

GUIDELINES FOR THE CARE OF PREGNANT AND WOMEN WITH SUBSTANCE USE DISORDERS

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INTRODUCTION AND AIM:

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. We have examined these guidelines and identified 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'.

METHODS:

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.

Major Domains- WHO

WHO ¹ (2014)	SAMHSA ² (US) (2018)	AUSTRALIAN ³ (2014)	CANADA CPG ⁴ (2017)	UK-NICE ⁵ (2010 ^a /2015 ^b)	NDARC ⁶ >2014	RANZCOG ⁷ (2016)
Screening/ brief interventions: AOD screening recommended for pregnant women in all health-care settings	✓	✓	✓	✓	✓	✓
Psychosocial interventions: should be offered including CBT, MI	✓	✓	✓	?	✓	✓
Detoxification or quitting: managed at the earliest point, to be either quit, reduced or replaced	✓	✓	✓	✓	✓	✓
Pharmacological treatment: not for routine tx of ATS, cannabis, cocaine. but opiate use	✓	✓	✓	✓	✓	✓
Breastfeeding: encouraged except with HIV	✓	✓	✓	✓	✓	?
Management of exposed infants: opioids should be used for babies with NAS Finnegan's scale	✓	✓	✓	✓	✓	✓

Other areas of interest-WHO guidelines

• Comprehensive continuity of care	✓	✓	✓	✓	✓	✓
• Effects of tobacco	✓	✓	✗	✗	✓	✓
• Sleeping practices	✓	✓	✗	✗	✓	✗
• Staff training	✓	✓	✗	?	✓	✗
• Mental health	✓	✓	✓	✓	✓	✓
• SIDS and tobacco	✓	✓	✗	✗	✓	✓
• Contraception	✓	✓	✓	?	✓	✗
• Trauma informed care	✓	✗	✗	✗	✗	✗
• DV/ IPV	✓	✓	✗	?	✓	✗
• Indigenous	✓	✓	✗	✗	✓	✗
• Stigma	✓	✓	✗	✓	✓	✗

Not in WHO guidelines

• Child protection	✗	✓	✓	✓	✓	✓
• Nutrition	✗	✓	✗	✓	✓	✗
• Harm reduction	✗	✓	✓	?	✓	✗

CONCLUSIONS AND POLICY IMPLICATIONS:

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 women, screening for domestic violence or advice on contraception for post-partum women, Not all guidelines included recommendations for child protection or harm reduction. There is a need for a standardisation of comprehensive practice guidelines that take into consideration the complex clinical needs of these women and their children.