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INTRODUCTION & 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-related healthcare. This study aimed to explore the healthcare experience of these women and children.

DESIGN & 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 who engage these women.

Interview transcripts were analysed in NVIVO 11 using a grounded theory approach where data were subject to an iterative process of constant comparisons to identify emergent themes and theoretical concepts.

RESULTS

Interviews with 13 women and 12 healthcare providers revealed four major themes including a number of theoretical concepts:

Being a woman 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.



Drug using mums:

Incubators; Super-mums; Under the microscope; The good mum test; Loving and wanting the best for their kids; Fear of child protection services.

I'd already had things happen to me...every single person that I know, that is a drug user, has been sexually assaulted as a child...

...women who are in these DV relationships, they're so distressed that that becomes another trigger for using which just puts them at risk, puts the baby at risk.

I want my straight life...wake-up not having to take a pill to be normal...I want to be able to go to family functions without having to be off my head on pills.

It's the circle of friends that's all tied up... it's the neighbourhood they're living in, it's the all I've ever known.

...harder for women... we are supposed to be the better...if you see a woman...you think...why is she not helping herself...

Pregnancy is a bit of a changer for them... they all love their babies and they all want to keep their baby safe...

I was very frightened that the kids would have it...And thinking that you passed the junkie disease on to your kids was very bad...Guilty. Really crappy.

People are so quick to say that Hep C doesn't transmit vertically very often...you really don't have to worry, we should probably check...they make it sound like...a bit over the top if you did...I'm really concerned about the parents getting false reassurance.

Self and healthcare:

Self-neglect; Prioritising child-health; Special patients and staff; Staff trauma; Healthcare gaps; Trust-building; Continuity-of-care.



Mothers with HCV:

Worry and shame about child HCV; Risk misconceptions; Testing assumptions; Unclear responsibility for follow-up.

DISCUSSION & CONCLUSION

Similar and overlapping theoretical concepts were identified by the women and healthcare-providers. The most salient issues were the trauma, shame and other stressors experienced by these women and the opportunities to improve outcomes for these mothers and their children.

IMPLICATIONS for PRACTICE, POLICY & RESEARCH

Concurrent healthcare challenges, healthcare system complexities, and the social determinants of health; must be considered and further defined in the provision and planning of healthcare for this group of women and their children. In particular, care should be trauma-informed, address stigma and gender inequities, and support self-efficacy.

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