

Substance Misuse Maternity Pathway

Pre Conceptual Care & Advice

- Folic Acid 400micrograms/5mg depending on antenatal risk factors
- Review blood borne virus risks and offer appropriate screening
- Vitamin D 10micrograms
- Family Planning

ANTENATAL CARE

Ask all woman if they have a history or are currently misusing drugs/or alcohol at booking?
(Apply Screening Tools — Answer NO / YES)

NO

- Repeat question at any time during perinatal period if behaviours lead to believe client may be utilising drugs/or alcohol
- If respond 'No' but still have concerns, discuss concerns with Team Lead, SLM, SW,
- Safeguarding Children's Nurse Specialist.
- If Respond 'No' but have a h/o drug/or alcohol misuse referral to SLM
- Provide appropriate health promotion advice

YES

- Refer to Obstetric Consultant Led Care
- Assess if client has ever injected/snorted drugs—if yes— offer Hep C screening
- Refer to Anaesthetic Team if poor venous access
- Refer to Substance Misuse and Social Complexities Midwife
- Community Midwife or COMC to provide routine antenatal care
- Complete UNOCINI if required
- Discuss NAS with the woman if applicable - Refer to Paediatric Team
- Documentation/PEPP/Social Services Discharge Plans to be filed in MHHR/Risk folders

INTRAPARTUM CARE

- Refer to Risk Folder/MHHR and follow identified PEPP/Social Service Discharge Plan
- Inform Neonatal Staff of admission/delivery (Paediatrician presence at delivery depends on clinical/obstetric indication)
- Discuss birth plan and all care with the woman
- Inform SW/Social Complexities Midwife of admission and complete UNOCINI following delivery if applicable
- Review Obstetric Intrapartum Care Plan and follow plan for pain relief in labour if applicable
- Do NOT use Naloxone for neonatal respiratory depression if mother is dependent on opioids (or if mother is using methadone as this may induce sudden infant withdrawal)
- If the woman is taking Opioid Substitute avoid cyclizine if antiemetic is required
- Ensure timely prescription if client is on opiate replacement therapy (methadone/buprenorphine)
- If alcohol/drug misuse is suspected. consider LFTs /Blood Alcohol Concentration/Urine Drug Screen MUST seek consent
- If alcohol/drug misuse is suspected observe for maternal alcohol or drug withdrawal
- Assessment and care if required for Neonatal Abstinence Syndrome (NAS) assessment and care if required for Fetal Alcohol Syndrome
- Infant Feeding Support. Encourage and facilitate breastfeeding unless HIV +, Hep B/C high titre or depending on clients drug use

POSTNATAL/COMMUNITY CARE

- Refer to Risk Folder/MHHR and follow identified PEPP/Social Service Discharge Plan
- Ensure timely prescription if the woman is on an opiate replacement therapy (methadone/buprenorphine)
- Observation of Neonate depending on maternal drug usage as per Neonatal Team using NAS (within postnatal ward/SCUBU/NUU)
- Encourage 5 day stay to observe infant for withdrawal symptoms and facilitate parenting capacity assessment
- Follow Neonatal Care Plan if applicable
- Assessment and Care if applicable for Fetal Alcohol Syndrome
- Infant Feeding Support. Encourage and facilitate breastfeeding unless HIV +, Hep B/C high titre or depending on clients drug use
- Routine postnatal care of mother (assessing interactions/care of infant when appropriate)
- Ensure PEPP/Social Services Discharge Plan if applicable is adhered to and discuss with Community Midwife/SW/SCAD/Pharmacy/Community Addictions Key Worker (if on opioid substitute programme) prior to discharge.
- Discuss all care with client
- Consider appropriate timing for discharge for example bank holidays/weekends as per SW discharge plan

COMMUNITY CARE

- Offer home visits until Day 10 minimal and then as clinically indicated
- Refer to Risk Folder/MHHR and adhere to identified PEPP/Social Service Discharge Plan if applicable
- Co-ordinate postnatal visits depending on possible attendance to NNU/SCUBU/Community Addictions/for daily dispensed medication

Useful Contacts

Community Addiction Team - 028 3752 2381
Pharmacy CAH - 028 375 63880 (option1)
Pharmacy DHH - 028 375 63189

Alcohol & Substance Screening (Antenatal and Early Postnatal)

In order to promote a healthy lifestyle during pregnancy it is important that we are aware if you use alcohol or drugs in pregnancy. In turn we can provide appropriate help and support during your pregnancy journey and help alleviate any concerns you may have, the sooner you access support the greater benefit is to you and your baby.

Have you taken alcohol/drugs during this Pregnancy? Yes No
(please circle appropriate)

What do you know about alcohol & Pregnancy? Discussed No

When did you last have a drink containing alcohol?
(please complete Audit-C over page if currently drinking)

1 day 1 week 1 month more than 1 month ago

Have you had a problem with drugs/alcohol in the Past? Yes No
(please circle appropriate)

Comments
(if answered yes to above questions please give further details)

Addressograph

(Only to be completed if currently drinking alcohol)

The following questions are validated as screening tools for alcohol use (PHA: Alcohol MOT Part One: Section A).

	Scoring system					Score
	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Less than Monthly	2-4 times per month	2-3 times per week	4+ times per week	
1. How many standard drinks (e.g. small glass wine, ½ pint beer, single measure spirits) containing alcohol do you have on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
2. How often do you have 6 or more drinks on one single occasion?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
<i>Record the Total Score</i>						

Scores

Zero > reinforce benefits of zero alcohol in pregnancy

3 or less > give information, advice, offer support and ask again at next appointment (follow Pathway & Action Plans)

4 or more > refer to GP for assessment/Follow Pathway & Action Plans



1 Pint

(2units)

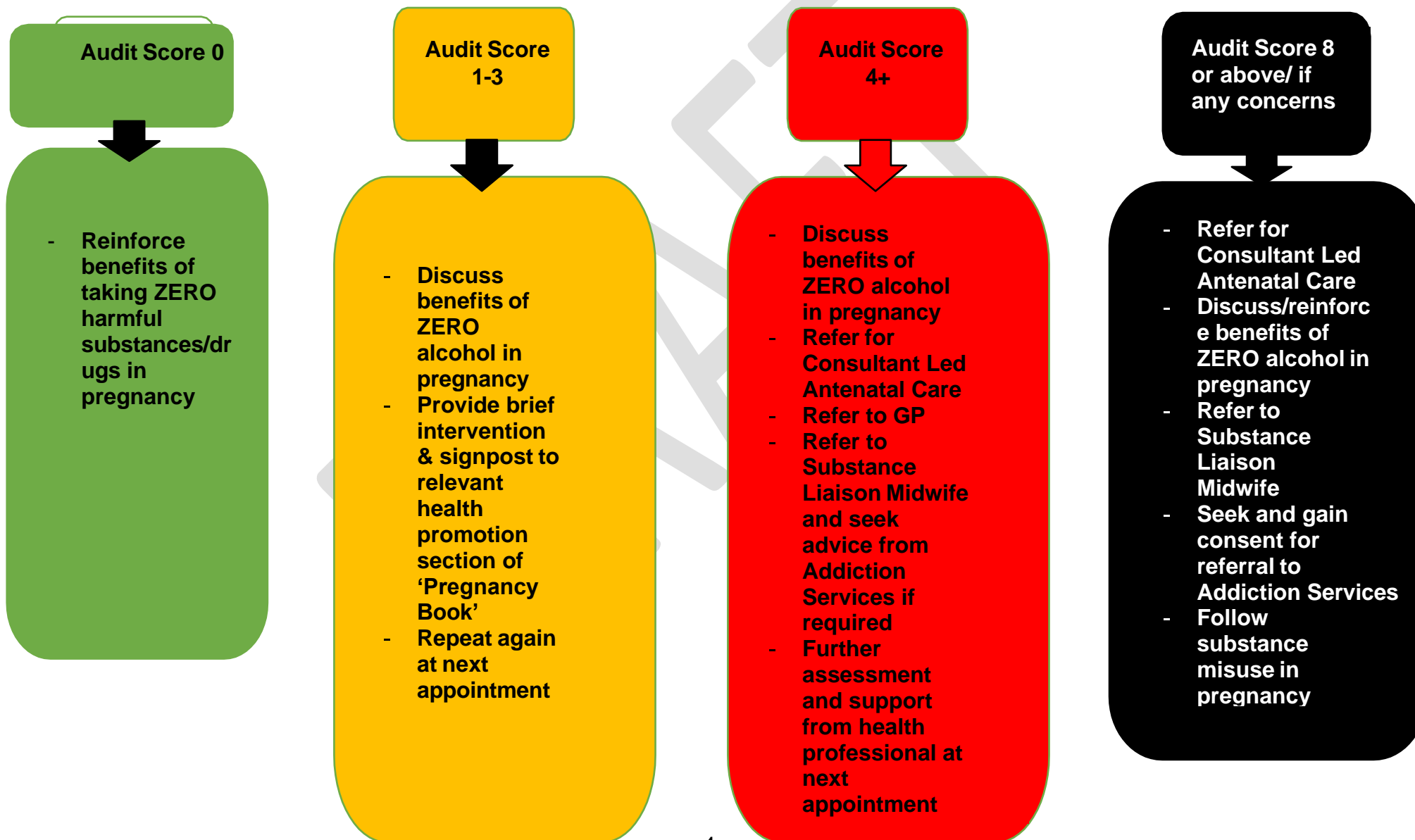


½ Pint

(1.4units)

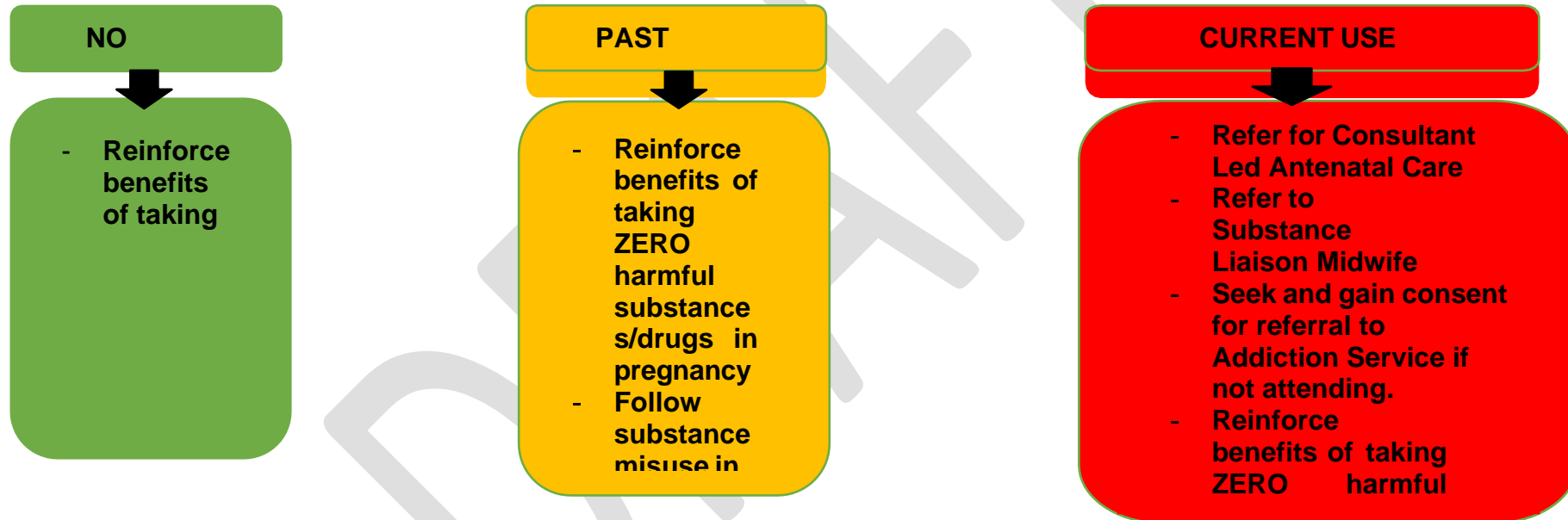
275ml Cider
(2.3units)Small wine
(1unit)Alcopop
(1.5units)Large wine
(2.3units)1 Spirit
(1.3units)Bottle of Wine
(9units)

ALCOHOL AUDIT RESULT ACTION PLAN Appendix 3



SUBSTANCE MISUSE ACTION PLAN Appendix 4

If past or current history is disclosed, further assessment and support should be offered by health care professional at each appointment



Referral received from Midwife, Health Visitor, Substance Liaison Nurse, and Social Worker, CAT or Community group.
 Referral receipt sent.
 (The Substance Liaison Midwifery Service is a support service that provides brief advice to those with a history of or who are presently misusing substances and liaises with other services to provide support for the pregnant woman, with the aim of reducing the risk of alcohol/drug related harm to the unborn baby)

- Liaise with Addiction services
- Provide support in relation to effects of substance misuse in pregnancy
- Provide regular contact throughout pregnancy for support
- Work jointly with other services, e.g. addictions, community and hospital midwives, health visitors, SCNS, social services, community groups and refer as appropriate.
- Provide Solihull based antenatal education if client wishes to avail of this
- Ensure PEPP were applicable is filed in MHHR and circulated to relevant Health Professionals in third trimester.

Check if currently attending Addiction services

Yes

No

Check previous treatment with woman/GP/Community Addiction Team

- Follow Substance Misuse in Pregnancy Pathway (SMPP)
- Refer to Addiction Services as per SMPP pathway action plans after gaining client consent using EIT referral/Mental Health Referral forms.
- Inform GP/Obstetrician of referral following screening
- Reinforce benefits of taking ZERO harmful substances/drugs in pregnancy
- Signpost to relevant health promotion section of 'Pregnancy Book'
- Document and record appropriately in MHHR

- Liaise with Addiction services
- Provide regular contact throughout pregnancy for support
- Work jointly with other services and refer as appropriate
- Provide Solihull based antenatal education if wishes to avail of this
- Ensure PEPP were applicable is filed in MHHR and circulated to relevant Health Professionals in third trimester.

Exit Strategy: Feedback to referral agent after delivery and signpost to relevant organisations/services for postnatal support

Referral received From Midwife, Health Visitor, Substance Liaison Nurse, Social Worker, CAT or Community group.

Referral receipt sent.

(The Social Complexities Midwifery Service is a support service that provides brief advice for clients with a history of or who are presently misusing alcohol and liaises with other services to provide support for the pregnant woman, with the aim of reducing the risk of alcohol/drug related harm to the unborn baby)

Check if current attending Addiction Services

No

Check previous treatment with woman/GP/CAT

Assess **present** drinking using full AUDIT C (pathway screening tool)

Score 1-3 in AUDIT C or not presently drinking
Deliver Brief advice using **Brief Advice Tool** for pregnancy. **(Tier 1)**

Score 4-16 in AUDIT C
Refer to Early Intervention Team with client consent for Brief intervention regarding changing behaviour in relation to alcohol (Tier 2/Step 2 partnership)

Score 16+ in AUDIT C
Refer to Addiction Services with client consent for ongoing specialist treatment (Tier 3).
16+ audit score may also be accepted by Low Threshold Service for intensive support

- Liaise with Addiction services
- Provide regular contact throughout pregnancy for support
- Work jointly with other services, e.g. addictions, community and hospital midwives, health visitors, social services, community and voluntary sector and refer as appropriate
- Provide antenatal education in relation to impact of alcohol on fetal development.
- Provide Solihull based antenatal education if wishes to avail of this
- Ensure PEPP were applicable is filed in MHHR and circulated to relevant health professionals in third trimester

Exit Strategy:
Feedback to referral agent after delivery and signpost to relevant organisations /services for postnatal support

- Refer to Addiction Services according to AUDIT Score and Liaise with CAT
- Inform GP/Obstetrician of referral
- Provide regular contact throughout pregnancy for support
- Work jointly with other services and refer as necessary
- Provide antenatal education in relation to impact of alcohol on fetal development
- Provide Solihull based antenatal education

Yes

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