincided with implementation of the Child Protection and Wellbeing Policy in 2014-15 (NSW Government).¹

Primary Substance Use Changes

- Reduction in opioid use may be related to changes in patterns of substance use and ageing cohort of patients on opiate agonist treatment.
- Increases in cannabis use may be related to better identification of cannabis associated harm and/or increased popularity of 'medical' cannabis use.
- Increases in amphetamine use may be related to increased availability and lower cost.²
- Disclosure of alcohol use remains low, potentially due to stigma associated with FASD.
- The trends for amphetamine and cannabis use suggest a need for increased therapeutic support and resources.

Future Direction

- Share information across services to aid in clinical outcomes for patients.
- Postnatal follow up services to support, review, and treat patients, their partner and the newborn.
- Implement longer term follow-up, addressing psychosocial risks to improve management of women and infants.
- Multiple substance use including tobacco consumption is high with infrequent tobacco smoking cessation.
 - Counselling and Nicotine (CAN) QUIT in Pregnancy Rewards Plus (contingency management) trial funded by NSW Health TRGS scheme aims to address this.³

References

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