

Mums experiencing injecting drug use, hepatitis C and healthcare



Sharon E. Reid^{1,2,3}, Carolyn A. Day³, Apo Demirkol^{4,5}, David G. Bowen⁶, Paul S. Haber^{2,3}

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;

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; Complextangled lives.

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...

Drug using mums:
Incubators; Supermums; Under the
microscope; The
good mum test;
Loving and wanting
the best for their kids;
Fear of child

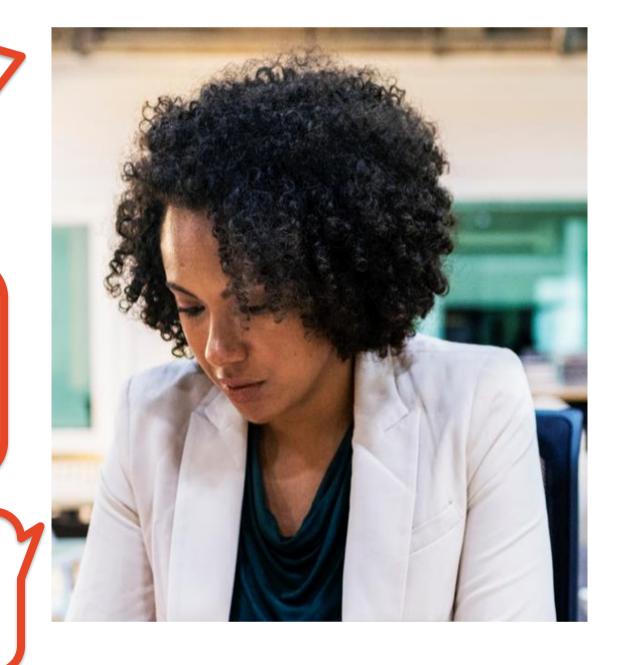
protection services.

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 childhealth; 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 healthcareproviders. 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.