Mums experiencing injecting drug use, hepatitis C and healthcare

Authors: Sharon E. Reid¹,²,³, Carolyn A. Day³, Apo Demirkol⁴,⁵, David G. Bowen ⁶, Paul S. Haber²,³.

¹Sydney School of Public Health, Faculty of Medicine and Health, University of Sydney, NSW 2006 Australia; ²Drug Health Services, Sydney Local Health District, Royal Prince Alfred Hospital, Camperdown NSW 2050 Australia; ³Discipline of Addiction Medicine, Sydney Medical School, Faculty of Medicine and Health, University of Sydney NSW 2006 Australia; ⁴Drug and Alcohol Services, South Eastern Sydney Local Health District; ⁵School of Public Health and Community Medicine, University of New South Wales Australia.; ⁶Liver Immunobiology Group, Centenary Institute, Royal Prince Alfred Hospital and University of Sydney, Camperdown NSW 2050 Australia;

Presenter’s email: sharon.reid@sydney.edu.au

Introduction and Aims: Women with a history of injecting drug use and hepatitis C (HCV) experience challenges when engaging healthcare which may impact their child’s general and HCV healthcare. This study explored the healthcare experience of these women and children.

Design and Methods: This qualitative study was undertaken at a large inner-city Australian hospital during 2017-2018. Purposive coupled with theoretical sampling until saturation was used to recruit women with a history of injecting drug use and HCV in pregnancy, and healthcare providers providing care to similar women. Semi-structured interview transcripts were analysed using grounded theory where data were subject to an iterative process of constant comparisons to identify emergent theoretical concepts.

Results: Interviews with 13 women and 12 healthcare providers revealed four major theoretical categories: ‘Being a women who injects drugs’ (trauma history, a woman’s approach to addiction, societal expectations, being ‘not-normal’, being judged, staying clean for the kids, complex-tangled lives); ‘Self and healthcare’ (self-neglect, prioritising child-health, special patients and staff, staff trauma, healthcare gaps, trust-building, continuity-of-care); ‘Using mums’ (incubators, super-mums, under the microscope, the good mum test, loving and wanting the best for their child, fear of child protection services); and ‘Mothers with HCV’ (worry and shame about child HCV, risk misconceptions, testing assumptions, unclear responsibility for follow-up).

Discussions and Conclusions: Similar and overlapping theoretical concepts were identified by the women and healthcare-providers. The most salient issues were the expectations and stressors for these women and opportunities to improve outcomes for these mothers and their children.

Implications for Practice or Policy: Concurrent healthcare challenges impact on this population and must be considered in service delivery.

Implications for Translational Research: Healthcare complexities and social context have to be further defined and considered in healthcare planning for this group of women and their children.

Disclosure of Interest Statement: No pharmaceutical grants were received in the development of this study. No conflicts of interest to declare.