# Maternal substance use in pregnancy

#### Commonly used substances

- CNS depressants: such as alcohol, opioids, cannabinoids, benzodiazepines
- · CNS stimulants: such as nicotine, cocaine, TCA, SSRI, SNRI, amphetamines
- Hallucinogens: such as LSD, PCP, MDMA, inhalants (glue, gasoline etc), nitrous oxide
- May include prescription and non-prescription substances such as over the counter and herbal preparations

## Antenatal care

#### Assessment

- Screen for history of past/present substance use and mental health concerns
- Screen for BBV and STI
- Identify risk factors for substance use including:
  - · Domestic violence situations
  - Homelessness
  - Self report of current or past use
  - · Marginalised in society
  - · Co-existing mental health

#### Support and referral

- Explore options for known carer and continuity of care models
- Provide brief interventions for substance use and consider pharmacological intervention
- Refer to appropriate services
- · Early discussions including:
  - · Length of stay
  - Observation of baby for NAS
  - Feeding options
  - Discharge considerations

## Labour and birth care

#### Labour and birth

- Analgesia needs in labour may be increased in substance dependence
- Offer both pharmacological and nonpharmacological options
- Nitrous oxide may be less effective in opioid dependent women
- Continue prescribed doses of pharmacological treatment during labour

#### Setting for care

- Encourage rooming-in and early skin to skin contact and breastfeeding initiation
- Closer care and observation may be required for symptomatic babies

#### Care of baby at birth

- If baby exposed to opioids in-utero do not use antagonists agents (naloxone or naltrexone) for resuscitation
- May precipitate severe rapid onset of seizures related to withdrawal
- Routine postnatal care and vigilance observations
- Refer to QCG Perinatal substance use: neonatal

### Postnatal care

- · Refer to QCG Perinatal substance use: neonatal
- Assist women with substance use to continue or initiate pharmacological management
- Discuss postnatal pain medication and consider a multimodal approach such as NSAIDs and paracetamol
- · Support preferred feeding method
- Ongoing education on risk reduction and care of the baby

# Discharge planning

- Discuss community services available and refer appropriately (including Aboriginal and/or Torres Strait Islander cultural support services)
- · Provide support for accommodation, food and safety needs
- Ensure safety plan in place for baby
- Discuss long term follow up for the woman and baby
- · Discuss options for contraception based on women's preference

**BBV:** blood borne virus, **CNS:** central nervous system, **IM:** intramuscular, **LSD:** lysergic acid diethylamide, **MDMA:** 3,4-methylene dioxyamphetamine, **NAS:** neonatal abstinence syndrome, **NSAID:** non-steroidal anti-inflammatory drug, **PCP:** phencyclidine, **QCG:** Queensland Clinical Guidelines, **SSRI:** selective serotonin reuptake inhibitors, **SNRI:** serotonin noradrenaline reuptake inhibitors, **STI:** sexually transmitted infection, **TCA:** Tricyclic antidepressants

Queensland Clinical Guideline: Perinatal substance use: maternal Flowchart: F21.37-1-V2-R26

