

# Perinatal substance use: maternal v1.0



45 minutes

Towards CPD Hours

## References:

The Queensland Clinical Guideline: **Perinatal substance use: maternal** is the primary reference for this package.

## Recommended citation:

Queensland Clinical Guidelines. **Perinatal substance use: maternal** Clinical guideline education presentation E16.37-1-V1-R21. Queensland Health. 2016.

## Disclaimer:

This presentation is an implementation tool and should be used in conjunction with the published guideline. This information does not supersede or replace the guideline. Consult the guideline for further information and references.

## Feedback and contact details:

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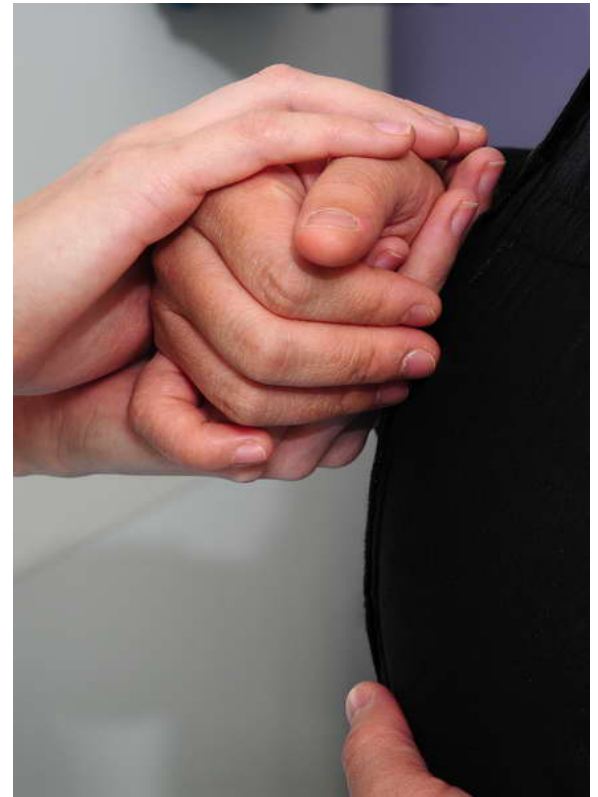
# Commonly used substances

- **CNS Stimulants** (e.g. Cocaine, Nicotine, Ketamine, Ecstasy, Amphetamines)
- **CNS Depressants** (e.g. Codeine, Heroin, Morphine, Methadone, Oxycodone, Alcohol)
- **Hallucinogens** (e.g. LSD, Phencyclidine (PCP))
- **Selective Serotonin Reuptake Inhibitors (SSRI) and Serotonin-noradrenaline reuptake inhibitors (SNRI)**



# Psychosocial assessment

- Detailed antenatal history to screen for:
  - Risk of postnatal depression
  - Psychological distress
  - Other mental health issues
  - Domestic violence
- Respond, refer and support woman



# Assessment of substance use

- Use validated screening tools
- Ask about history of substance use:
  - Alcohol and Tobacco
  - Licit and illicit drugs (prescribed and non-prescribed)
  - Over the counter
  - Complimentary
- Ask about willingness to stop use each visit



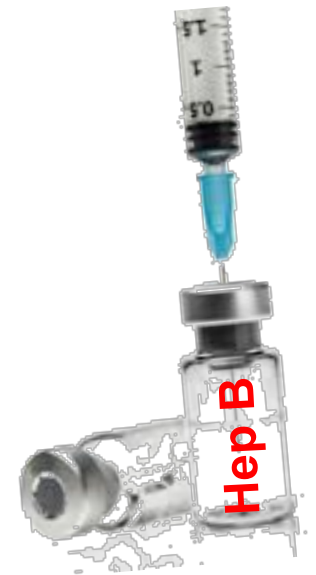
# Blood borne viruses

- Screen all women for:
  - Hepatitis B (HBV)
  - Hepatitis C (HCV)
  - Human Immunodeficiency virus (HIV)
- Re-screen women with continued high risk drug behaviour
- Support seropositive women



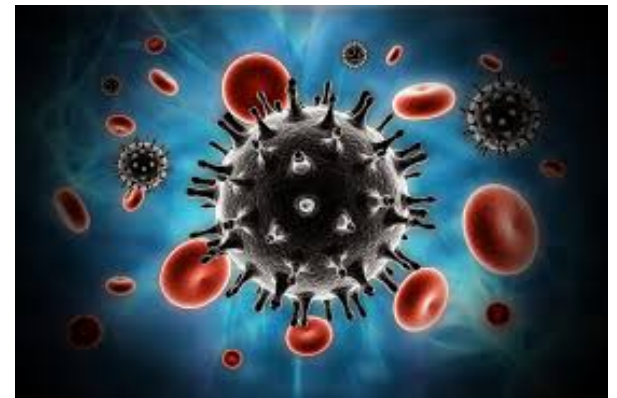
# Hepatitis B virus (HBV)

- Refer to infectious diseases specialist
- Follow-up of sexual and household contacts required (counselling, testing vaccination)
- Obtain consent for Hepatitis B immunoglobulin (HBIG) and HBV vaccine administration to baby



# Human Immunodeficiency (HIV)

- Refer to infectious diseases specialist
- Reduced risk of transmission with:
  - Elective caesarean section
  - Antiviral therapy
- Discuss alternatives to breastfeeding baby





# Hepatitis C virus (HCV)

- Refer to infectious diseases specialist or hepatologist
- No increased risk to baby
- Advise about bleeding nipples



# Antenatal support

- Explore options for known carer and continuity of care models
- Non-judgemental approach
- Refer and link with appropriate services (e.g. treatment and prevention programs, mental health services, drug and alcohol services, smoking cessation)



# Antenatal care

- Risk of intermittent or no antenatal care
- Discuss importance of dental health, diet and Folic Acid supplementation
- Increased risk of fetal growth restriction



# Antenatal care

- Antenatal discussion re:
  - Care of baby
  - Length of stay
  - Monitoring
  - Potential for medication
  - Follow up
- Involve paediatric/neonatal services



# Pain relief

- Discuss options for analgesia:
  - Pharmacological and non-pharmacological
- Refer for anaesthetic review antenatally:
  - May require regional anaesthesia
  - Larger doses of analgesia
  - Review venous access
- Seek specialist advice, planning and documentation for pain management

# Labour and birth

- Advise woman to present early in labour to minimise need for self-medication and monitor drug use
- Take drug history and recent use on admission



# Postnatal

- Provide usual care
- Refer for ongoing surveillance and management
  - Medical problems
  - Drug and treatment programs
  - Smoking cessation programs



# Breastfeeding

- Undertake individual risk-benefit analysis
- Contraindicated if HIV positive
- Advise woman:
  - Not recommended where persistent use of Heroin or stimulants
  - Not using substances including alcohol and tobacco is preferable to not breastfeeding
  - Limit alcohol to 2 standard drinks per day and not immediately before breastfeeding



# Substances and breastfeeding

- **Benzodiazepines**

- Short acting may be used for limited time
- Do not breastfeed immediately after dose

- **Amphetamines**

- Do not breastfeed for 24 hours after dose
- Express and discard milk
- Have a supplementary feeding plan



# Parent education

- Safe sleeping including:
  - Smoke free environment
  - Risk minimisation if continuing substance use
- Substance use and care of baby including safety plan
- Advice for future pregnancies



# Discharge

- Support woman to remain in hospital with baby
- Home visiting by midwife/child health
- Formal handover from hospital to community services
- Active engagement by community services