### 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 non-pharmacological 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

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**BBV:** blood borne virus, **CNS:** central nervous system, **IM:** intramuscular, **LSD:** lysergic acid diethylamide, **MDMA:** 3,4-methylene dioxymphetamine, **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

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