

## **Guidelines for the care of Pregnant and women with Substance Use Disorders**

### **Authors:**

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**Introduction and Aims:** There is a proliferation of guidelines in Australia and internationally that provide guidance on the care of pregnant women who have a substance use disorder. This presentation will examine these guidelines and identify their strengths and weaknesses, using up-to-date peer reviewed evidence and the World Health Organization's 'Guidelines for the Identification and Management of Substance Use and Substance Use Disorders in Pregnancy' as the 'gold standard'.

**Method:** The Joanna Briggs Institute, Netting The Evidence, the Cochrane Database and the internet using Google and Google Scholar were systematically searched to identify guidelines. The following search terms were used: Substance use/ Substance abuse/ Substance Use Disorder/ Pregnancy/ Perinatal and Clinical Practical Guidelines and Guidelines singularly and in combination. Hand searching was also conducted.

**Key Findings:** Each guideline was examined for its content including its aim and its relationship to the following domains as set out by the World Health Organization's guidelines. These domains are: screening and brief interventions, psychosocial interventions, detoxification or quitting programmes, pharmacological treatment, breastfeeding and maternal substance use and management of infants exposed to alcohol and other psychoactive substances.

**Discussions and Conclusions:** Most guidelines included recommendations regarding the screening and brief intervention practices, pharmacotherapy for women with opioid addiction and the management of neonatal abstinence syndrome. Not all guidelines included explicit recommendations on caring for Indigenous or culturally diverse women, screening for domestic violence or advice on contraception for post-partum women.

**Implications for Practice or Policy:** There is a need for a standardisation of comprehensive practice guidelines that take into consideration not only the complex clinical needs of these women and their children, but also the socio-cultural context which within they live.