DEVELOPMENT

KEYWORDS MIDWIFERY ● PREGNANCY ● VULNERABLE ● SUBSTANCE MISUSE

SUPPORTING VULNERABLE WOMEN DURING PREGNANCY

This is a summary: the full paper can be accessed at nursingtimes.net

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This article describes the development of a service to support vulnerable women during pregnancy. It was set up after an increased incidence of substance misuse during pregnancy was identified. Its main aim is to identify and offer multidisciplinary support to pregnant women who misuse drugs and alcohol, from early gestation until at least three months after their baby’s birth. The article outlines how supporting these women can improve the well-being of both mothers and babies.

DEVELOPING THE SERVICE

The vulnerable in pregnancy (VIP) project has been developed in Fife over the past eight years to help identify and support pregnant substance misusers.

The service is based at Forth Park Hospital in Kirkcaldy. At present, it comprises the clinical coordinator for community and outpatient services and a 0.8 whole-time equivalent midwife funded initially through the Changing Children’s Services Fund (Scottish Executive, 2003). There is also a midwife, employed by the contraception and sexual health service, who works at the service for four hours a week. The midwife offers contraceptive advice and cervical screening for clients within the VIP project.

The VIP service is presently funded through Sure Start and it is hoped that mainstream funding will be allocated in 2008 when Sure Start funding is discontinued.

CLIENT PROFILE

Clients have their medical and social needs assessed and referrals to partner agencies are made. Close cooperation with agencies has been developed over the past few years. This is essential to the service’s continuing success, as it addresses clients’ holistic needs. Information obtained from client assessments identifies that, in 2006:

- Over half (58%) had injected drugs;
- Just over half (52%) had never worked;
- Nearly one-fifth (18%) were homeless;
- Just over one-fifth (21%) had been in prison;
- Nearly one-third (30%) had outstanding court cases;
- Two-thirds (66%) lived with a partner;
- Just under half (46%) lived with other substance misusers;
- Nearly two-thirds (62%) lived with dependent children;
- The majority (80%) were abuse survivors.

ASSESSMENT AND CARE PLANNING

The VIP midwives participate in the assessment and care planning in partnership with Fife NHS addiction services.

Clients’ self-reported illicit drug misuse shows there is little psychostimulant use in Fife – heroin remains the most commonly used illicit drug. It appears to be plentiful in both supply and purity, resulting in a need for ever-increasing prescriptions for methadone hydrochloride.

Pregnant women in Fife may be tested for methadone tolerance within the antenatal ward area so that foetal well-being can be assessed and monitored during the procedure. Illicit opiate use is substituted by a methadone prescription under close supervision. Methadone is the only opiate substitute drug licensed for use in pregnancy (BMA and Royal Pharmaceutical Society of Great Britain, 2006). It is prescribed and administered under the guidance of The Misuse of Drugs Regulations (2001).

Throughout antenatal admission and during each antenatal encounter women are educated on the risks and effects of methadone use and given advice on the benefits of breastfeeding, diet, kangaroo care (holding a baby so there is skin-to-skin contact) and general lifestyle strategies.

Relapse rates appear to be low but it is recognised that pregnant women are motivated to remain in treatment by the fear of having babies removed from their care.

Staff resistance to the antenatal admission of these clients has been overcome by the introduction of monthly drug workshops facilitated by the drug liaison midwives. Staff attend a rolling programme of interactive training at these workshops, which are held during lunchtime when activity in the wards is reduced. Other members of the multi-agency team attend, further breaking down barriers between agencies. The midwifery and nursing staff attend regularly for update sessions and medical staff are also invited.

To date, over 800 workshops have been offered, with good attendance at each.

IMPLICATIONS FOR PRACTICE

- This was a ‘needs-led’ service development that followed the identification of a previously unacknowledged group of patients.
- To set up a similar service, training needs of staff should be identified and addressed.

- Close multi-agency working practices have been developed between statutory and voluntary sectors.
- The service can improve the well-being of both mothers and babies. Pregnancy outcomes have generally improved since the project was started.

BREASTFEEDING

Breastfeeding is encouraged for all clients and few babies who have been breastfed require treatment for neonatal abstinence syndrome (NAS). This minimises the separation of mother and baby, thus improving bonding and encouraging positive parenting skills. Breast milk contains minimal amounts of methadone, which relieves symptoms in the baby over the first few days of life.
**BACKGROUND**

- Fife has three wards in the most deprived 5% of the whole of Scotland. Fife has higher levels of area deprivation than the Scottish average (Scottish Executive, 2006).
- Clients who are referred to the project generally live in the areas of greatest deprivation.
- Heroin use in pregnancy was first identified in Fife in 1996 when babies were delivered who displayed signs of neonatal withdrawal symptoms.

Breastfeeding rates have increased from a low of 7% to 56% since the project was set up. The advantages of breastfeeding infants exposed to methadone are discussed at each contact. The clients initially needed a great deal of persuasion to consider breastfeeding but the knowledge that very few babies who are breastfed require treatment has encouraged this choice.

Women in the community of substance misusers now inform one another that breastfeeding is beneficial and midwives are encouraged to continue to breastfeed for at least six weeks postnatal and to introduce formula feeds gradually. Many breastfeed for several months.

The outcome measures for these women supported on a one-to-one basis throughout pregnancy indicate a higher level of stability and improved health. Despite the increase in illicit drug use over the past eight years, the outcomes in terms of gestation, birth weight, neonatal abstinence and breastfeeding rates remain positive and have generally improved. The women have described being able to manage their babies’ withdrawal by breastfeeding as the most important thing they have done in their lives.

**THE IMPACT OF ABUSE**

Approximately 80% of women referred to the VIP project had been exposed to childhood abuse. Comprehensive assessment, including of past sexual abuse, is essential if they are to progress through treatment successfully and cope with the trauma of their past.

Although the women are not actively encouraged to disclose past abuse many do disclose it for the first time as the therapeutic relationship between themselves and the midwife is established. Midwives are comfortable in discussing sexual health matters, body change and image, and clients appear able to discuss their past without fear or embarrassment.

**MIDWIVES’ ROLE**

It has been necessary to identify a source for clinical supervision for midwives due to the complexity of the cases they manage and the child protection nurse adviser has taken on this role. Clinical supervision is also available within Fife NHS addiction services.

The midwives are an effective liaison between agencies and an advocate for clients. Women perceive the midwives as being ‘there for them’, rather than for their addiction or the unborn baby, which agencies such as addiction services or social services appear to be. They develop a positive relationship with the midwives and tend to comply with treatment and attend most if not all of their appointments.

The VIP midwife’s primary goal is to support women throughout pregnancy so they remain stable and safe. This minimises the risk of infants developing neonatal abstinence symptoms that need treatment.

**MULTI-AGENCY SUPPORT**

Planned and structured involvement of social services allows a full assessment of risks and needs to be completed before the birth. A supportive care plan needs to be agreed with clients during the antenatal period.

More babies have had their name placed on the child protection register but most of them remain in their mother’s care with support from the multi-agency team.

However, there are occasions where an infant is taken into care at birth to ensure its safety. In all recent cases, a full assessment of risk was made and it was agreed at a child protection case conference that it would be in the infant’s best interests to be placed in foster care at birth. Only one infant removed at birth in 2006 was reunited with its mother, the rest remaining looked after.

The incidence of NAS remains steady despite increasing numbers of referrals and a rise in the level of substance and alcohol misuse over the past few years. This is largely due to high breastfeeding rates.

Clients appear willing to engage at an early stage of gestation, which enables midwives to undertake early pregnancy screening tests and to assess and support needs fully.

Postnatal support is extended until around 12 weeks. This ensures that clients have developed a positive relationship with other professionals such as health visitors and voluntary groups.

**REFERENCES**


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