Multidisciplinary antenatal care for opiate-using women: Child-care issues

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Abstract

Introduction and Aims. The fact that particular parents suffer afflictions limiting their ability to care does not mean that they should automatically be deemed unsuitable parents. Prompted by neonatal team concerns about child-care issues, a local multidisciplinary group was set up to care for substance-abusing pregnant women in our region. Design and Methods. This project was conducted in order to review the records of all the women who had been discussed at our management planning meetings over the past 5 years. Our assessment tool records were reviewed and analysed using SPSS. Results. A total of 233 women were assessed. The majority of patients booked before 20 weeks (62%) and 96 women (41%) attended over 80% of their antenatal appointments. There was little change in substance use during the course of pregnancy. Overall, at delivery, 196 of the 233 women (84%) used methadone and 89 (38%) used heroin. There was no correlation between usage and foster care of the baby (methadone: χ² = 0.5, P = 0.8 NS) (heroin: χ² = 3.1, P = 0.08 NS). There was an absolute correlation between social services involvement and foster care (χ² = 2.3, P < 0.0001). Adherence with planned antenatal appointments significantly increased the likelihood of a child being discharged with his mother (χ² = 6.7, P = 0.009). Discussion and Conclusions. The majority of newborns were discharged home with their mothers directly with the most significant factor in placing a child in foster care being prior involvement of social services. However, many of these families will continue to need support during the children’s early years. [Adeniji AA, Purcell A, Pearson L, Antcliffe JM, Tutty S, Sinha C, Paireudeau PW, Lindow SW. Multidisciplinary antenatal care for opiate-using women: Child-care issues. Drug Alcohol Rev 2010;29;189–192]

Key words: pregnancy, opiates, newborn.

Introduction

The Children’s Act of 1989 rests on the belief that children are best cared for within the family with both parents playing a full part and without resort to legal proceedings [1]. The preconditions for its application are that if a child is considered likely to suffer significant harm because of a lack of reasonable parental care alternative arrangements can be enforced to care for the child. The fact that particular parents suffer afflictions limiting their ability to care does not mean that they should automatically be deemed unsuitable parents, particularly if they are willing to seek and accept help. The Standing Conference on Drug Abuse (SCODA 1989) stated that drug misuse alone should not be considered significant reason to separate a mother and child [2].

Prompted by neonatal team concerns about child-care issues, a local multidisciplinary group was set up to care specifically for substance-abusing pregnant women in our region. The overall aim of the group is to evaluate substance-abusing pregnant women and ensure that appropriate support services are available to make informed decisions about child care in partnership with families.

An initial assessment was undertaken when a pregnant woman was first known to use drugs. The assessment was often initiated by the specialist midwife...
at first contact and assessments continue throughout the pregnancy.

Support plans are made with the aim to meet the needs of the woman and baby as appropriate. Each professional within the multidisciplinary team has the responsibility to provide and share information to enable full assessment of the needs and risks relating to the safety and protection of the unborn baby. At regular planning meetings attended by midwives, social workers, obstetricians and paediatricians who were involved with the delivery of care the management of current cases was reviewed. If deemed necessary, child protection conferences were arranged to plan for child care prior to delivery. The mother and all the health professionals in contact with her were aware of the plan for discharge of the baby well in advance of the delivery date.

This review was conducted in order to document the decisions made by the multidisciplinary team in relation to the providers of child care in women who used opiates in pregnancy.

Methods

All pregnant substance-abusing women are expected to attend hospital antenatal clinics at least every 4 weeks. They may also attend community antenatal appointments and be seen by community drug liaison services. The multidisciplinary team meets fortnightly. Each patient is discussed at least twice in their pregnancy. The first discussion is essentially to introduce the newly pregnant woman to the team’s database and provides an opportunity for agencies with a prior relationship with the patient to highlight any specific concerns relating to this pregnancy. Further meetings may then be planned as necessary.

If no interim meetings are required, there will be a second meeting early in the third trimester of pregnancy prior to a case conference being held. This allows the airing of any issues which may be of relevance to social services’ newborn care decision.

In order to document the results of our current multidisciplinary team management of substance-using pregnant women we reviewed the records of all the women who had been discussed at our management planning meetings over the past 5 years. Our assessment tool records the following for each woman:

- Booking gestation.
- Substances used during pregnancy.
- Partner’s drug use.
- Prior involvement of social services.
- Antenatal attendance.
- Changes in drug use during pregnancy.
- Use of medication for neonatal withdrawal symptoms.

Child-care plan following discharge from hospital.

Frequency distributions were constructed and descriptive statistics of correlation of the independent variables discussed above were conducted. Chi-squared statistical analysis was performed using SPSS version 13 (SPSS Inc., Chicago, IL, USA). We considered a two-tailed P value of 0.05 or less to be statistically significant.

Results

Over a 5 year period, 233 women who used substances in pregnancy were assessed by the multidisciplinary team. This is believed to be the total number of women who were known to have used substances in pregnancy and represents approximately 0.9% of our antenatal population over the same time period. The majority of patients booked before 20 weeks (62%) and 96 women (41%) attended over 80% of their antenatal appointments.

There was little change in substance use during the course of pregnancy (Figure 1).

Table 1 outlines the use of opiates and the number of babies fostered. Overall, at delivery, 196 of the 233 women (84%) used methadone and 89 (38%) used heroin. Many women used both drugs and the assessment was made on the last known drug usage before delivery. If the methadone-using women are analysed separately, there is no correlation between drug usage, scale of use and foster care of the baby ($\chi^2 = 0.5$, $P = 0.8$ NS). Similarly if the heroin-using women are analysed separately there is no correlation between heroin use and foster care ($\chi^2 = 3.1$, $P = 0.08$ NS).

Table 2 outlines the involvement of social services in the woman’s life before the index pregnancy. There is an absolute correlation between social services involve-
Table 1. Drug use at time of delivery and subsequent foster care in 233 women who used opiates in pregnancy

<table>
<thead>
<tr>
<th>Drug</th>
<th>Fostered n (%)</th>
<th>Parental care n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methadone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No (n = 37)</td>
<td>8 (21.6)</td>
<td>29 (78.4)</td>
</tr>
<tr>
<td>Yes &lt;30 mL (n = 56)</td>
<td>10 (17.9)</td>
<td>46 (82.1)</td>
</tr>
<tr>
<td>Yes ≥30 mL (n = 140)</td>
<td>31 (22.1)</td>
<td>109 (77.9)</td>
</tr>
<tr>
<td>Heroin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No (n = 144)</td>
<td>25 (17.4)</td>
<td>119 (82.6)</td>
</tr>
<tr>
<td>Yes (n = 89)</td>
<td>24 (27)</td>
<td>65 (73)</td>
</tr>
</tbody>
</table>

Table 2. Involvement of social services

<table>
<thead>
<tr>
<th>Social service involvement</th>
<th>Fostered n (%)</th>
<th>Parental care n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes (n = 49)</td>
<td>49 (100)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>No (n = 184)</td>
<td>0 (0)</td>
<td>184 (100)</td>
</tr>
</tbody>
</table>

Substance-using women might be expected to be late antenatal bookers for a number of reasons; for example, delayed awareness of pregnancy due to the physical effects of drug use or failure to register with a general practitioner. While it should be noted that the planned number of clinic appointments was generally greater than that for a woman with an uncomplicated pregnancy, the women in our study were generally compliant with antenatal appointments.

The results indicate that a woman using heroin at booking was likely to still be using heroin at delivery. In fact it appears that there was a slight increase in reported heroin use towards term, compared with use at booking. This may reflect that women felt more comfortable to report heroin use as pregnancy progressed and they felt more at ease with their antenatal team or it may reflect increasing dependence on substances with the physical and emotional demands of pregnancy.

Encouraging women who are dependent on drugs to inform the maternity services is important as identifying themselves allows women to ask questions and enables professionals to give them choices. These discussions should be conducted in a non-judgemental way.

The multidisciplinary package of care offered must include plans for the care of the newborn infant. Input from a wide variety of professionals is necessary to give a complete picture of a woman and her needs relating to child care.

Frameworks for assessing children in need provide systematic approaches for analysing, understanding and recording what is happening within families; they require assimilation of complex issues and inter-relationships to reach clear, professional judgements. Our framework is not a practice manual, but simply a framework to be adapted and used to suit individual circumstances. We could find no similar published data about child care on discharge with which to compare our results.

The vast majority of newborns were discharged home with their mothers directly with the most significant factor in placing a child in foster care being prior involvement of social services; in our study population, if social services had previously been involved, all the babies were taken into care. It would appear that in our study all newborns from families already known to social services prior to the index pregnancy were considered high risk and all in our sample were initially discharged to foster care. However, this may only have been a temporary situation to allow a period of assessment. Further studies would enable us to discover what proportion were subsequently transferred long term to parental care.

Heroin or methadone use, in isolation, did not play a part in the decision to foster. That is to say, it was felt in...
the majority of cases, the team had succeeded in pro-
viding women with the appropriate support antenatally
for them to care for their babies postnatally.

As it is likely that many of these families will continue
to be supported during the children’s early years,
on-going evaluation of the initial placement decisions
made by the team is essential. Although long-term
monitoring of the progress of these babies may validate
the initial placement decisions made by the team, it is
possible that a number of babies initially discharged to
parental care would later be removed. A follow-up
study of the children’s placements after a number of
years is essential as the appropriateness of the group’s
decision can only be realised with time.

References
makers. The second report of the National Local Authority
Forum on Drugs Misuse in conjunction with SCODA