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

**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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