

INEQUALITIES SENSITIVE PRACTICE INITIATIVE MATERNITY PATHWAYS

Women Who Misuse Drugs



Standard of Care

Antenatal Care

1. Any health or social care professional who is already engaged in supporting women with drug use problems should seek her consent to share information and work with maternity services throughout the maternity episode. Where consent is withheld, relevant information should be shared if there are concerns around child welfare.
2. Where drug use is disclosed, staff should explore the history, type and level of use, record details of the agencies/workers involved in the women's care and discuss issues of confidentiality e.g. who knows of her drug use, professional limits of confidentiality.
3. Where there is current problematic substance use or use within the previous 12 months, the woman should be referred on to the Special Needs in Pregnancy Service (SNIPS). Where there is a history of recreational drug use which has discontinued, usage should be documented and reviewed at follow up appointments. Where drug use is denied but suspicions or concerns remain, the midwife should consult with the SNIPS service.
4. During the first appointment with SNIPS, private time should be arranged and a comprehensive social and drug use assessment undertaken. An individualised care plan should be developed based on the woman's needs and choices and a risk assessment. Where possible, the woman's permission should be obtained for a social work referral. Where permission is withheld, the midwife should inform the woman of the statutory duty to refer to and involve social work services, discussing with her the reasons behind this and what this may mean for her. Emphasis should be placed on the support that social services can provide. (1)
5. Where appropriate, referral and assessment for substitute prescribing should be arranged in partnership with support agencies.
6. Where the woman's partner has drug use problems the same child protection procedures i.e. referral to social work services, apply.
7. At the earliest opportunity the health visitor should be contacted and informed of the woman's referral in to the SNIPS service.
8. Where child protection concerns are identified, a robust multi-agency care plan should be developed in conjunction with the woman, her family and the agencies involved in her care. Midwives should participate in informal and formal assessment processes e.g. pre and post birth meetings.

9. Care in the antenatal period should include:

- continuity of care.
- excellent communication with partner agencies.
- resilience building through inclusive and inequalities sensitive ways of working.
- the follow up of women who miss appointments (DNAs).
- tailored preparation for childbirth and parenting.
- accurate documentation of case records and the hand held record e.g. client's methadone prescription.

10. Where appropriate labour ward and/or paediatric services should be informed of the pending delivery and associated issues.

Hospital-Based Care

11. Women who misuse drugs should receive appropriate care in labour that includes personal choice with respect to birth plan and pain relief options, and the implementation of SNIPS protocols e.g. Hep C status. (NICE Guidelines).

12. The SNIPS midwife should be informed of the delivery as soon as possible so that postnatal management can be instituted.

13. Mother and baby should be cared for together unless there is a high Neonatal Abstinence Syndrome (NAS) score to indicate special care requirements.

14. SNIPS midwives should provide liaison and support to the woman during her postnatal stay and inform and update partner agencies on the progress of care. Where appropriate, arrangements should be made for a post birth case conference.

15. Mothers are required to stay longer in hospital to facilitate neonatal assessment and parenting support.

Postnatal Care in the Community

16. Postnatal care in the community should be organised around the multi-agency care plan and the ongoing needs of the mother, the infant and the family and may include longer or more frequent visits, joint visits and liaison meetings.

Standard of Care: Systems

17. Social work services should convene an initial assessment meeting involving SNIPS, and allocate a social worker to the woman for pre-birth assessment, within the appropriate time frame. (2)
18. Where ongoing concerns have been identified by midwives and shared with social care partners, a case discussion should be arranged.
19. Maternity services should provide written information on substance use in pregnancy.
20. Systematic recording and coding of drug use should be undertaken to provide local and national data on drug use in pregnancy.

Staff Competencies

- All staff should be skilled in anti-discriminatory and inequalities sensitive practice in order to counteract the stigma perceived by drug using service users and to identify wider social care needs.
- Midwives should be trained in basic drugs awareness and social history taking to gain understanding of the woman's life context and tailor care to the needs of the mother and the baby.
- Midwives should be skilled in raising sensitive issues with women, using honest and direct approaches where necessary and challenging client behaviour where appropriate.
- Midwives should be skilled in interpersonal communication and multi disciplinary and multi-agency working.

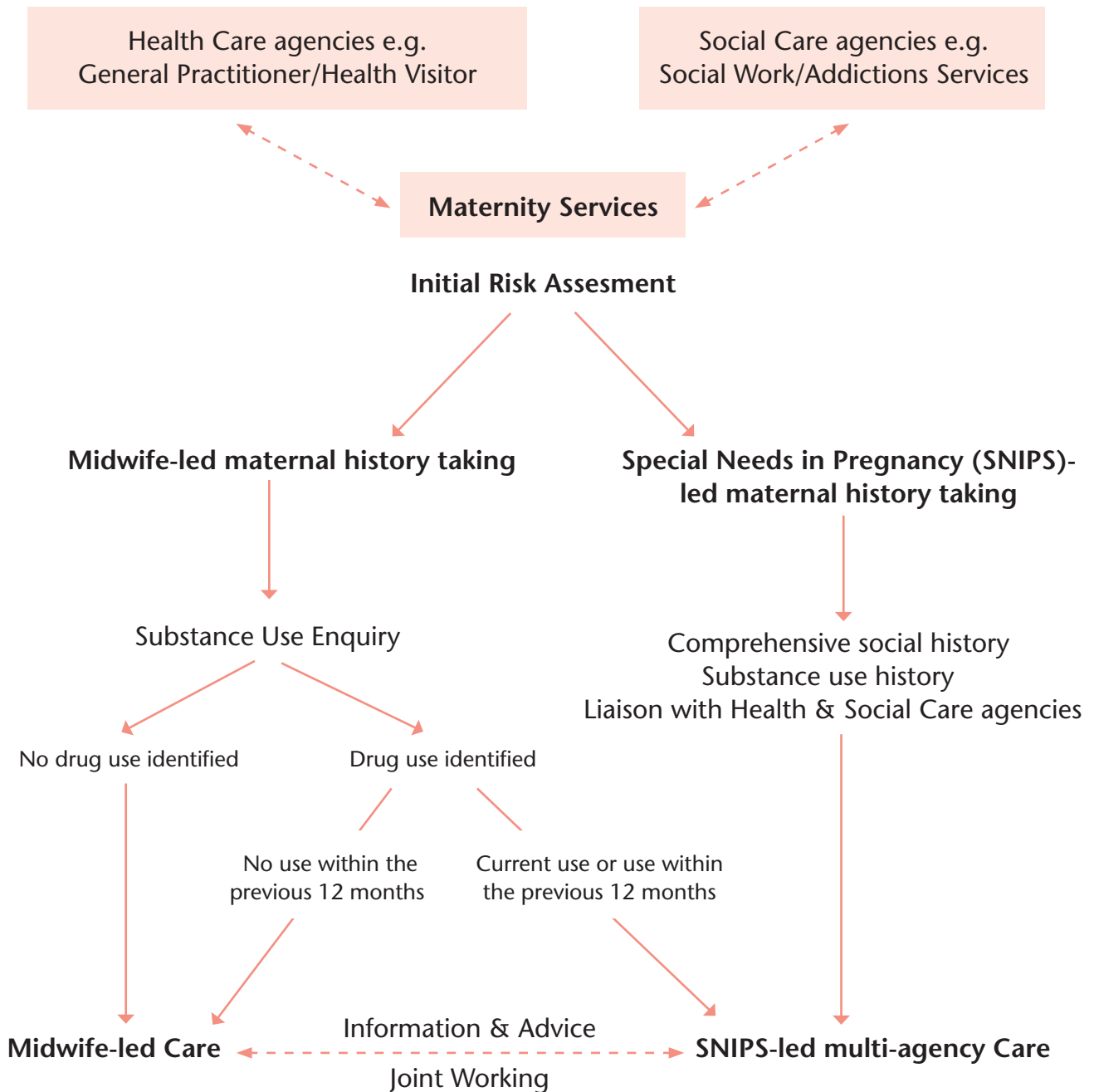
References

1. Glasgow Child Protection Committee, (2008), Inter Agency Procedural Guidance for Vulnerable Women During Pregnancy.
2. Scottish Executive (2003), Getting Our Priorities Right: Good Practice Guidance for Working with Children and Families Affected by Substance Misuse.

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Pathway: Women Who Misuse Drugs



Continuous risk and needs assessment throughout pregnancy pathway