SCOPE DEFINITION

Guideline Title: Perinatal substance use: maternal and neonatal

Scope Framework	
Population *Which group of people will the guideline be applicable to?*	**Maternal** Pregnant women who use substances of concern, including non-medical substances and prescribed medications
	Neonatal Babies with known or suspected in utero exposure to substances of concern, including non-medical substances and prescribed medications
Purpose *How will the guideline support evidence-based decision-making on the topic?*	**Maternal** Identify evidence relevant to: • Diagnosis, assessment and management of women who use substances of concern during pregnancy
	Neonatal Identify evidence relevant to: • Diagnosis, assessment, care and treatment of babies with known or suspected in utero exposure to substances of concern
Outcome *What will be achieved if the guideline is followed?*	**Maternal** Support: • Early identification and assessment of pregnant women who use substances of concern • Best practice care during pregnancy, labour and postpartum of women who use substances of concern
	Neonatal Support: • Early identification and assessment of babies with known or suspected in utero exposure to substances of concern • Appropriate use of neonatal abstinence syndrome (NAS) assessment tools • Best practice care and treatment of babies with known or suspected in utero exposure to substances of concern
Exclusions *What is not included/addressed within the guideline*	**Maternal** • Management of anaesthesia or intrapartum medication use • Medications as part of clinical care • Routine antenatal, intrapartum and postpartum care • Elements specific to Queensland Clinical Guideline: *Standard care* • Elements specific to other Queensland Clinical Guidelines
	Neonatal • Routine newborn care • Postnatal drug exposure requiring withdrawal management • Fetal alcohol syndrome • Management of congenital anomalies associated with maternal substance use • Medication management for babies requiring specific procedural analgesia (e.g. those undergoing surgery) • Elements specific to Queensland Clinical Guideline: *Standard care* • Elements specific to other Queensland Clinical Guidelines

Available from: www.health.qld.gov.au/qcg
Document Number: SC26.38-V3-R31
Effective date: July 2026 | Review date: July 2031

Clinical questions: maternal

Question		Likely Content/Headings/Document Flow
Introduction		Incidence in Queensland Definitions and clinical standards
1.	What commonly used substances, are of concern for the woman and/or her baby?	• Type (illicit, non-illicit) • Potential effects on pregnancy • Potential effects on fetus • Potential long term effects on the baby into adulthood
2.	What maternity care is indicated for women who use substances of concern?	• Antenatal care o Assessment of use o Risk mitigation (including referral and risk mitigation) o Care in the antenatal period o Mental health care • Pharmacological treatment of substance use • Planning for birth • Child safety
3.	What care is indicated for women during labour and in the postnatal period who use substances of concern?	• Intrapartum care • Newborn baby care at birth • Postnatal care • Breastfeeding and substance use
4.	What are the discharge considerations for women affected by substance use?	• Discharge planning o Timing o Contraception o Community referral o Long term follow-up o Breastfeeding

Clinical questions: neonatal

Question		Likely content/headings/document flow
Introduction		Incidence in Queensland Clinical standards
1.	What factors assist early identification of the baby at risk of substance withdrawal?	• Modulating factors o Gestational age and gender o Epigenetics/pharmacokinetics o Maternal factors o Environmental influences • Clinical surveillance • Characteristics by substance (where known)
2.	What care is indicated for babies with in utero exposure to substances of concern?	• Initial newborn care • Assessment o Communicating with parent/carer o Signs of NAS o Clinical examination o Differential diagnosis • Non-pharmacological interventions o Supportive care o Feeding considerations
3.	What tools are available to assess babies for substance withdrawal?	• Finnegan neonatal abstinence scoring system • Eat, sleep, console approach
4.	What pharmacological treatment is indicated for babies experiencing substance withdrawal?	• Indications, care and monitoring • Morphine • Phenobarbital • Other (clonidine, methadone, buprenorphine)
5.	What are the discharge considerations for babies with in utero exposure to substances of concern?	• Discharge planning o Child protection/safety assessment o Parent/carer preparation • Home medications • Discharge criteria • Timing of discharge • Follow-up and community support

Potential areas for audit focus: maternal

Audit items will relate to the desired outcomes and the clinical questions

- Proportion of women provided information about effects of substance use in antenatal, intrapartum and postpartum periods
- Proportion of pregnant women using substances who are under the care of both maternity and drug services in a continuity of care/carer model
- Proportion of women screened antenatally for drug and alcohol use
- Proportion of women screened antenatally for blood borne viruses including HIV and Hepatitis C
- Proportion of pregnant women using substances who are offered an anaesthetic review in the third trimester to discuss venous access and optimum modes of analgesia for labour, birth and the postpartum period

Potential areas for audit focus: neonatal

Audit items will relate to the desired outcomes and the clinical questions

- Proportion of babies assessed for NAS using a validated assessment tool (e.g. Finnegan neonatal abstinence scoring system ***or*** Eat, sleep, console approach)
- Proportion of babies supported with rooming-in, where there is no child safety order mandating separation
- Proportion of babies with NAS due to in utero opioid exposure commenced on pharmacological treatment as indicated by NAS assessment tool (i.e. Finnegan neonatal abstinence scoring system ***or*** Eat, sleep, console approach)
- Proportion of babies with in utero exposure to substances of concern who receive clinical surveillance appropriate for maternal substance used
- Length of stay for babies diagnosed with NAS who receive:
  - Non-pharmacological management only
  - Pharmacologically management